TRAUMA –

WORKSHOPS

ON HELPING CHILDREN AND PARENTS COPE WITH IT

by

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Acknowledgments

The authors are indebted to Patsy Turrini for proposing the model we use in presenting these materials. "Question asked by Facilitator, Answers by Participants, followed by Discussion containing what the authors' research and clinical experience lead them to believe to be growth-promoting factors", this model was proposed by Turrini. She envisioned these materials to be used at the Mothers' Centers—to which she and her pioneering work gave rise—in the hope of introducing child development optimizing knowledge accumulated during the past century by psychodynamic child researchers and clinicians.
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Introduction to the Workshops on Trauma

Children have been subjected to traumas from the beginning of time. We all experience traumas in the course of growing up, as adults, and in our advanced years. That trauma is a part of everyday life and we all suffer as a result of traumas. And, we all are burdened by the consequences of being subjected to traumas. We suffer when they occur and, too often, we suffer more or less as a direct consequence of these in the years that follow.

In all cases, traumas are directly linked with aggression that is hostile and destructive, with hostile destructiveness. Many traumas are caused by hostile destructive acts of one kind or another. In addition, being subjected to trauma activates hostile destructiveness within us. Even when the trauma is not caused by hostile destructiveness, such as in the loss of a loved parent, that event will, by virtue of the pain it causes us lead us to feel hostile feelings. Thus in either case, hostile destructive feelings are linked to trauma. Hostile destructiveness is that ingredient within humans that fuels acts of violence toward self and others.

We live in an age of increased violence. It seems more common for children today than before, more so from lower socioeconomic conditions but increasingly children from more affluent backgrounds, to have been exposed to various kinds of violence and trauma. The use of guns and other weapons has spread to schools and, at this time, we read about children using guns against their classmates and teachers. Hate groups find many willing and eager members among the youth and have targeted their recruitment efforts accordingly. The widespread use of the Internet has made physical barriers totally obsolete and children have access to materials and information (e.g., homemade bomb recipes) like never before.

These trends appear to be on the increase and society is at a loss to know how to deal with them. Despite the rising statistics regarding children and violence, current concerted efforts have still not been able to meaningfully stem this tide.

Less advertised and less directly impacting on society is the fact that children are exposed to all kinds of violence in their homes. The trauma of separation and divorce, neglect, parental illness and death, job loss, relocation to name a few as well as the trauma of physical, emotional, and sexual abuse weighs heavily on our children and its effects are often deeply felt and long lasting in the child’s personality. Indeed, the effects of these traumas on the individual—and his or her mate and children—can last a lifetime, including its affecting the choice of future marital partner and his or her own parenting styles and practices.

War, societal violence, terrorism, forced relocation, environmental hazards and its effects, the sudden loss of economic resources, the oppressive insufficiencies of ever present poverty, all impact painfully on the child and affect negatively his or her well-being. In light of such catastrophic events one wonders if there is any hope, if there is
anything that can be done to help children who have suffered varying degrees of trauma?

In fact, much can be done to help these children. We assert that growth-promoting parenting practices can be of real benefit to both the child and the primary caregiver of the child (be it the child’s own biological or adopted) mother, father, grandparent, extended family member, nanny, or non-familial caregiver. By practicing growth-promoting parenting, the child can be greatly helped to cope better while a traumatic event is occurring, and to achieve mental well being after the trauma has passed. For example a child can be helped to cope with the prolonged illness of a parent if attended to in ways that optimize the child's abilities to cope with such an emotional stress. This will ultimately make the painful episode less traumatic.

Our methods do not employ either magic or “quick fixes.” Nor are they a “magic bullet.” They require care, understanding and thoughtfulness on the part of the parent or primary caregiver. They require a desire to help the child through respectful communication. They require empathy. They do not require higher education or even the ability to read and write (although, or course, one is greatly helped by having these basic skills.) All parents and other caregivers can practice growth-promoting parenting skills and have a positive impact on their children.

Growth-promoting parenting employs a proactive approach to child rearing. It requires active communication, active listening, active teaching when informing a child about the world and helping the child in his or her learning about it. It includes parents' being and staying tuned-in to their children and their activities at school, home and in the neighborhood. It requires that parents learn about their children and their friends, their interests in sports, music or the like. It requires parents' knowing what their children are viewing on the Internet and on the television. In essence growth-promoting parenting means to have real relationships with our children and meaningfully participating in their lives. We certainly don't suggest that parents live only for their children. Simply we hold that children need us parents to be emotionally engaged with them.

We make no claims that these practices will keep “bad things” from happening to children. Life is full of predictable and unpredictable traumas. Struggle and pain go hand in hand with joy and triumph. Loving relationships do not, unfortunately, keep bad luck at bay. However the power of growth-promoting parenting practices can be deeply healing and, as the term conveys, optimize and promote the child's growth. It can provide the essential elements that restore and guide. It can make the difference between a mentally ill or mentally healthy child.

The following Workshops are divided into sections that make sense to us. They address children who have been traumatized and parents who have been traumatized. However, it is up to the Facilitator and the Participants to determine in what order they may want to proceed, and which Workshops to include or leave out.

As with all the Workshops in this Parenting for Emotional Growth: Workshops Series, we urge Workshop Facilitators (Instructors) to adapt these written materials to the
needs and cultural mores of the participants. We want the Workshops to be “experience near” and to be relevant and applicable to the lives of the participants and their children. With this in mind, we propose that Workshop Facilitators (Instructors) go over the following Guidelines. We believe it essential to supportively facilitate the participants' debates of the pros and cons of any particular recommendation coming from them or from our materials. We urge the use of the Workshops to address difficult issues and to gain understanding of them.

Guidelines for Workshops

1. As Workshops go, each Workshops Set in this Series is rather large, consisting of about 10 Workshops each. Ideally we would like to see all the Workshops contained in this Series planned over a number of months. Many of you will not be able to present so long a Series except in a long standing parenting educational and/or support setting. Therefore, Workshop selections will need to be made for presentation.

   Each is sufficiently integrated to be able to stand on its own; this applies more readily for some Workshops than for others. The Workshop facilitator's (instructor's) task will be facilitated by learning from the participant-audience prior to Workshop time what concerns, difficulties, interests are most pertinent to them. In this way, the selection of Workshops can be more suitably geared toward your particular audience.

2. The instructor (facilitator) will be best prepared the more familiar he/she is with the Workshop materials. Toward this end, instructors are encouraged to become familiar with the *Parenting for Emotional Growth Curriculum Textbook* and *Lesson Plans*. It may be helpful for instructors to pull out the most important themes and "sub-themes" in each Workshop and to articulate them in the instructors' own information imparting manner. These themes can then be emphasized at various appropriate times during the Workshop and can also be reviewed during the final phase of the Workshop. As in all teaching, the firmer the grasp of the subject matter, the easier the presentation, and the freer will the instructors be to attend to participants' interests and to accommodate to the participants' pace of taking in of the materials.

   Workshop instructors can expect that participants may ask questions and raise topics for exploration that tap the instructors' entire range of expertise. Instructors need not be able to answer all questions; it is expected that any instructor might not know a particular answer at the time a question is asked. It is perfectly professional to not know an answer and to say so. Furthermore, if time permits, after some research on the question, the Instructor may give the participants a more informed answer.

3. In conducting these Workshops, especially when done directly with caregivers, it is important that the instructors convey a **non-judgmental attitude**, aim to **supplement** knowledge, and **re-enforce the strengths already existing** within the participant group.
4. Information is much better received and assimilated when the participants know that such information and whatever informed suggestions instructors make are derived from proven child development research complemented by decades' long clinical findings rather than when they are presented in an authoritarian and dogmatic manner.

5. We all rear our children in highly individualistic and extremely personal ways. This is why there often is disagreement among parents in how to deal with specific child rearing situations. And because we invest emotionally so much in our children and the ways we go about doing so, we are all very vulnerable to feel hurt by any criticism or disapproval of our parenting efforts. This is so whether the criticism comes from one's own mother, uncle or neighbor. But it is especially hurtful when criticism comes from "an authority" in parenting education. Disapproval by Workshop instructors is painfully felt by participants—and may even lead to withdrawal from the Workshop. For these reasons it is important to not approach any participant, any question, or any discussion from a position of criticism or disapproval. It is always best to be respectful and to accept disagreement. In fact, we welcome disagreement since disagreement, when well addressed, can lead to a greater degree of clarification of points made.

6. Over many years of parenting education with persons who are already parents, we have found that when making suggestions for a better way of handling any given rearing situation, that such suggestions are better accepted when they are coupled with parenting positive behaviors already seen in the particular parent. For instance, "The point you made earlier about (whatever it was) is really on the mark. And, I'd say it sure is growth-promoting. Here though, you might find it helps your child better to set limits with loving firmness, for this reason (specific reason given)".

7. As mentioned before, these Workshop materials are intended for educational purposes. They are to be used to educate the participants about growth-promoting parenting and how to optimize their child's development. Although the contents of these Workshops can be used in a therapeutic setting in the form of Parental Guidance1, these Workshops themselves are not planned to be used for therapeutic purposes and instructors are best advised to use both an educational attitude and their expertise in guiding the discussions.

8. Finding the appropriate balance between personal disclosure and

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1 Parental Guidance is an educational method that can often be highly useful in working with parents of children we see in psychotherapeutic treatments. H. Parnes has been teaching this method now for several years to child psychotherapists and psychoanalysts. It is somewhat similar to what S. Fraiberg called Developmental Guidance (in Clinical Studies in Infant Mental Health. Published in 1980 by Basic Books, New York). the educational nature of the Workshop is clearly stated while also encouraging their active participation. The instructor must use his/her best judgment as to whether to and when to introduce things about herself/himself or her/his family.
**educational goals** can be a delicate matter, especially where the subject matter is highly personal as it typically is with many of these Workshops. Skillful collaboration between Workshop instructors, where applicable, and a clear understanding of the purpose of the Workshop should be helpful in this regard. It can also be clarifying to the participants if

9. Because the Workshops will likely touch upon personal issues in the participants' lives the Workshop instructor is best advised to have access to information regarding referrals and follow-up in order to be further helpful to participants when and if appropriate and requested.

Knowledge of local agencies and services can also be highly useful. For example, while in Appalachia we were asked for specific advice regarding adjunct services for various cases and were fortunately able to turn to the local sponsors of the Conference to supply this valuable information to the participants when asked.

10. Where there are two instructors in any given Workshop, dividing tasks and labor between the two may be most beneficial. For example, one instructor may guide the formal discussions while the other may direct interactive exercises, role-plays, etc. One instructor may be better able to address overt specific, clinical issues, while the other may be more attentive to the nuances of participants' reactions and to the need to address particular topics. Instructors may want to alternate who has the "Instructor" role and who the "Facilitator" role as well as other tasks.

These Workshops, of course, can be lead by one instructor quite well and the Workshops are actually written with this in mind. But, depending on the size of the audience, the task may be quite taxing. A skillful team of instructors who work well together can be quite more productive and less taxing on each instructor.

11. It is invaluable to the success of the Workshop to set a congenial learning atmosphere. All educators know this, of course. How the participants view the instructor will depend, in part, on how the instructor portrays him or herself. The Workshop instructor must of course be sensitive to the parent's feelings as well as the child about whom they are talking. One instructor may prefer to introduce herself by her first name when addressing the participants and welcomed them to do the same. This particular point will, naturally, vary from one Workshop instructor to another and may depend upon a number of different factors. Some participants feel more comfortable if the instructor takes a more formal stance which is, in part, denoted by the use of "Dr.", "Ms." or "Mr." We feel that a professional and helpful stance is always warranted and should not be compromised and that perhaps the use of names can be left up to the preference of both the Workshop instructor and the participants as well as the local custom.

12. While in Appalachia we dressed casually for our work attire but did not dress too informally. In other words, we wanted to dress similarly to the participants (and were told ahead of time that the participants would feel more relaxed with us if we did that) but did not want to convey the impression that we were there to simply take it easy. The seriousness of our work with them was neither diluted nor accentuated by our appearance.
and we felt that if our choice of attire could further put the participants at ease, we were

glad to do that.

13. Being on site away from home, we made ourselves available to the participants throughout the conference. We ate meals with them, socialized with them and even enjoyed some recreational activities together. This of course has to be determined by both invited instructors and participants. When Workshops are conducted in the instructor's hometown, one can make oneself available without participating in out-of-Workshop activities. What is important here is not the actual activities, of course, but the instructor's stance in relation to the participants.

14. How the members of the group interact among one another is a critical variable. Group composition can vary widely depending on size, experience, educational levels, ethnic mix, etc. There may be widely varying audiences (as we had in Appalachia) and there may be more homogenous groupings. It may be very useful to screen the group beforehand, if possible, or at the time of the Workshop, to ascertain the group mix as well as what the group's interests and concerns are and the nature of their experiences (personal, professional, etc.) Where possible, the program coordinator can do this and share the results of this process with the instructor while planning the Workshop event.

We found that some participants wanted to spend more time role-playing and in small discussion groups while others preferred to cover as much of the didactic material as possible. Some members asked for a private viewing of the audio-visual materials that we had brought with us and reviewed them after the conference had formally ended. Others voiced the opinion that they would have preferred more time spent on actual skills-building methods. Such issues need to be resolved at the discretion of the instructors even at the risk of displeasing some participants.

15. Joining with the group effectively can also be accomplished through non-verbal means. For instance, in Appalachia we arranged the chairs in a semi-circle to facilitate conversation among the participants. We did not sit behind the table set up for us but pulled our chairs out from behind the table and closer to the participants; we used the table as a place on which to put our teaching materials. In these concrete ways we hoped to be more receptive and available to the group.

16. Workshops are much enhanced when they can be made personally meaningful to the participants. An instructor who feels comfortable doing so can occasionally use personal examples from her/his experiences as a parent; doing this seems to increase the positive interaction between the instructor and participants and also illustrates points and concepts in a tangible manner. Many participants appreciate this teaching method and hear and even accept the material better because it informs the participants of the fact that the instructor has experienced being a parent and it gives more reality to the instructor's information. Likewise, examples, either from one's personal or one's professional life can best illustrate certain principles and increase the participants' understanding of the subject matter.
17. Workshops can be made more lively when the instructor feels comfortable illustrating certain child behaviors, as making young child sounds (e.g., types of infant's cries) or demonstrating particular attitudes and gestures. At times the instructor may choose to emphasize a point by such intoning of a sound or acting out an expression or gestures in an illustrative manner; it usually makes the point more dramatically. Although this is not a requirement, participants generally are engaged by and enjoy the instructor's attempts to illustrate dramatically even if they are amateurish! The instructor can also enlist the help of willing volunteers to assist in such illustrations. An important didactic point can be made more clearly through the use of illustration and example.

18. Similarly, if the Discussion text can be augmented by inserting a particular point of much relevance to the participants, such should be done and a good illustration may be very useful to do just that. Generally, participants enjoy learning through examples and the sharing of these; the instructor can use his/her judgment to improvise upon this theme.

In such ways further issues may also be added to the discussions as needed. For example, with a particular group committed to the benefits of breast feeding it is wise for the instructor to ask the group if they think that positive feeling experiences can also occur between a parent and a bottle-fed baby. Lively and productive discussion usually follows this question.

19. Workshops, like with any audience, require of the instructor to be attentive to how the group is responding and feeling. For example, if participants appear restless, inattentive, unusually quiet, etc. it is often helpful to check with them to see if the material is making sense, if they would like to review a particular point, etc. It can help to briefly review the point that you are making and then to move to where the group's interest lies at that particular time. Although this point is debatable, we feel that it is most important to make and retain an emotional connection with the group and that the actual didactic content is secondary at those moments.

20. When discussing Workshop issues it may be particularly helpful to the participants if specific ages and developmental markers are indicated. It can help participants register the material better when specific age ranges are denoted. Discussion can also focus on differences between age groups and what a parent can realistically expect at a certain age range in terms of the child's emotional and cognitive development.

21. If instructors are addressing participants who generally face similar difficulties (e.g. raising children in an economically depressed environment) the instructor may find it advantageous to emphasize particular points rather than others. For example, in Appalachia socio-economic factors often came up during the Discussion and expression of the participants' reactions and solutions were encouraged. "What qualities make good parents?" was frequently raised and were these qualities primarily of a material nature, of an emotional nature, or what? That is, we talked frequently about whether buying children toys and giving them many material gifts is the most meaningful
way of promoting a positive parent-child relationship or whether those "emotional gifts" of respect, understanding, empathy and love are more mental health promoting and socially adaptive. It is noteworthy that many parents from all socio-economic environments tend to give more weight to the importance of material giving than do mental health professionals. We need to convey to parents the enormous value and power of emotional giving to the child's developing mental health and well being.

22. Using a blackboard or flip-chart can be useful in emphasizing certain points. Handouts are usually welcomed by the participants and can increase their ability to absorb the material through the activities of listening and writing. They are often glad to have something in their hands to bring away from the Workshop and this can further enhance recall.

23. Reviewing the Curriculum Lesson Plans (for High School Grades) and choosing various exercises to be either utilized verbally or in writing can be supplemental to the Workshops. This depends on the instructors' preference. In the Appalachia project we chose to use one written exercise from the Lesson Plans in an oral manner and found that this was highly effective especially because it was done with dramatic intonation and gesture. This empathy-enhancing exercise was used to increase participant appreciation of this crucial parenting ability and optimized the educational potential of this Workshop.

24. Finally, and not the least important, instructors are best advised to use all available methods to convey to the participants their respect for their ideas, life experiences, innate wisdom, ethnic characteristics and local customs. It is critical that participants feel acknowledged and respected by the instructor. There is no place in our work for judgment and criticism.

It is only by addressing and grappling with life’s problems that we can come up with solutions to them. Only by facing the pain and suffering in our children's lives do we find ways to help them.
PART I:

INTRODUCTORY WORKSHOPS
TRAVMA WORKSHOP #1

MY CHILD IS VERY UPSET—WHAT CAN I DO?

Facilitator introduction:
Events that cause us much distress and intense pain happen much more than we ever thought might. Distressing things happen to and affect our children too. Depending on what it is that happens or happened, depending on the child's age, his/her ability to cope, and other factors, the child will be upset, hurt, and troubled to a greater or lesser degree. How to deal with these challenges is one of the great tasks our children face. To help our children cope with these challenges is one of the hardest tasks parents face.

When things happen to children that hurt them, if they hurt them badly, a number of things happen within the child that follow from being excessively hurt and the child is likely to develop some kind of emotional symptom(s).

Question: Do any of you have a child who is having nightmares, or can't go to sleep, or seems overly frightened by little things, or has lost appetite, or is doing anything that you feel shows he/she's upset?
Answers from participants.
Discussion: When they are badly hurt, children may experience a loss of appetite, or they may over-eat, or they may have difficulty sleeping or sleep longer hours than usual, or they may have sleep disturbing dreams, or be made anxious by the slightest thing. If they are of school age, overly hurt children may not be able to concentrate well in their studies and do badly in school, or at least not work up to their potential. Those closest to the child are in the best position to help them cope and they are the ones who most likely can impact best in helping the child cope. Of course, people trained to help troubled children, like mental health professionals, can be a valuable resource for help also to both children and parents.

Question: Do you think all types of hurt affect children the same way? Like, does losing a parent hurt a child the same way as getting an awful beating from one's father, or having to evacuate your home because of war, as recently happened in Kosovo?
Answers from participants. It's most likely that participants will rightly agree these don't affect children the same way.
Discussion: Of course, you're right that they don't. This is why, in order to be helpful it is important to understand what caused, or is causing, or may cause the child to feel overly hurt. Many things can hurt kids badly. All serious hurts may cause similar symptoms, but each hurt tends to impact on the child differently. It's important to understand what it is that hurts the child, why this hurts the child and why to this degree, in order to help the child most effectively. For example, children face different coping challenges when they are abused by their own parents, or by an older sibling, or they are bullied on the street. These differ from one another. And what if the problem that hurts
is that someone the child loves died? Or is very sick? Or the child just saw someone the child knows get killed by a stray bullet? And what if your country is at war and terrible things are happening? Or what if your child looks very upset and tells you he was pushed around by 3 older guys and called a Nigger, or a dirty Jew, or a f . . . Spick, or a Yellow whatever!

There are things parents can do to help the child cope. Again, it will depend on what the hurtful thing is that is happening or happened. We'll talk about this in some detail in these Workshops. For now though let's consider two things:

(1) What type of trauma are you trying to help your child with? And
(2) Let's talk about some basic things parents can do that will help whatever the type of trauma the child experienced. By the way, these basic things parents can do are beneficial to children in all relationships, whatever the child's age, even when the child is not traumatized.

**Facilitator:** You may already know what major trauma is affecting the group of participants you're working with. In that case, target the Workshops to address their specific life situation. Obviously, if you're working with a war-stricken group, there is no point talking about familial abuse—even though such may occur at the same time. Select the Workshops that apply best to your group of participants. (You probably have screened the group for what they experience as their most urgent area of concern.)

If you don't know what the specific traumatic experiences have been, it might be best to ask now so that you can be most effective and hold the participants' interest. If the trauma is uniform, say all were subjected to an apartment fire, or a war was just terminated like in Kosovo and has seriously traumatized people, or whatever, you can just focus on the Workshops that apply to the specific trauma. In a mix of traumas, you and the group of participants can decide which Workshops you will cover. Once that's decided, you're ready to start with some of the generalizations we want to make about helping children of all ages handle trauma.

You can start right here.

**Question:** Are there some basic things parents can do that might be helpful no matter what kind of hurt the child is experiencing or experienced?

**Answers from participants.**

**Discussion:** Again, each type of hurt is very likely to call for different help from parents, and we'll talk about some of these in the Workshops that follow. But, yes, there are basic things parents can do that will be helpful in all instances of a child's being overly hurt.

1. It's invaluable to **be empathic.** To **empathize** means to perceive what another person is feeling, experiencing. We are all born with this ability. In some, this ability is sharper than in others. In addition to the fact that we are all born with different abilities in all kinds of things, our ability to empathize is also affected by the way we have been reared. Often, because parents are overburdened, or they don't know how to respond comfortably to their children's expressions of feelings, children are discouraged from expressing their feelings. This leads to the child's suppression of feelings. As a result the
child's inborn ability to empathize may be lessened. In a similar vein, a child whose parents are easily responsive to a child's feelings, welcomes the child's expression of feelings, that child's inborn ability to resonate with how someone else is feeling will be better developed. That child then, later as a parent, is likely to be better able to empathize.

2. **Accept the child's expressing what he/she feels.** Don't deny, avoid, depreciate, or shame the child's expression of feelings. "Don't be a crybaby" is rarely warranted or helpful. Most often it is neither. When a child cries, or anybody cries, there is always a good reason. No one cries to exercise his/her lungs.

3. **Talk about what happened.** Talk about it with your mate, talk about it with the child. If it's appropriate for the other children, talk about it with the whole family. Don't worry if the child is young and you fear the child may not understand. When we complain about being hurt, we are expressing a very basic experience. It's not advanced math. We are equipped from birth with a system to feel, to understand what hurts us, to express feelings, and to welcome comforting and TLC (tender loving care—a nurse's most effective "medicine"). If you know what happened, tell the child you do, sympathize—express your own feelings of pain at the fact that your child feels hurt—and verbalize your understanding of why it hurt the child. Even babies will understand a mother's efforts to explain something that happened that hurt the baby. That an infant can't talk doesn't mean the infant can't understand and take in a sympathetic tone—it works!

4. **Listen to what your child is saying.** Listen. Don't feed the child ways of expressing herself/himself. Let the child find her/his own words and ways of telling you. Listen, it will pay off in more ways than one. Do you want your child to listen to you, to hear what you say? Then, listen to what the child says to you. And do it from the time the child is a baby. Don't wait till she's/he's a teenager; it will then be too late for the child to buy into having a dialogue with you. Listen, let the child talk (and complain—if you can't complain to your mother, who can you complain to?), even encourage the child to talk.

5. **Don't pretend it didn't happen.** Children are young, but they are not dummies. They know when something happens, they remember what happened—even if it is repressed because it's too painful to think of—and they will be seriously hurt if you try to convince them that what they think they remember never happened. It may damage your child's developing ability to judge what's real and what isn't. And the child may lose trust and confidence in you.

6. **Don't dismiss the child's expression of hurt feelings or the symptoms** that may come from the traumatizing event. It's understandable that parents hope the child will grow out of the hurt and the symptoms. Sometimes children do. Then they have not been traumatized by the experience. But too often, they do not grow out of the hurt they experienced; they repress the feelings and the thoughts the experience generated, and they may maintain symptoms that the family gets accustomed to. You may hear, "That's
the way Suzy is!" It may be so. But it may not. Suzy may behave as she does, because the traumatizing event did traumatize her. She then suffers the residue of trauma.

7. **Don't discourage the child from talking about it over and over again.** Going over a painful event again and again, especially by talking about it with freedom to express and put into words the feelings one has, is a key factor in healing an emotional wound. Mental health professionals call this "working through". And "working through", going over something again and again is at the heart of our gaining mastery over what happened to us. This is what mental health clinicians do in intensive psychotherapies.

**Facilitator:** Ask for discussion of these preliminary generalizations about what can be done when a child is experiencing a traumatic event.

**Facilitator:** After discussion of these how-to-help generalizations, this might be a good time to go into further elaboration of two key factors that are highly advantageous for parents to know. These are that (1) it is enormously helpful for parents to help children learn to cope with whatever feelings they experience and (2) that, among the feelings they need to cope with, feelings of hostile destructiveness are among the most difficult. It's because traumatic events are excessively painful, that they invariably generate hostile destructive feelings in us. These feelings then burden the child over and above the fact that the event itself hurts the child. We find that the hostility generated by trauma seriously burdens and too often harms children, and they need help to cope with these. Whatever the trauma then, one of the largest problems it will bring will be for the child to cope with a flood of feelings in the face of which the child may feel quite helpless. For this reason, and knowing that this will apply no matter what the type of trauma, we want to spend some time talking about

- (1) Helping children cope with painful feelings constructively, and
- (2) Helping children cope with the hostility generated in them by traumatic events and deal with this hostility in constructive ways.

**Discussion:**

- What about the parent's feelings of annoyance, impatience, feeling overburdened? Explore and discuss how to try to deal with these.
- Discuss dealing with "excessive complaining". What it is and what it is not.

**Facilitator:** Because some of the Workshops are long you may want to carry them over for more than one meeting. Of course, you may need to condense or delete parts as you go along.

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**Helping Children Cope with Painful Feelings**

**Question:** Do you think young children feel pain? Do they have feelings that cause them pain?

**Answers** from workshop participants using examples.

**Discussion:** Of course children, even very young infants feel pain. It used to be believed that they don't; but doctors and nurses no longer believe this. In addition, infants feel all kinds of painful emotions, or feelings, from fear, dread, anxiety, and panic to depression, hopelessness, and despair.

Infants become capable of experiencing depressive feelings from the middle of the first year of life on. Prior to that age, excessive deprivations and poor attachment to others usually do not lead to depressive feelings but will lead to withdrawal and even failure to grow and thrive.

Young children who are depressed (even infants as young as 8-9 months) will tend to be withdrawn, inactive, move slowly, not explore their environment, and respond to another person's approach with little experience of pleasure. Some infants will even withdraw into sleep. Depressed children, even infants who crawl or walk will tend to move more slowly and sluggishly. The child may refuse to eat, may tend not to demand food and perhaps not even feel hungry and will respond to efforts to feed him with sluggishness.

**Question:** You might wonder: "How do you know that children experience emotional pain?" Do they?

**Answers** from workshop participants using examples.

**Discussion:** Many adults have much difficulty in seeing the various expressions of emotional pain that children show. A major obstacle to an adult's recognizing depression in children comes from the adult's need to deny the child's painful feelings. It is just too difficult for many of us to acknowledge that children can suffer so. This fact makes it difficult for adults to help depressed children.

Anxiety in young children is much easier to recognize. But it tends to upset parents and they may then just believe that the child is spoiled or just frightened of things too easily. Not able to tolerate anxiety in their young, they are unable to help well enough.

**Question:** How can adults remedy this "blind spot?"

**Answers** from workshop participants.

**Discussion:** Without opening oneself to experiencing a young child's depression or anxiety, one cannot hope to help the child cope with it constructively. It is essential that parents open themselves to attempting to feel what the child is feeling in order to help their children well.

Any painful emotional feeling, like any other kind of unpleasure, when excessive will generate HD in the child. Thus to help the child with painful feelings--whether depression, anxiety, etc.--will protect against the further development of yet another load.
of HD in the child.

**Empathy** is to perceive emotionally what the child is feeling. All parents are capable of empathy—it is one of the most important capabilities required of parents to provide growth-promoting parenting. To discern what it is the child is experiencing the parent must rely on her/his empathic resonating with the child's experience. It is important that parents trust their "reading", or emotional perceiving, of their children's emotional reactions; and parents should trust the feelings that their children arouse in them.

**Question:** What are some of the painful feelings that infants and children feel?

**Answers** from workshop participants using examples.

**Discussion:** Human beings must all learn to cope with feelings of anxiety and depression, with feelings of shame and guilt, shock and dismay, etc. Most of these feelings are unavoidable although pre-dispositions and life experiences influence the intensity, frequency and duration of one's painful feelings. Take depression for instance, by 6-8 months infants are capable of intense feelings that look like sadness and within several months are capable of full-blown serious depressive reactions. Whatever the biogenetic predisposition in any given child, excessive feelings of deprivation, excessive feelings of rejection and insufficient attention all lead to depression in an infant, child or adult. Once a child becomes sufficiently attached to his mother/father—usually by 5-6 months of age—the loss of that parent, unless satisfactorily substituted for, will lead to depression. (Where the child is insufficiently attached to the parents at 6 months such a depressive reaction will not occur—but such insufficient attachment is extremely serious!) And, of course, losing someone who is highly valued by us, like a parent, will lead to grief, a normal depressive reaction that follows such a loss.

It is important to know what these feelings "look like", a task that is not easy since some feelings like shame and guilt can't be distinguished from a person's facial expression and both shame and guilt often lead to similar behaviors. On the other hand, anxiety and depression can be distinguished and identified although anxiety and fear may not be. Each child tends to develop his/her own way of expressing these and it's best for parents to try to learn what these are.

**Question:** Many parents can't altogether be sure what the child is feeling, though many parents may have a pretty good idea. But what can we do to try to what the child is feeling?

**Answers** from participants.

**Discussion:** Here's a way that can help us try to figure out what our child is feeling. It's actually an exercise in **empathy**—feeling what someone else may be experiencing. No matter how old your child is,

1. Look closely at the facial expression and at the behavior that goes with it. What does it look like to you? Be careful, don't jump too quickly to a conclusion. To check yourself on your impression of what the feeling is,
2. Imagine yourself with that look and behaving the way your child is behaving. What do you think might cause you to look like this and behave this way? What would you then be feeling?

3. Try to talk to your child about what is going on. Many years of working clinically with children of all ages leads us to say that children can sometimes be amazingly clear in what they feel and think. More later on how parents can help.

**Question:** We hear a lot about anxiety, and about depression. This may sound simple-minded to you, but just what is anxiety? And what is depression? What's the difference between anxiety and depression?

**Answers** from participants.

**Discussion:** Anxiety is the child's feeling helpless in the face of what he experiences as terrible danger. When anxiety is intense and prolonged, since it is very painful, anxiety generates hostility. As we already said, it's important for parents to know what anxiety looks like, sounds like and feels like in their child. Also it is useful to know what kinds of experience commonly cause anxiety in children. Under 5 years of age, the most common sources of anxiety are: separations from parents; being looked at by strangers or being with them without one's parent present; fear of losing the love of one's parents; fear of bodily harm; and dread of losing one's autonomy and sense of self. All these experiences create a situation in which the child feels too helpless and vulnerable; this makes him feel anxiety.

While anxiety is the feeling of helplessness in the face of what one believes to be an imminent threatening imagined event which brings with it "a feeling of impending doom", depression is the reaction experienced after such an event has occurred. The threat of danger has materialized and now there are feelings of helplessness, hopelessness and of giving up. Since depression is painful, when it is intense, it, too, generates hostility. This is especially evident in that when children [and adults] recover from depression one of the first signs of recovery commonly is that they become angry or even overtly hostile and destructive.

**Question:** Are there "normal anxieties" that all children experience during childhood?

**Answers** from workshop participants using examples.

**Discussion:** Most definitely. Anxiety reactions are normal at specific developmental periods. There are a series of emotionally perceived dangers that emerge sequentially during the course of normal development; and they may be present to varying degrees in the personality. These include:

1. Separation and stranger anxiety: 5-6 months of age and last several years (or indefinitely.) This is linked with the fear of losing the parent(s) to whom the young child is becoming and eventually is attached.

2. Fear of loss of the integrity of the sense of self, of one's growing sense of self-boundaries.
3. Fear of losing the love of one's parents: end of 1st year and through the 2nd year.

4. Fear of bodily harm and fear of losing vital body parts--especially genitals--begins around ages 2 1/2 through 6 years.

5. From about 4 years of age on, the child who is developing well will begin to experience anxiety when she/he does something the child feels is "wrong", something the child already knows she/he should not do. This anxiety comes from the child's own developing conscience. It is as though the child now threatens her/himself with loss of love/approval for doing something "wrong".

All of these fears may remain with an individual to a more or less intense degree, for a longer or shorter amount of time.

These sources of anxiety are commonly evident in the behavior of children under 5 years of age. They may also occur in children older than 5 from time to time and especially under traumatic conditions.

From about 2-3 years of age on, the source of anxiety may be difficult to discern from the child's behavior and may even be unknown to the child. (E.g., fear of the dark and fear of sleep typically have causes that underlie them.)

In addition to anxiety arising out of some undetermined inner conflict, young children also often react to some stimuli with sharp fear. For instance, an eight-month old, would react with much distress when a very nice man with a deep voice would speak loudly. This often looks like anxiety and causes a great deal of pain and excessive unpleasure. An 8-year-old may react with sharp fear to a blasting thunderstorm—so may many an adult.

All of these experiences bring with them excessive unpleasure and therefore have the potential for generating or mobilizing hostility in the child. Whatever the experience, if it is sufficiently pain producing, it will generate hostility in the child at any age (as it will in any adult as well), even if that hostility does not become evident in behavior or is not discharged right away. We'll talk about helping a child deal with his/her hostility in Workshop #2.

**Question:** What are some growth-promoting ways for parents to help their children with painful emotions like anxiety, depression, shame, etc.? Why is it important to help the child?

**Answers** from workshop participants allowing time for ample discussion with examples.

**Discussion:** Intense and prolonged painful feelings color the child's emotional experiencing of life. When pain is intense and lasts long or recurs frequently, it may lead the child to develop a pessimistic view of life, expecting that pain will always be there and often more intense than the child can take.

One critical way of helping a child is to help him feel he is not alone in attempting to deal with that which is causing him/her emotional pain, whatever its source and whatever the kind of pain. The parent can let the child know that she/he is ready to act on the child's behalf, to be a helping hand. It is very helpful when the child feels the parent is making an effort to help him cope with the anxiety or depression the child is feeling. It's more complicated with guilt and shame because with these feelings, the child may resist the parents' wish to help since the child may feel he/she does not deserve to be
helped. But with anxiety, depression, shock, and dismay, for instance, side by side with reassurance, the parent's commitment to help the child cope of itself helps to decrease the child's anxiety, depression, etc. It can even decrease the child's perception of the intensity of the pain. Many a child quickly feels better when he/she feels that the parent is ready to help. The parent's helpful actions can then be highly instrumental in making the child feel more capable of coping even on her/his own.

Responding to a child's appeal for comfort, if indeed the child does appeal for comfort, may be the first step to take in any effort to help. Children do not seek comfort when they do not need it. Parents have the opportunity to help their children "work through" an unpleasant experience—be it a trauma or emotional conflict by maintaining a readiness to comfort when needed.

Anxiety-induced or fear-induced crying requires talking about what is upsetting the child and providing reassurance and comforting. The child's being ornery requires empathic and reasonable limit setting.

Anxiety is painful and although it is often not resolvable by parents, parents can limit its impact on the child by the way they help the child deal with it. Even though a parent's efforts to comfort their child's anxiety may not bring immediate results, in the long run such efforts do build a base of security, trust and feeling cared for within the child. Trusting her/his parent(s) decreases the level of the child's anxiety and unpleasure experienced at times of anxiety-inducing occasions, and this leads to a lessening of the generation (production) of hostility within the child.

When a child is depressed, unless one opens oneself to experiencing that feeling of depression one cannot hope to help the child cope with it constructively. It is as if one needs to temporarily join the child in this feeling of pain. It does not mean one needs to become depressed, but just to let oneself feel what the child is feeling.

The next critical step is to try to sort out what could be causing the child's feeling of depression. If it can be undone it is very wise to do so. If it cannot be undone, the parent should talk to the young child about what happened, how very painful a thing it is, and that gradually the child will get over it. If the parent cannot help well enough, professional help may be needed.

It is very productive to work through anxiety reactions and depressive reactions when these are in the process of waning and after they have stopped. It is an opportunity to talk about what caused the child to be upset and angry, in the context of which the parent can be reassuring and comforting. It is also an opportunity to repair the hurt caused by the anxiety and the depression and to undo the hostility these generated.

It is important to allow the child to complain within reasonable limits. Allowing the older child to go over the experience and talk it through lessens the experiences' traumatizing potential. And again, it is important to allow the child to express feelings of anger—even if it's toward you—in ways that are acceptable to you. Not allowing a child's expression of feelings of anger prevents him from working through these feelings of hostility and burdens him with a larger load of hostile feelings. Of course, episodes of this kind may also require your setting limits to help your child learn how to express and discharge hostile feelings in reasonable and acceptable ways.
**Question:** What further steps can parents take to help a child overcome feelings of anxiety, depression, shame, etc.?

**Answers** from workshop participants with ample time for discussion with examples.

**Discussion:** As we suggested, where circumstances that cause anxiety, depression, or shame can be undone, action should be taken to do so. This is why, for instance with regard to anxiety, knowing what some of the common anxieties of childhood are can help a parent deal more knowingly with the child of a given age. (Facilitator you might want to refer here to some of the key sources of anxiety we enumerated earlier.) If the child's behavior for instance suggests that she is anxious about a school assignment or test, talking about it and letting the child talk about it, including fussing and weeping some, is a start. Offering some strategies to help the child deal with the assignment or test may help. Of course, it may not. Listening to the child is most important, one to make the child feel he/she's being heard and second to find out just what the anxiety factor may be. Offering a strategy that you think you might use to deal with such anxiety if you were the one experiencing it, and presenting it that way, may be useful to the child. Be creative.

With regard to depression, since one of the common causes of depression in early childhood is due to a feeling of losing one's mother or father or the mother or father's love, talking about such thoughts and feelings is crucial. For instance, if mother is in the hospital, be it to have another baby or for some illness or surgery, talk to the child about her being there, explain why she has to be there, for how long, and reassure the young child that she'll be back, and when, etc. When the sadness or even depression is due to feeling mother's anger, such as following disruptive behavior, talk about what caused mother's anger and reassure the child that the loss of love is temporary, if indeed present at all.

Explaining why the depression-inducing event occurred is important. It is essential that the parent allow the child to react to explanations. It is common that explanations need more than one go-around. Each such explanation, each going-over, contributes to the working through and the lessening of the traumatizing effects of the event that caused the depression.

These are basic requisites to help the child cope with depressive feelings--even infants under 1 year of age. The earlier one talks about such experiences with the young child, even very young ones, the better.

With regard to feelings of shame or guilt, the task is more difficult. This is because both shame and guilt have a lot to do with internal conflicts the child is having. Because of their nature, internal conflicts are much more difficult to access than are many issues that cause the child anxiety or depression, or shock or dismay. Of course, anxiety and depression that come from internal conflicts will be as difficult for parents to access as guilt and shame. When anxiety and depression come from such internal conflicts, this most likely is when mental health professionals may be needed.

Dealing with guilt is just tough. The best parents can hope to do is to try to reason with the child about what the child is thinking and feeling. Care is needed. For instance, parents need to know that when a child feels guilty, shows of love and caring may make the child feel even guiltier. This would be because the child then can't believe or even tolerate being loved since he/she feels deserving of punishment, not of love.
Objecting to the child's harshness with her/himself can be useful. "I just don't agree that you're bad, or stupid, or (whatever the child called her/himself)". Or, "Heh, I don't like the way you're talking about my daughter/son. I happen to think my daughter/son is a great kid who's having some trouble right now."

Dealing with shame can work. First and foremost, don't use shaming the child to get your way, or get the child to do what you want or don't want him/her to do. You'll not only unnecessarily hurt your child, you'll also add yourself the task of trying to make your child feel better about him/herself down the road.

When the shame comes from elsewhere than you, like school for instance, being sympathetic and arguing the child's depreciating him/herself can be very useful. "You know, you're not the only smart kid who has sometimes failed a test! Even smart people sometimes just drop the ball. You can make it up. Do better next time." And, many a younger child is likely to feel discouraged at not being able to do something and may feel ashamed. Encouraging him in a supportive way to try again can be invaluable to the child.

**Question:** That brings us to the crucial question: "Why talk to an infant who can't yet talk?"

**Answers** by workshop participants. Ask for examples of when and how they do this with their infants and small children.

**Discussion:** Talking to an infant who cannot yet talk is absolutely feasible, appropriate, and helpful. This holds for every aspect of parent-child interaction. Talking to an infant who cannot yet talk has many advantages.

  First of all, although the child may not yet understand your words, he will understand your feeling tone and the general message it conveys.

  Second, he will feel your empathy, your effort to communicate and your wish to receive communication from him/her.

  Third, it will encourage your infant's language development.

  Fourth, your child will feel that what he/she is experiencing is appropriate, permissible, unavoidable and understood and, when it is the case, that efforts are being made to make painful feelings go away (social referencing).

**Group Discussion:**

Review the following principles:

  Because excessive unpleasure leads to hostile destructiveness (HD) then intensely painful feelings can lead to HD. (Painful feelings include anxiety, depression, shame, guilt, etc.)

  If the normal common fears and anxieties of children are misunderstood and mishandled by parents, it can increase the generation (production) of HD in the child. (Typical anxieties include separation, stranger, dread of disorganization, physical injury, etc.)

  Depression is always linked with hostility toward self and others.
When it is intense, depression of itself can produce hostility.
Often the first signs of recovery from depression are discharges of HD, such as children becoming ornery, or complaining a lot, etc.

**Role-plays:** "What can the parent do?"
Have participants provide common scenarios.

Emphasize using empathic skills and being emotionally available.
Focus on the importance of acknowledging the child's feelings.
Focus on the importance of reciprocal communication with emphasis on verbalization.

**Review basic steps:**
1. Learn the signs and signals of excessive unpleasure experienced by your child.
   To do this, **empathic skills are required.**
2. **Be emotionally available**--discuss with class: what does this mean?

Receive examples from class and develop role-plays, switching roles among players as needed.
3. Try to stop the source of the excessive unpleasure. If the child cannot tell you directly, try to figure out, from the child's point of view, what it might be.
4. Help the child work through the excessive unpleasure experience. **Talk to your child**--even infants!
5. Discuss the value of talking to children, even infants.
TRAUMA WORKSHOP # 2

TRAUMA AND AGGRESSION

Helping Children Cope with Trauma-Generated Hostility

Facilitator's Introduction:
When we work with children—adults too—who have been traumatized, we find that among the feelings trauma causes them to experience, feelings of hostility, hate and rage are among the most troublesome for them to deal with. In addition, these feelings of themselves cause children—and adults—much harm.

Question: Do you think children feel hostile or furious when they are traumatized?
Answers from participants. How have participants felt when something or someone hurt them very badly?

Discussion: Because traumatic events are by definition extremely painful, they invariably generate hostile destructive feelings in us. The people who developed these Workshops have studied the development of aggression in children for many years. They found that as aggression develops in children, aggression proves very hard for them to deal with—in fact, for both the child and her/his parents. It might be helpful to just say a few words about what the authors found in studying aggression in children.

First, they found that aggression is not just one thing. They found 3 different types of aggression:

1. Aggression that is not destructive, aggression that in fact helps us adapt to life, to overcome obstacles to our goals, and helps us stand up for ourselves. This type of aggression they call nondestructive aggression. Some theorists call this assertiveness. We agree that it fuels assertiveness, but we think it does more than just make us assertive. We think it helps us cope with all kinds of challenges in life; it helps us adapt to life's demands and it's more than just feeling "I want what I want".

2. Then, there is aggression that is destructive but is not hostile. For example, when we eat, when the butcher slaughters the animals we eat, or the lion chases a deer, something is being destroyed. But we don't destroy the other animal because we hate it but because we need it to survive. This type of aggression is known in biology as "prey aggression". Our authors call it non-affective destructiveness to emphasize that it's not hostile or hate-based aggression.

We don't need to talk about these two types of aggression. It's the third type that concerns us.

3. This is hostile destructiveness. Here's what we mean. From the first weeks of life on, children show evidence of feelings that look like anger. Their crying often sounds angry; some even sound and look enraged. By 6 months of age, one can see clearly from the way they sound and from their facial expressions and some things they do, that they are angry. Some will have temper tantrums and rage reactions¹. Then by 18 months of age, they now become able to feel not only anger, rage, and hostility, they

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now also can feel hate.

All of these feelings, anger, hostility, rage, and hate, are the basic feelings that belong to what the authors of these Workshops call **hostile destructiveness**. This type of aggression, we say is what we are all so concerned about in society these days. The reason for this is simple. As this type of aggression gets more and more intense, its aim becomes *to hurt something or someone*, and as it increases further in intensity the wish and intent to hurt goes *even to the point of destroying or killing the thing or person*. This is why the authors call it **hostile destructiveness**. It sounds a bit clumsy, but it makes it clear that this aggression is a problem. The other types of aggression actually are not a problem, because they are not driven by hostile feelings. (Sure, some people feel we shouldn't eat meat because it requires killing some animal. But the motive behind killing in order to eat is not a problem the way acts of violence against innocent others are.)

All 3 types of aggression are needed for survival. But this 3rd type, hostile destructiveness, is the type that causes enormous problems for society as well as for the individual. We all know only too well how much hurt, damage, that type of aggression causes. But at the same time, there are times when we need this hostile aggression to protect or defend ourselves. If a robber comes into your house and tries to hurt your child, what would you or their father do?

**Question:** That's very interesting though a bit confusing. And it's a big problem. But what does it have to do with trauma? How does knowing this help us help our children cope with trauma?

**Answers** from participants.

**Discussion:** It's both confusing and a big problem. But, troublesome as it is this nasty stuff of hurting and killing has a place in our lives. The big problem is that society, and many individuals, don't have enough control over what we do with this hostile destructiveness we all have and that we may need for survival.

To the question, what does it have to do with trauma, we'll get to that soon. But it's exactly to guide us to how to help our children cope as best as they can with trauma, that the fuller understanding of what this hostile destructiveness is and the problems it can cause our children, is needed. For instance, we just said that many individuals don't have enough control over the hostile destructiveness within them. Why is that? Because too often, the load of hostile destructiveness many people have in them is so large that it presses them, even against their will, to act on it. And here's the amazing part.

Most important to know about hostile destructiveness is that it's the only type of aggression we are **not** born with. **Children are not born feeling hostile and hating.** They're not even born feeling angry and enraged.

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1 In Aggression in Our Children: Coping with it Constructively—published by Jason Aronson in 1987—Parens, Scattergood, Singletary & Duff described rage reactions and temper tantrums. They defined these and proposed ways to handle them.
**Question:** So how do so many people become so angry and become criminals and murderers?

**Answers** from participants.

**Discussion:** Something happens to them that generates so much hostile destructiveness in them and makes them feel such massive hostile destructive feelings. They were not born with these feelings. But they, like each of us, were born with a protective mechanism or system that, if turned on, causes the person to feel and react, openly or not, with feelings of anger, hostility, hate, and rage. Actually, this system that makes it possible for us to react with the need to destroy out of resentment, dislike, hostility is in the service of self-preservation. It is set up to protect ourselves against things that aim to destroy us!

Here's what happens: When you watch a young child closely, you'll find that what invariably precedes an outburst of anger or rage or hostility, is in one way or another an experience of pain, and this pain may be physical or emotional. This pain the authors call "unpleasure" just to stick with the lingo psychodynamic theorists use. Whenever a baby cries every mother knows there's something more or less significantly bothering the baby. You may think of it as just something bothering the baby but they say "something hurts the baby," whether it's something physical or something emotional. So the authors in their research pointed out that whatever the character of it, it's pain that triggers that mechanism that makes us feel angry or hostile.

Now, most important is that the amount of pain the child feels has everything to do with whether the child will show anger, hostility or rage. The authors proposed that intensity of pain is a big factor in all this. This is why there is a range of intensity of feelings that belongs to this type of aggression: from the mildest negative feelings to the harshest, from annoyance and irritability, to anger, then hostility, then hate and rage. Pain, or unpleasure is what causes all of these feelings in us. In fact, the unpleasure generates, or creates these feelings in us. The feelings were not there at birth; but the potential for their being generated was. And the authors say it works like this: mild unpleasure causes annoyance or irritability; more intense unpleasure generates anger. Then as the unpleasure intensifies, it gets to a critical point which is that it crosses a line where we now feel "I can't stand this! This is too much!" This crucial line they suggest separates what we experience as moderate "unpleasure" from what we feel as "excessive unpleasure". When we feel "excessive unpleasure" is when hostility gets generated. In contrast to anger, which aims to stop the unpleasure or the person who is causing the unpleasure, hostility brings with it the aim to hurt or destroy the agent causing the excessive unpleasure.

**Facilitator,** see if participants are still with you. Do they have any questions?

**Question:** You said that hostile destructive feelings are hard for kids to cope with and even that these feelings cause them harm. Why and how?

**Answers** from workshop participants allowing time for ample discussion with examples.

**Discussion:** When hostility is generated it doesn't just evaporate. It stays inside us as if it were glued to our bones. In some way it needs to be discharged or metabolized or it will just stick within us. If it is not discharged or metabolized—appropriately and
constructively dealt with by the child—it not only accumulates, but it stabilizes and becomes patterned within the personality. This then usually colors and affects all aspects of a person's experiences, ways of behaving and coping, personality, and life. There's a very good chance that the accumulated hostility and hate will become routinely discharged outwardly, on others, on things in the environment, or it will routinely be discharged against the self, in depression, self-hurtful acts, self-defeat.

It falls to the parents then to help their children learn how to cope with hostile feelings in constructive ways before they accumulate, before they become excessive and stabilize within the child. If they have accumulated over time, we need to help them learn to metabolize these in constructive ways. In doing this we just help our child to not become a person who is hostile and destructive toward others or him/herself.

**Question:** Well if it causes them harm why do children sometimes act mean and hostile?

**Answers** from workshop participants; get them to give examples.

**Discussion:** As we said earlier, children are not born with aggression that is hostile and hateful.

**Children are not evil when they are angry or act mean.**

Given what we said before, that the hostile destructive feelings children have are always caused by being hurt too much emotionally or physically, it's not complicated, **children act mean and hostile when they are hurt too much.**

**Question:** That's interesting. It sounds reasonable. But, what about trauma? Again, what does this have to do with helping our kids cope with trauma?

**Answers** from participants.

**Discussion:** When we work clinically with people who have been traumatized we find that they have loads of hostile destructive feelings within them. This is because what generates hostile destructiveness (HD) within us are experiences of excessive unpleasure (EU), thus \( EU \rightarrow HD \). Since a traumatic event by definition (which we define in Workshop #3) is an event the child experiences as overwhelmingly painful, to the point of making the child feel helpless, the pain experienced generates high levels of hostile destructiveness within the child.

And these highly negative feelings create the kinds of problems within them we mentioned before. That is, the child is left with an accumulating load of hostile destructive feelings that will continue to accumulate unless the child discharges or metabolizes them. If he/she does neither, the child is very likely to become a hostile person or a self-hurting person, or both. In this miserable way then, **accumulating loads of hostile destructiveness burden the child over and above the fact that the traumatic event itself hurts the child.**

Bear in mind that hostile destructive aggression is an extremely powerful form of aggression that can not only burden but of itself overwhelm the child's adaptive abilities. This form of aggression, if not handled constructively by the child, will not be usefully integrated by the child into his or her adaptive system and will frequently have serious negative consequences for the child both intra-psychically (within the child's mind) and inter-personally. Intra-psychically it will lead to guilt, shame, depression, self-attacks,
and more. Inter-personally it will lead to hostile and even destructive behavior toward others and the environment. Since the 1950s studies of delinquents and criminals have informed us that severe traumatization and the hostility it generates in the child are at the core of their having become delinquents and criminals.

So let's talk some about how to help children cope with their hostility, hate and rage.

**Facilitator**, if more information is sought by the participants you may want to look into the set of *Workshops on Aggression* for much more detail on handling aggression.

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**Helping Children Cope with Hostility in Acceptable Ways**

**Question:** How can we help our children learn to cope with feelings of hostile destructiveness?

**Answers** from workshop participants.

**Discussion:** The best place to help the child is home. This is because this is where children, even older ones, tend to most experience hostility and hate. Furthermore, home is the best workshop for the child's learning to cope constructively with the hostility and hate he/she will inevitably feel; life does it to all of us. Why home? Because no one will be as careful in this teaching, care as much for the child, and treat the child better. And, the child will want to please no one more than her/his own parents. Besides, like it or not, our kids get mad at us—and we get mad at them—more frequently than with anyone else.

Let's assume that the child is feeling really very angry with you for whatever reason. Start with what starts it. When your child is being hostile to you, know that something is **hurting the child.** It's best to ask the child what is hurting the child, what is causing the child to feel angry or hostile or feel hate. The child is likely to say you did this or did that. If it's so, accept it; don't deny having done something you did. If the child does not say what it is and you have a good idea of what you did or did not do that upset the child, say it. See what the child makes of it.

Then, the task is to help the child find acceptable ways to express, to **verbalize** these feelings of anger, hostility or hate. Tell your child that he can **tell** you how he/she is feeling; and when your child begins to talk, listen. And then ask her/him what he thinks caused the hurt. Bear in mind that the child may abuse words and intonations and can go too far. This is not a helpful way to communicate. If the child uses words and tones that are insulting to you or others, let him/her know this is not allowed; she/he is fully capable of saying what he/she feels without making things worse with insults.
**Question:** This sounds like a problem. You really think that children **should be allowed to express their feelings** of anger and hostility—or other feelings too for that matter?

**Answers** from workshop participants.

**Discussion:** Absolutely. Children must be permitted to express hostility and hate toward those they love, especially toward parents—but it must be done in words and reasonably. In order to help the child cope well with the hostile feelings she/he has, it is useful to help them learn to **constructively** express feelings of hostile destructiveness (HD).

**Question:** What specifically can the parent do to help the child **express** feelings of anger, hostility and hate **in constructive ways**?

**Answers** from workshop participants. Ask for examples.

**Discussion:** Our aim is to help the child learn to **constructively express feelings of hostile destructiveness** (anger, hostility, hate), to express these in ways **acceptable** to the family. That means that the child needs to learn to do so

1. **Not in physical acts**, but as we just said a moment ago
2. **In words** that are **not insulting** and
3. **In tones** that **appropriately** express these feelings.

When we experience excessive pain, it not only generates HD, it also automatically, naturally and normally, leads to the wish to strike out! to knock somebody out cold! But that can have drastic consequences for the self and for the other. And we all know that some things that are broken cannot be fixed.

Like so many situations in human relationships, when problems arise between people, the most constructive way to solve problems is **not** to lash out physically. It is **to talk together**, to put one's feelings and thoughts into words. This holds as well for children and others, their parents or peers.

In fact, the great facilitator of reducing internalized or freshly generated HD is to be able to talk and experience the feelings one has in a meaningful relationship; for the young child this means to talk with the parent.

Given that anger, hostility and hate are activated by pain (remember EU == HD), when your child is being hostile, tell her not to hit! Ask yourself, and ask her: "What is hurting you now?" Then, tell her to talk about what is causing her to feel hurt and angry as well as what that feels like. Take the time needed, it will pay off.

Children are best helped in handling and recovering from excessive unpleasure experiences **in the context of the loving parent-child relationship**. Here the child can be best helped to express his/her full range of emotions in the safe, comforting care of the parent and can more quickly work toward constructive solutions.

Of course, the parent must be able to empathize and sympathize with the child and to offer comfort if needed.

Also important is that a parent has to be able to tolerate the child's feelings of HD without rejecting the child. All children are capable of violent feelings and wishes, of wishing to hurt, to tear apart, of wishing to destroy those they also love. Experiencing too much pain (emotional and/or physical) is what leads children to feel and wish to
Normal, healthy, well cared for children, in the face of unavoidable conflicts, will experience hateful feelings toward their parents. Most commonly these will arise when the parent is setting protective limits. Because such limits are needed, it is unavoidable. Do not despair. Loving and respecting the child and the child loving the parent make it possible to help the child reduce feelings of hate they feel.

**Question:** What happens to the child if they are not helped with their feelings of hostility?

**Answers** from workshop participants. Do they have examples?

**Discussion:** The generation of hostility is a cumulative phenomenon; when it is not appropriately and constructively dealt with by the child, hostility accumulates, stabilizes and becomes patterned within the personality. This can create problems in all areas of the child's life, and eventually in the adult he becomes.

It is therefore essential for parents to help their children learn how to cope with hostile feelings before they accumulate, become excessive and stabilize within the child. And, it falls to the parents then to help their children find reasonable and acceptable ways to express these feelings.

**Question:** You may feel, my kids hit first and then they talk. What can I do about that?

**Answers** from participants.

**Discussion:** We have to make clear to children that discharging hostile feelings by striking out physically is just not acceptable because it causes more damage than it helps. The child may argue that he/she feels better when he/she hits. Yes, but even though for the moment it may feel good, things can happen when we hit that can end up hurting us very badly. And, even if it makes your child feel good to hit, insist that in most cases that's not allowed.

Let the child know that certainly at home, it will not get his point across better than a good verbalization. People are just much more likely to listen and hear him than if he hits. Children are best helped when parents start from the point that the child is not allowed to hit her/his mother or father. In general, it is best for children not to hit their way out of feeling angry. There are exceptions to this such as when the child is being bullied and/or is being attacked; then he may need to hit back in order to defend and protect himself reasonably. Make clear that although your child can tell you whatever he feels and thinks **he/she is not allowed to hit you.** It may help to generalize that the child should never be the first to hit someone. It can be a problem to insist that the child never be allowed to hit. Regrettably, bullies are encouraged to abuse by kids who don't hit back. It's best to draw the line at telling the child that he should not be the first to strike when in an argument with someone else.

Of course, it's very important that parents in general should not hit their kids and certainly not each other. (Facilitator, there are exceptions when a swat on a young child's bottom may be a last resort for some parents. But it should be no more than one
swat on a padded bottom" [see Workshops On Aggression, Workshop #6]).

**Facilitator**, some parents may have trouble with this. Pressing our point is not desirable. Just state it, discuss it, that's all. It's important for parents to decide what course they want to take on this point.

Whatever position we take on this hitting issue, it remains that one critical way of helping a child is to help him feel he is not alone in attempting to deal with that which is causing him/her emotional pain. Here the parent is acting in the child's behalf, as a helping hand. It is very helpful when the child feels the parent is making an effort to help him cope with the anger or hostility or hate the child is feeling. This is because side by side with the reassurance of help, the parent's positive attitude is comforting and this helps to calm the hostility-generating system that is activated within the child in times of actively feeling hostile. All in all, the parents' being there to help decreases the load of the child's hostile destructiveness. This means a great deal in terms of the child's inner experience.

In addition, the parent's helpful actions can be highly instrumental in lessening the intensity of the pain the child is experiencing. For all these reasons, letting the child know she/he is not alone when the child has experienced excessive unpleasure can be highly growth-promoting.

**Question:** Do you think children really need help to learn how to express the hostility they feel in acceptable ways? Don't they know that?

**Answers** from workshop participants.

**Discussion:** Think of it. When we are hurt, there is within us a built-in tendency, really a biological tendency, to lash out physically, to rid ourselves physically of that which is causing us pain. In addition, in clinical work, again and again, we've heard patients say with pain, "How am I supposed to get over being so furious with my mother (or father)?" Experiencing and handling our feelings of hostility and hate is difficult. And, have you ever felt enraged? How easy is it to contain feelings of rage?

So yes, young children need help in learning how to constructively express, discharge, and contain some of the feelings they experience. This is especially true when they feel anger, hostility, hate and rage.

Children often feel they need such help and expect parents to provide that help. For instance, even though they may protest the parents' actions, children expect parents to set reasonable limits on their hostile behavior. Many especially appreciate it when their parents prevent them from being destructive. In other words, they know that they sometimes need to be protected against acting on their own normal but troublesome hostile and destructive feelings.

Children want help and need help to develop constructive inner controls, to develop self-discipline, useful skills, and good judgment.

**Question:** Since hostility and hate and rage cause so much difficulty is there any way parents can prevent their children's developing hostile destructiveness?
Answers from workshop participants.

Discussion: This can be done only to a degree. But, of course, the more these can be reasonably prevented the better. It is important to bear in mind that experiencing hostile destructiveness (HD) too often, too intensely, usually has serious negative influences on the child's developing personality.

For this reason, parents should, as best and as reasonably as they can, protect their children from too frequent, too intense experiences of excessive unpleasure. Bear in mind that hostility and hate are normal affects (feelings). These affects are not inborn. They are generated—they are produced by experiences of excessive unpleasure. It is unavoidable that in life, even in the best of circumstances, we all get ample doses of feeling hurt one way or another.

But the point here is twofold. (1) That traumatizing experiences which by definition means experiences that hurt a great deal are prime generators of HD. And (2), that the more we can protect our children against unnecessary experiences of excessive unpleasure, the better we will be preventing our children's becoming filled with hostility, hate, and rage. And the reverse holds as well. The less we protect them against avoidable pain, the more hostile they will become. This is the more so when those who cause the traumatizing experience are those from whom the child duly expects love and protection, the child's own parents. We'll talk more about this in Workshops that follow.

Question: Let's sum up then, what can parents do to help their children with their HD feelings?

Answers from workshop participants (using examples)

Discussion: Parents can help in several crucial ways—some we have already talked about in prior Workshops:

(1) By far the best way is to prevent any unnecessary experience of excessive unpleasure in their child—such as by not setting limits where limits are not truly needed.

(2) Where experiences of excessive unpleasure unavoidably occur, parents can help by making themselves available to comfort the child, to help the child cope with the experience, to talk about what happened and about what the child can do to feel better. This can be done more than just one time; it helps the child work through the painful experience.

(3) The parent can help the child learn how to express hostility in constructive ways, the topic of this Workshop. Let's go into some detail on this point.

Question: What are positive goals for parents in handling our children's angry and hostile aggression?

Answers from workshop participants using examples.

Discussion: Positive goals for parents in considering handling angry and hostile aggression include:

1. Using reasonable guidelines, to prevent experiences of excessive unpleasure from happening.

2. If that is not possible, to remove the source of pain as quickly as possible.

3. To allow the child to express his feelings but restrain him/her from harming
himself/herself or others.
4. Talk to the child to help him/her understand what is happening and to cope with it positively.
5. To comfort him and reassure him of parents' continued love and respect.
6. From the beginning it is important to begin to spell out what behavior is expected of the child.

**Group Discussion:**

Review necessity and benefits of reciprocal communication between parent and child. Emphasize the value of verbalization.

**Facilitator:** it may be timely to inform and discuss with participants that it is common for children—and adults—to displace hostile destructiveness outwardly, onto others. This is an important facilitator of the development of prejudice. This of itself, makes enormously worthwhile parents' helping their children learn to handle their HD feelings constructively.

**Small group role-plays:**

Use various examples from the participants and practice role-plays where a child tells a parent in one way or another that the child hates her/him.

Help participants (parent) tolerate non-insulting verbalizations but put constructive limits on excesses. (Allow plenty of time for brainstorming among workshop participants and encourage discussions.

**Role-play:**
Help the child talk about upsetting occurrences.
Help parent tolerate painful affect from the child.
Help parent tolerate rage from the child to the parent.

**Group discussion:**

How do we recognize if the child is angry and displacing his/her anger onto other objects or things? This leads to the question, can prejudice be prevented? (Our answer is, Yes!) What about violence among school youth in recent years: were there any warning signs? What could the parents have done sooner to help the child better channel his rage?

**(Facilitator,** again, if participants want to know more about helping their children cope with their aggression, you may find the set of *Workshops on Aggression* useful.)
PART II:

TRAUMAS FROM WITHIN THE FAMILY
TRAUMA WORKSHOP # 3

TRAUMAS FROM WITHIN THE FAMILY

What is Trauma? and Physical Abuse and What Can We Do About It?

What is Trauma? And What Does it Do to the Child?

Question: Because we think this may help the parent understand the seriousness of the problem she/he faces better, let's back track and ask, what do we mean by "trauma"?

Answers from participants and use examples.

Discussion: A trauma or a traumatic event is an experience that the child or adult, at any age, feels is far too painful, or dangerous, or threatening, and is too difficult for him or her to handle. It is not just a momentary feeling. It sticks. The child feels overwhelmed by pain, fear, or shock and feels unable to cope with the situation. This is because his/her adaptive functions and abilities (what in mental health we call the child's "ego" or his/her "ego functions") have been overwhelmed and have become incapacitated.

How long the child feels this way, to what degree he/she feels overwhelmed is very important. The longer and the more intensely he feels overwhelmed, the more severe the trauma and its effects. And then, the more likely that the child's recovery from the trauma will require more help and take longer to be achieved.

Not all traumas or traumatic events will actually end up traumatizing the child (or adult). If the traumatic event can be dealt with adequately within a reasonable period of time—what this time is depends on the state of the individual when the traumatic event occurs—the child (or adult) will not be traumatized. To be traumatized means that the trauma is leaving its mark on the child well after the traumatic event is passed; its effects continue and the child's ability to cope continues to be more or less handicapped.

The more frequent and the more severe the traumatic events, the more will the child feel overwhelmed and the more he/she is likely to be traumatized, to have become emotionally and adaptively handicapped.

Question: What do you mean when you say that "the trauma leaves its mark on the child well after the traumatic event is passed and that its effects continue and the child's ability to cope continues to be more or less handicapped?"

Answers from participants.

Discussion: The trauma leaves its mark in two ways. One is visible; the other is hidden.

Trauma Workshops
One can see the child's reactions to the trauma. There will be symptoms of troubled behavior like anxiety, depression, bad dreams, and much more. We'll talk about these in the Workshops that follow and especially in Workshops #9 and #10.

Let's talk here about the hidden ways in which trauma leaves its mark. Medical researchers, including especially brain researchers, have found that stress affects many systems in our bodies that have much to do with our physical and emotional health. For example, it's now known that stress lowers our body's defenses against infection; it lowers our immune system's cells that fight off infection. This is why when we are subjected to things that we experience as stressful, be it being intensely worried, or too exhausted, or if we are particularly sensitive to too cold air, we may develop a cold. It's not the tiredness itself, nor is it the cold air that causes the cold. It's the "bug" we carry around that does. But we are able to fight it off until we experience enough stress which lowers our immune system cells and then, our bodies can no longer fight off the micro-organism we've been walking around with for days.

But there's a more troublesome thing medical scientists have found. They have also found that intense stress leads to the suppression (lowering) of brain chemicals (neuro-transmitters) that are needed to maintain the life of our undeveloped brain cells. We have many brain cells that are in an undeveloped state. It's as if they are there waiting to be developed, waiting to be put to use. It has now been found that when intense stress is experienced the key brain chemical that stimulates nerve cell development (L-glutamate) is suppressed. This means that nerve cells are not being stimulated to develop and that some of them will die off. And in fact, this has been found to occur (by brain scanning methods) in crucial areas of the brain in people who have been traumatized. To what degree such brain matter loss will occur is variable. But we now have evidence that it does happen.

**Question:** Wow, so how do we prevent this from happening? Can a parent prevent traumatic things from happening to his/her child?

**Answers** from participants.

**Discussion:** There is no such thing as a life without some trauma. Traumatic events occur to all of us, even those most financially secure, and those who have the good fortune of being in a well-related family.

How we react to trauma depends to a large degree on how able we are to cope with the challenging event to which we are subjected. This means, the less psychologically developed we are the less we are able to cope with stresses; the younger the child, the less developed adaptive abilities and skills, the less likely it is that the child will be able to cope well on his own with stressful events. Also, even within any developmental period, we have good days and bad days, even good hours and bad hours. We will handle a stressful event better when we are having a good day than when we are having a bad one. We are most likely to handle such an event better at the beginning of the day when we are rested and fresh, than at the end, when we are tired and hungry.

**Question:** So, what do we do if our child is subjected to a traumatic event? How can we parents help?
**Questions** from participants.

**Discussion:** To address this question we have to go into some detail. Both preventing and helping can be best facilitated by first understanding what may be traumatic to one's children and what kinds of traumatic experiences children have. And then let's talk about steps that can be taken to prevent trauma and to help the child cope. This will probably take more than one Workshop.

**Question:** What kinds of experiences can make the child feel traumatized?

**Answers from participants.**

**Discussion:** A number of common more or less painful experiences, which researchers have proposed are at the basis of what can traumatize us, have been described over the past fifty years.

J. Dollard and his team of researchers (1939) proposed that too much frustration may do this.

R. Spitz (1945, 1946) was among the first to point to how traumatic emotional deprivation due to long-term separation from the mother, or the actual loss of the mother to whom the child is becoming attached, can be. This can also occur when a child is simply too physically and/or emotionally neglected, even when the mother is there.

J. Bowlby (1950s) proposed that growing up in families where children were much neglected and abused traumatized these children and that many eventually became juvenile delinquents. He proposed this because he found in studying juvenile delinquents that all had histories of much neglect and/or abuse in their homes.

Rochlin (1973), and Kohut (1977) found that when we feel narcissistically injured, when we feel our sense of self to be hurt, it causes us more or less intense pain and, if intense enough, frequent enough, and of long duration these emotional hurts can become traumatizing. This is much talked about these days as feeling one's self-esteem to be injured.

**Question:** But wait a minute. Didn't we say that traumas happen to all of us, to ourselves and to our children? Doesn't every child at times feel hurt in his/her self-esteem? Doesn't every child at times feel neglected or frustrated? You mean we should never let our children feel neglected or frustrated? Or our children will suffer awful injury if they feel disappointed in themselves, in what they are able to do?

**Answers from participants.**

**Discussion:** Heh, let's be reasonable and let's be clear enough. As we said, every human being feels hurt many times. We feel hurt in our self-esteem, we often feel frustrated by others and by ourselves, and we often feel disappointed in what we can't do or in things we've done. In fact all of these unpleasant feelings can push us to do better, to try harder to become capable and self-reliant. These unpleasant experiences can lead to growth in us.

What we need to sort out is, is this experiencing too hurtful? Is it too much pain for the child? Is it in fact making the child not able to cope? Not able to make efforts to overcome the pain of disappointment in himself, of narcissistic injury, or of feeling insufficiently loved and neglected?
Is it too much for the child (or adult) at this point in time?

**This is a big topic, and it can affect a child for life.** So let's look at important details. We'll come back to what we just started but let's first make a list of traumas mental health professionals tell us they most commonly find. We all hear about these virtually everyday.

**Question:** What kinds of traumas are there?

**Answers** from participants. Acknowledge and facilitate dialogue among participants.

**Discussion:** We like to sort of break things down into categories that can help us understand trauma better and, equally important, help us deal with them as best we can.

First of all, children experience traumas that come from **within their homes**. Do you want to hear the good news about this first, or the bad news? (Facilitator, of course, do what the majority chooses.)

**The good news** is that if it comes from within your home, you are probably in the position of being able to do something very meaningful about it. You may be in the position to change it, or in fact, you may be able to eliminate it.

**The bad news** is because it comes from within the home, it comes from the people to whom the child is emotionally attached, and that hurts more than if the hurt is caused by someone the child is not deeply emotionally related to. This is because everyone of us, child and adult, is hurt more deeply when it is someone we trust, someone we love, someone who is supposed to be loyal to us, who hurts us. If your enemy hurts you, or a robber hurts you, it hurts but it does not take you by surprise. You expect that your enemy might want to hurt you; you may well want to hurt your enemy. You know a robber will want to take something that belongs to you. If you resist or if he is loaded with hostile feelings he may hurt you. Yes, it hurts. But it does not make you feel betrayed as when someone you love hurts you badly. It does not make you feel mistrustful of all people. It does not make you feel you were wrong to love, to care, to trust certain people.

So, first of all, a trauma can come from **within the family** and it can come from **outside the family**. Obviously, this is very important for understanding the child's hurt, and for what to do about it.

**Question:** What are some of the traumas that can come from within the family?

**Answers** from participants. They no doubt will mention the ones we want to have them consider.

**Discussion:** One way of considering these is to assume that there are two major categories of home-bound traumas:

1. Those that are caused by someone the child is attached to, Mother, Father, a brother or sister, a close relative; and
2. Those that are impossible to prevent, namely Acts of Fate.

With regard to traumas caused by someone to whom the child is attached, there has been much recognition lately of the traumatic effects of **physical abuse** and of **sexual**
abuse of children. It is well established now that both are prone to be experienced by the child as traumatic and may leave its scars, i.e., cause trauma.

Not enough is said about the emotional abuse of children. Maybe this is because emotional abuse doesn't stand out as clearly as the other two. All 3 types of abuses can cause trauma. We'll start to talk about these in a moment. But before we do we have to consider one other point.

We have to consider what a child may experience when a trauma occurs to her/him and the parent has not prevented it from happening. Children, not just young ones, feel that their parents should be able to prevent awful things from happening to them. This comes from the fact that very early in life children tend to think that if they wish something to happen, it will. Their parents, who are all-powerful—in the infant's eye—will see to it that it happens. It's "magical thinking". This magical thinking can get activated when a child is terribly hurt. It will often lead the child to think, "Why did my parents let this happen to me?" This then leads to these questions for us:

1. A trauma occurs and the parents have not been able to prevent it.
2. One parent traumatizes the child, say by physical abuse. Where was the other parent? Why did that other parent allow this to happen? Let's say a few words about this now and we can talk about it more in the specific Workshops that follow.

**Question:** What do you imagine is the impact on the child of the fact that the parents did not prevent the traumatizing event from happening? And how does this affect the relationship between the child and his/her parents?

**Answers from participants**

**Discussion:** This is not simple. The child may be able to grasp that what happened was not preventable by Mother or Father. Or, on the contrary, the child may believe deeply that the parents could have prevented this traumatic event from occurring and did not. Then, regrettably, kids, not just young ones, may feel that the parents could have prevented the event when in fact, they could not have. Let's take each in turn.

If the child grasps that the parents were unable to protect the child, that the parents had no control over what happened, the child will not feel hostility toward the parents as agents of the trauma. Take the child being victimized by war, for instance. Ravaging as the war experiences may be, that the child does not hold the parents responsible for these traumas makes it much easier for the child to overcome the ill effects of the traumas. In this case the trauma will not have caused damage to the child's relationship with the parents.

If the child feels that the parents could have prevented it, could have done more than the parents did, the child will feel deeply hurt and resentful and probably feel that the parents don't care enough about the child to do more. Obviously, this will generate hostility within the child toward the parent, it is likely to lower the child's regard for the parent, and it will cause substantial damage to the parent-child relationship. It is enormously important for the parents to explain to the child, whatever the child's age, that they were not able to prevent the trauma. This may require saying it more than once; however many times it comes up, it ought to be gone over again. The child who comes to
grasp the parents' not being able to prevent the trauma will dramatically reduce his/her feelings and with it the hostility that hurt generated.

It is unfortunately common for children to hold their parents responsible for traumas happening to them when in fact the parents were truly helpless to do so. Here, the parents just have to continue to try to help the child heal and slowly, gradually, help the child understand that the parents were unable to prevent the trauma. In this task, parents should never stop trying to help the child—whatever the child's age—re-evaluate what in fact did happen and that the parents could not have stopped the event from happening. And, this may take quite a long time. For however long it takes, parents should continue to help the child, even if already grown-up, to metabolize the past traumatic experience. This, because repeated discussions of what happened, part of the process of working through the trauma, help the growing child gain mastery over the traumatic event. But it is important for the parent to both recount and explain her/his view of the experience but also to listen attentively to what the growing child thinks and feels. In going over it again and again, the child is better able to organize the experience and, change internally (in her/his mind) the meaning of the traumatic experience.

Let's bear in mind, that kids can learn something useful to them from every experience they have. Even when something painful, in whatever way, happens to them. In this, of course, we parents can function as helpful role models for the child in sharing with the child when we ourselves are dealing with a painful experience.

**Question:** What about if one parent traumatizes the child, say by physical abuse, and the other parent does not intervene to stop the abuse?

**Answers** from participants.

**Discussion:** This too is not simple. Unless the innocent parent is victimized at the same time as the child, say by a physically battering father, the child will hold that innocent parent responsible for not having stopped the abuser. The hurt and the rage may not be at the same level, but both parents will be experienced negatively by the child, one for abusing and the other for not protecting the child against it.

**Facilitator,** take any questions before proceeding.

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**Physical Abuse and What Can We Do About It?**

**Question:** What do you consider to be physical abuse?

**Answers** from participants.

**Discussion:** Physical abuse is the inflicting of pain that is intended to hurt the child. A child may accidentally be hit by a ball thrown to the child by the parent, and will be hurt. But the father did not intend to hit the child. Even though the child may immediately feel his father did this on purpose—due to the sting of being hit—he will soon recognize that this was an accident. It was not intended.
On the other hand, if the father is angry with the child, picks up a stick and starts hitting his son, the son will feel with certainty the father's intention to hurt him physically. The hurt was intended. The child experiences as very painful the fact that his father wants to hurt him. The child looks to the father to protect, guide, and love him. In addition to the physical pain, the child may feel let down, insulted by his father, and even feel betrayed. This reaction brings with it much emotional pain as well. It's especially the emotional pain that makes the physical abuse psychologically traumatizing.

**Question:** When is physical abuse most likely to occur?

**Answers** from participants. No doubt someone will answer "When you punish the child."

**Discussion:** Physical abuse by parents happens most commonly when parents are punishing the child. Here's how we have found it to usually occur.

A child is doing something the parent does not want the child to do; or the child is not doing something the parent wants the child to do. The parent tells the child to do this or that, or to not do this or that. The child—any age—does not comply. The parent repeats the admonition: "I told you to do this. Do it now!" The child still does not comply. This interaction may go on one more time or more. As this interaction repeats itself, the parent gets more and more frustrated with his/her child. This frustration is painful to the parent and this generates hostility in the parent toward the child. As the parent's hostility escalates, he/she may blow up. This is most commonly when a swat, or a fist, or a belt, or a stick starts to fly. The child is the target.

What happened? The parent's limit setting failed and the parent, unable to tolerate the child's non-compliance, loses control and reacts harmfully.

Most hitting—not all, as we'll see shortly—of children by their parents is traumatizing. But it is so more or less, depending on its severity of the hitting. Incredible as this may be, most severe cases of physical abuse are perpetrated on 2 to 4 year old children! Usually, around toilet training.

**Question:** Can traumatization by physical abuse be prevented? If it occurs, how can the trauma be minimized? What can we do about it?

**Answers** from participants.

**Discussion:** Of course, physical abuse can be prevented. And the best way to prevent it is to learn to set limits constructively with our children. Most children will respond to limits that are set well. Some children will be difficult, to be sure. And in few cases will limit setting be easy. In fact, we think it's one of the most difficult parenting tasks.

Here is an outline we developed that is intended to guide parents in setting limits constructively.

(**Instructor:** Decide whether or not you want to go into the following detail with the participants. Also know that in the Aggression Workshops set there is a Workshop #5, "Setting Limits Constructively -- Protecting Healthy Assertiveness")

**What** is limit setting and how to do it most constructively.

*Trauma Workshops*
(1) **Limit setting** is acting in the child's behalf where the child is too young to know what is in his best interest. **It is not punishment.** Punishment occurs where limit setting has failed. **Punishment** is the withdrawal of privileges or the inflicting of pain that usually follows the child's not complying with the limits set.

(2) **Do not set limits when they are not needed.** Too frequent limit setting can discourage exploration and curiosity. As a result it can *discourage learning!* Home is the child's first classroom. If the limit is needed, though, follow through.

Setting limits requires the child's ability to understand the parent's words. For this reason **setting limits with children under six months old is unreasonable.**

(3) Baby proof the house to reasonably avoid too frequent limit setting as well as to make it safer for the young child.

(4) When setting limits, **explain why** the limit is needed, have a **strategy** or pattern of limit setting you intend to follow, be **reasonable** and be **firm.**

**Why explain?** So your child will understand your good reason for stepping on her sense of self. It should be in order to protect her, someone else, or something you value. Don't say "Because I said so" or "Because I'm the boss"; your child will not be impressed! She'll think you're just a bully.

**Pattern** your limit setting so that your child will learn what to expect from you. Take a set number of steps before you feel you have failed and go to punishment. It is great to avoid punishment; but not by giving in to the child who is stubbornly refusing to comply with the limits. When you do, you both lose.

Here is a pattern that works pretty well:

**Step 1:** Nicely tell your child what to do or not do. If your child does not comply, take

**Step 2:** Repeat what you said a bit more firmly, and a bit louder. If your child still does not comply, go to

**Step 3:** Now tell your child this is the third time you're telling her to do what you said, and you don't like that. Remind your child how unpleasant things turned out the last time you went through this with her. Your tone is now still more firm than before. Don't plead! It produces guilt and meanness. If you still get no compliance, go to

**Step 4:** Now go to your child, with firmness and moderate anger tell her you really don't like her behavior! If she does not do what you said now, there will be a punishment. This is a warning of things to come, it is not a threat. Your child should know where you stand. If you still get no compliance, go to

**Step 5:** You now tell the child she will not be allowed to see her favorite TV program tonight, or the like. And you physically help her do what you told her to do 4 steps before.
(5) If in the course of setting limits you realize the limit is really not necessary, be brave, admit it, say you changed your mind not because your child protested but because you see it really is not necessary.

(6) Vary your pattern according to the kind of child you have. That is, if your child is a bit shy and timid, slow the pace of limit-setting down, go easy; if your child is quite vigorous and even a bit hyperactive, move into limit setting more quickly and take two or three steps instead of five. If your child is hyperactive, and getting reasonable compliance is a problem, you and your child would very likely benefit from some professional help.

**Question:** But let's say you lost your cool and smacked your child. What can you do to lessen the traumatizing effects of what you did?

**Answers from participants.**

**Discussion:** By the way, we like to say that in order to be a good parent we need to be perfect 75% of the time. We can make mistakes and still be good parents. Children don't need perfect parents. They're not going to be perfect either, nor is anyone else.

What you did when you lost your cool will dictate what you need to do to try to lessen the harmful effects of what you did. That is, what you later do to repair will depend on what you did that was harmful. It is different to give the child you love one hefty swat on his clothed bottom or a hefty swat on the back of his shoulder than to strike him a number of times with a belt, a paddle, or a stick. The difference is even greater and much more problematic if you punch your child in the face or whack him across the face that sends him flying under the table. And, of course, scalding a child with hot water, burning the child's back with a hot clothing iron, locking him in a closet or cellar are extremes, as is breaking a child's bones, etc.

Of course, the harsher assaults on a child, like punching a child in the face or hitting a child with a bat, will always leave their traumatic mark. In such cases, professional help is essential for both the child and the parents. For the child it is to help the child deal better than he/she has with this insult; for the parents it is to help them find ways of handling the unavoidable frustrations that come with parenting. Total repair of the intense assaults on children we described is not likely, indeed cannot be expected.

But the lesser assaults on our children's bodies can be dealt with in ways that can repair. These assaults too, though, require additional specification. If a lesser assault occurs very infrequently, say once in several years, it will be experienced differently by the child than if it happens once a month, or more frequently. Again, when it happens more frequently, professional help for the family would be very helpful. The reason for this is that a parent's apology is less likely to feel convincing to the child when the offense by the parent is repeated often. It just will not ring true. And the hurt then will continue to fester within the child. Work needs to be done to undo the harm caused the child.

When a parent has lost her/his cool and dished out a lesser assault, one that occurs infrequently, it is to the advantage of the child and of the parent for the parent to open a dialogue with the child about what happened. The parent is the adult. It's the parent who should initiate the effort to repair whatever hurt was experienced between child
and parent. It is best to be open and honest about it. It's important to not rationalize, to not make the mistake we made sound reasonable when, in fact, it's not. For instance, "I did this for your own good" or "I hit you because I love you and to help you" are not the reasons a parent strikes a child. We do this when we lose control. Calculated spankings that follow on "Wait till your Dad comes home; he'll take care of it!" occur when parents feel they have no other way of dealing with their child. Calculated spankings are not desirable; even more than spontaneous spankings, they are inevitably seen as intentional.

Rationalizing that the spanking is for the child's own good is problematic. This is because the child may come to believe that indeed he deserves to be hit for what he did, is likely to rationalize that this is good for children, and will probably use the same strategy to get compliance from his children when he or she becomes a parent. In addition, he may also come to abuse others, including his/her spouse.

It works well to first empathize with the child's pain which we the parent inflicted. Secondly, it's well to apologize for hurting the child. "I'm really sorry I lost my cool and hit you" works very well. Then how you proceed will depend on the child's age and ability to carry on a dialogue. With the younger child, say under 5, it's well for the parent to simply tell the child that he is expected to comply better than he is with what Mom and Dad tell to him to do, period. "It's really very annoying when you (the child) act as if you didn't hear what I said to you." It's OK to end with "It's our responsibility to take proper care of you, and that includes helping you become a reasonable kid who knows he has to listen to his parents, his teachers, police officers, and other grown ups he knows from the neighborhood."

With a child older than 5, the parent can get into "Look, let's talk about what happened between us. How do you see it?" And let your child say what he/she thinks. It's not wise to let the child be too harsh with himself/herself. "I deserved it" is not a great answer. Nor is a child's saying he did nothing wrong and he doesn't need to listen to you 'cause it's a free country! And you end up with a firm statement that you expect the child to comply with what Mother and Father tell him to do. If it isn't necessary for the child to comply, the parent will not tell the child to do or not to do whatever it may be. Just as you expect the child to be reasonable, the child can expect that you will be reasonable too.

**Question:** But, shouldn't it be the child who apologizes first for not listening? Shouldn't he know he deserved to be hit?

**Answers** from participants. Try to get participants to reason this out.

**Discussion:** We think that parents' acting responsibly is appropriate, and that they should take the lead to repair, not the child. Furthermore, it sets a good example for the child. The lesson is: if you made a mistake, apologize and try to repair. Since the parent is the grown-up, we ought to act like grown-ups and not expect the child to do so. Furthermore, most children really appreciate it when parents make an effort to fix things that go awry in their relationship.

Then to the idea that the child deserves to be hit, we would say no one deserves that. The child may deserve punishment, yes. But hitting is not the best way to punish, at any age. Punishment is best dealt with by withdrawing a child's (or adult's) privileges. When we talk about "emotional abuse", we'll talk about the condition where we believe a
swat on the child's clothed bottom may be the mildest of ways to handle a challenging child.

(Facilitator: A full discussion of punishment can be found in the Aggression Workshops, in Workshop #6 "The Miserable Task of Punishing Our Children")

As we said there are two other large categories of parents traumatizing their children: by sexual abuse and by emotionally abusing our children.

Because children are traumatized when they are taken advantage of sexually and because this is a complicated problem, we'll take that up in the next Workshop.

Facilitator: If time permits you may want to restate the main points of this Workshop.
TRAUMA WORKSHOP # 4a

TRAUMAS FROM WITHIN THE FAMILY – PART II

Sexual Abuse

**Question:** Sexual abuse? What's that?

**Answers** from participants.

**Discussion:** No doubt, we've now all heard of this. There's been much in the press about it during the last 10 to 20 years.

Sexual abuse, is the engagement of a child into sexual activity by a person substantially older than the child. When it is not invited by the child, or even when it is, engaging in sexual activity with a child substantially younger than oneself is a misjudgment of appropriate conduct that is potentially harmful to the child. Such abuse happens even to very young children. But, it's not simple. According to several studies of a large number of adults who as children were engaged into sexual activity by a person quite older than they, 50% of these adults reported that it caused them problems and the other 50% reported that they did not feel it had hurt them. Although it does not always harm a child, that it harms 50%, accepting for the time being that this is how frequently it may hurt a child, is a large percentage.

**Question:** But, what is it that makes such activity potentially harmful to 50% of children?

**Answers** from participants. It is not advisable to probe for revelation of sexual abuse among the participants. Of course, we welcome examples but this may just be too difficult for participants to bring up in a group. However, if a participant does reveal sexual abuse, it may require much sensitivity and careful handling of what comes out.

**Discussion:** Yes, why does it harm 50% of children? And, what might make the difference between its being harmful and its not being harmful? Because we know that understanding a problem gives us a strong basis for problem solving, let's go into some details of

1. The child's sexual development, then let's talk briefly about
2. What factors may make it harmful or may not, and then let's talk about
3. What to do where sexual abuse of your child has occurred.

**Question:** People are sometimes very surprised when a mental health person tells them that young children have sexual feelings and thoughts. What do mental health people mean by that? Have you found anything like that in your children? Do you remember any such feelings and thoughts from when you were a child?

**Answers** from participants with no pressure to get them to remember. Discuss the participants' thoughts about childhood sexuality.

*Trauma Workshops*
Discussion: For nearly 100 years scientists have found and documented sexual behavior and experiencing in young children. Of course sexual behavior in adolescence has been accepted as fact from the beginning of time. In fact, there was a time when adolescence was when actual sexual and reproductive life began. It was not uncommon for 14-year-old girls to get married and start families. Those were not the good old days! And nowadays, when a 14-year-old gets pregnant, no one celebrates the event! But what the scientists found were sexual behaviors of varied kinds that are evident from the first days of life on! This form of sexuality is different from what we find in adults and it has been called “infantile sexuality.” Not altogether a good name because, though it begins in very early childhood, it develops and becomes quite well organized during childhood. "Childhood sexuality" would be more accurate.

Question: What kinds of behaviors are they talking about? And, what do you think they mean, "from the first days of life on?"

Answers from participants.

Discussion: We know that from the earliest days of an infant’s life the infant experiences sensations we know to be part of adult sexual life. We mean, the kind of feelings in our skin, our mouths and other parts of the body—including our genitals—we speak of as erotic. In fact, no doubt those among us who have baby boys probably have found even from the first days of life when diapering the baby, that the baby might have an erection. This, we assume, is because the infant feels stimulated in one way or another, probably due to feelings associated with having a full bladder. According to the "psycho-sexual theory" of development, the child develops through phases when these erotic sensations seem to be most prominently experienced in one part of the body then another.

The first of these is the mouth, and this is why the first phase is called the oral phase. The oral phase runs from birth to about 18 months of age.

The second is the anus—associated with toilet training—and it's called the anal phase. The anal phase runs from about 18 months to about 3 years.

The third body area then is the area of the genitals, and it's called the genital phase. This phase goes from about 2½ to 6 years of age.

This is then followed by a supposedly quieter phase, from about 6 to 10 years of age which is called the latency phase—because it was thought that perhaps sexual life then takes a break from developing.

This then is followed by the phase of adolescence, with which we are all very familiar. It runs from about 10—with a pre-adolescence phase from 10 to about 12/13—to about 18 or 21, depending on the mental health professional's point of view.

And to complete the model of human sexual development, adolescence is then followed by adulthood, and specifically by the phase of parenthood.

(This topic is described in great detail in the Workshops on Sexuality. The Facilitator and Participants may want to refer to these Workshops for a fuller discussion of this topic.)

To get to the issue of sexual abuse in the young, let's consider children younger than adolescents.
**Question:** How do we know it's true that young children have sexual sensations (feelings) and thoughts? Does one see this in their behavior?

**Answers** from participants. If they feel comfortable, can they tell us examples of what they thought were sexual behaviors and at what ages did they see these?

**Discussion:** From about 2 years of age, and especially between 2 and 6 years, sexual behaviors are readily visible. Much of what we see in the sexual activity can be catalogued in 3 clusters of behaviors:

1. Much interest in their and others' genitals and other physical body parts;
2. Interest in babies and where they come from, and
3. Growing preferences for the parent of the other sex and related behaviors.

Let's look at this briefly.

It's very common for 2 to 6-year-old children to say things about their genitals and those of others. They'll ask questions about them, make comments about them, even express much concern and worry about them. These behaviors become more hidden from parents after 5 or 6, and in some even earlier.

**Question:** Have any of you seen such behavior in your children? If you have, what makes them do that?

**Answers** from participants. Hopefully some will volunteer examples. If they do, ask them what they think makes a child do that.

**Discussion:** Because during this time they experience a large increase in sensations arising from their genitals, they become aware of them. Not only do they then ask questions about them, such as "Why doesn't Suzy have a penis?" or "Why does my penis sometimes get big (or, get hard)?" etc. This increase in sensations also leads them to stimulate themselves manually or by pressing their genitals against an object in a rhythmic manner. They seem to be pushed to such self-touching by the sensations and then discover that they experience pleasure when they do so. This leads them to repeat such self-touching to a greater or lesser degree. By the way mental health people speak of this as "infantile masturbation".

This is a very normal behavior. It serves the child's need to release built up tension in the child’s body that naturally comes from these sexual sensations and excitation. This “infantile masturbation” differs from adolescent masturbation—which is when adult sexuality begins—in a number of ways. The young child's initial masturbatory activity is not driven by fantasies as it is in adolescents. In the young child, it's the sensations that will lead to the development of fantasies. Also, for the male for instance, the culmination of this behavior does not seem to end in a climax, and certainly does not end with ejaculation of semen. It is debatable whether or not girls, prior to puberty, achieve orgasm through masturbatory activity.

**Instructor,** discuss this point further with participants if the group interest is large.
**Question:** What about babies? Are young children really interested in babies? In what ways do they show interest if any?

**Answers** from participants. Try to get examples.

**Discussion:** Researchers who studied by direct observation children twice weekly from the time of their birth through about age 4-5 years have reported that young children show a striking interest in babies. This is especially so in little girls, starting from about 2 to 2½ years of age on. Prior to this time, both boys and girls seem more or less attracted to babies, and interact with them with an attention that differs from their interest in toys. It's interesting too that from very early on, boys seem to interact with babies more in a play mode sometimes tickling them or gently shaking them or offering them a ball, whereas little girls seem more inclined to pat them or hold them or comfort them. Then from 2 to 2½ on many a little girl really becomes quite serious in her interest in babies, often selecting one in particular for special attention. Her behavior then may be quite striking. She'll ask about the baby, talk about the baby at home, want to be the only one paying attention to the baby; when she can, she'll hold the baby with visible tenderness, gently rock, smile and talk to the baby. At times she'll look at the baby as if awe struck. One little girl so engaged with a baby would chant "My baby, my baby." One 4 year old sent a shock wave through a group of mothers when she declared for all to hear that she wanted a baby—of her own. And none of us thought she meant anything other than a real live baby.

Now the question for us is "What causes this behavior?" Whatever contributions may come from what goes on between the child and her parents, these researchers propose that there is a biological-genetic program that is activated from about 2 to 2½ years of age that drives this behavior. These researchers have proposed that this is part and parcel of what the sexual drive does within children. It's the equivalent in humans of other mammals being born with instinctive mechanisms that make them know at a pre-programmed time how to engage in that activity that will preserve the species. This includes sexual activity and child caring activity, both essential for the preservation of the species.

**Facilitator,** address any question participants have about this.

**Question:** If you have children older than 3, have any of you seen such behaviors in your children?

**Answers** from participants. (Facilitator, don't push.)

**Discussion:** Take up any issue raised by the examples and any question asked about it.

**Question:** But what does this have to do with sexual abuse?

**Answers** from participants.

**Discussion:** Those psychodynamic mental health people tell us that this bio-genetically driven behavior both stimulates desires, wishes, and fantasies about getting a baby. There is striking behavioral evidence for this. Some children, as already noted, will put their wishes into words, "I want a baby" the 4-year-old said, and the 3-year-old chanted "My baby, my baby." There was a fantasy in this 3-year-old's mind that led to her saying
These wishes and fantasies are not solitary. Which people? Does it make sense that so pressured a wish, a fantasy, would become attached to someone the child already loves? Would a young child just imagine that anyone would do to be part of this fantasy? Children don't attach strong feelings to just anyone, only to people who are special to them.

So when someone to whom the child has attached strong feelings engages the child in sexual activity, it tends to gratify the child's sexual wishes and fantasies. But it does more. It also causes the child to be threatened and guilty. The child feels threatened once she/he has recognized that such an act is a transgression against one of the parents, a parent the child loves; most commonly it's the parent of the same sex. And the child feels guilty because he/she believes that being so "favored" by a parent is very hurtful to the other parent the child loves, to whom the first parent is married.

The next piece we take up will help to clarify this further.

**Facilitator**, allow questions, doubts, skepticism. Just present the ideas. People will either feel it makes sense to them or they will not. For those who don't think this possible, only having such experiences directly with children will make these ideas useful to them. Twisting their arms won't. The topic causes anxiety, so pressuring to conviction is not a good strategy.

When the group is ready, go on.

**Question:** What is this growing preference for the parent of the other sex? And what related behaviors do you mean?

**Answers** from participants. Have any of them seen this in their children? Anyone with a girl who's "real sweet" on her Daddy? Or a boy who's "real sweet" on his Mom?

**Discussion:** It's not uncommon for a 3-year-old boy to say "I'm gonna marry my Mommy" or for a girl to say she's going to marry her Daddy. And "psychodynamic" mental health researchers and clinicians have informed us that this leads to the child's developing a complicated fantasy of taking father's place with mother or taking mother's place with father. This too they tell us is driven by the sexual drive and furthers the development of sexuality in the child.

These mental health professionals have called this "the child's family romance"; analysts have called it the Oedipus complex. Some are now talking of an "Electra complex" that applies to girls. It's not our plan to elaborate on this here. What matters for us is that it goes right to the heart of what may make sexual molestation of children a traumatic experience for about 50% of them.

The central conflict in this "child's family romance" in a nutshell is this:

When the child's fantasy—which leads to having wishes that it come true—of "marrying" one of her/his parents does not seem to make headway, the child begins to feel frustrated, hurt, and even angry. Soon though she finds that the parents seem to be sticking together pretty well, and gratifying each other in romantic ways. Like they go out on Saturday nights, kiss, hug, and make some funny noises in their bedroom—walls in all houses are too thin to keep out normal sexual activity sounds—and they look at each other "funny" sometimes.
This makes the normal child jealous. And that stirs up much hostility within the child. And, this hostility, of all things, is felt toward the parent of the same sex, who as luck would have it, happens to be the child's mother or father!

**Question:** Well, why is it the child's mother or father? Why can't it be a pretty neighbor or that really nice man down the street?

**Answers** from participants.

**Discussion:** Because when those genital-sexual feelings begin to come out at about 2½ they are going to be directed not to just anybody, but to those to whom the child is already attached. These feelings, that are activated by the sexual drive—whose aim is to preserve the species—will become attached to those the child already loves. They are not frivolous feelings. They are felt very meaningfully by young children. According to the researchers and clinicians who tell us about these things, sexual feelings are strong from the time they begin to emerge in the young child.

**Question:** Now wait a minute. Where do kids get these feelings and ideas? Or maybe we should ask where these mental health people get their ideas!

**Answers** from participants.

**Discussion:** One of the problems is that we all tend to think of sex as that stuff we're all so pre-occupied with, most of us enjoy so well, we all tell jokes about, feel some discomfort and embarrassment talking about seriously, many of us feel guilty about, etc. We fail to remember that sex is really a critical function whose primary and sole purpose—biologically speaking—is the survival of the species. If this is sex's sole biological purpose, there is no way that Mother Nature would have made it a feeble inner force. We speak of it as the sexual drive. Given all the hazards every species faces in surviving, it would make sense that the sexual drive in all species is biologically strong.

**Question:** Well, does the sexual drive come out that strong this early in life? Isn't it in adolescence that the kind of strong sexual interest you're talking about comes out?

**Answers** from participants.

**Discussion:** We all used to think this. But researchers and clinicians who work with young children tell us that in fact, it is strong already from its earliest manifestations in behavior.

Again, you might ask, why can't it just be attached to just anyone the child finds likable? We would say that to a degree this does happen. But, as the great Ethologist (student of animal life) Konrad Lorenz found and taught us, there seem to be strong inborn instincts in all species to initially direct their sexual feelings to those to whom they are already "emotionally" attached. It is in fact one of the tasks of every child's life to disengage this process, to channel these sexual feelings to a selected person or persons other than those to whom the child originally attached. This is a task that starts when the child begins to feel the misery of the conflict created in him by his/her "family romance". This process of disengagement begins at about 5 or 6 years of age, consolidates during adolescence, so that in fact, one is then ready in young adulthood to look for a mate and
start this task of preserving the species.

But in the young child, that inborn tendency to attach one's sexual feelings, yearnings and desires to one of the parents to whom one is already attached is in full force, and is strong.

**Question:** OK, OK, already, but how do all these ideas help us understand why molesting a child can be traumatic?

**Answer** from participants.

**Discussion:** This is a long discussion but we feel that it really will help people, parents especially, to see why sexual abuse can be so hurtful to 50% or so of children.

We said earlier that the child's seeing "the other" parent gratified whereas the child is not, makes the normal child quite jealous. And that stirs up much hostility within the child. And, this hostility is felt toward the other parent, the child's own mother or father. This creates within the child an intense psychic conflict, a conflict within the child's own mind. The conflict results from the fact that the child at moments feels hate toward one of his/her two parents, both of whom the child loves. When we hate someone we love, when we want to hurt—a natural outflow of hating—someone we love, it causes us to feel guilt. This is why normal children show much remorse, much guilt, when they feel they have done something that hurt their mother or father.

We feel that this is one of the most powerful producers of guilt in people, to want to hurt one's own mother or father. We think that this becomes the basis for feeling guilt when we want to hurt someone.

**Question:** So, what does this have to do with sexual abuse?

**Answers** from participants.

**Discussion:** When a young child is engaged into sexual activity by another, the feelings associated with that sex play, the stimulation, the excitement, resonate within the child's mind with the child's "family romance" feelings and fantasies. This is why children seem to feel bad about engaging in sex play. This is even if their parents have not said a word to them about sex, or sex play, etc. Quite commonly one finds that children are sure that Mother and Father will somehow know they engaged in sex play.

It would seem reasonable to think that the closer the person who engages the child in such play resembles or is somehow identified with the child's parents, the more intense will the feelings of being bad be. The more intensely will the feelings of guilt be stirred up!

**Question:** Wait though, do children really “understand” sexual behavior? Do they really have sexual thoughts, feelings and fantasies of the kind you've described?

**Answers** from participants. Depending upon the “climate” of the group discussion can be thorough and comprehensive or factual and brief.

**Discussion:** Mental health scientists have during this past century learned much about children, their development, and they tell us that young children do indeed have sexual thoughts, feelings and fantasies and that they do understand sexual behaviors.
Of course, children need to get helpful and factual information as they reach appropriate ages about the complexities, the pleasures and the hazards of sex. But, for many psychiatrists, psychologists, social workers, there is no doubt now that children do “understand” sexual behavior.

Many adults don't know this vitally important aspect of their children’s life and serious consequences have come from this. For our purpose here it is most important that adults realize that children do understand sexual behavior: they understand when someone is doing something sexual with them.

**Question:** OK, they understand. But what are the chances that children will remember that they were engaged in sexual activities? There are many things that happen to them that they don't remember, right?

**Answers** from participants. Facilitator: monitor the group carefully for comfort/discomfort level among participants.

**Discussion:** Children remember, including very young ones, things that happen to them that acquire enough meaning to the child. Many people make the mistake of thinking that children do not remember experiences that mean something to them. It is a highly prevalent and destructive myth that children do not remember anything prior to the age of 5 or 6. It's probably based on the fact that when asked to recall, most of us (on being asked) do not remember events that happened to us prior to age 5 years or so. And, no doubt there are many things we do not remember from those early years even though so many things happened to us.

But the fact is that most of us remember more than we can recall on demand. And those events that were meaningful for us are more deeply recorded in our brains than events that were not. And it is especially those events that created conflict in us, or pain, or guilt and shame, that tend to be inscribed in our brain's nerve networks. And the fact is that there are more ways of “knowing” and “remembering” than just to recall on demand. Frequently something that is upsetting or traumatic is removed from conscious memory and is stored at an “unconscious” or “preconscious” level of the mind.

This unconscious knowing and remembering impacts the child in significant ways. In fact this form of knowledge tends to be more destructive to the child because when an experience is repressed, it tends not to be available to the child's conscious mind for better resolution as time passes. Over time, even over years, the experience remains unchanged and unchanging in the person's mind. And one of the problems then is that the effects of the memory are felt but the actual memory may not be. In other words the person may be suffering without knowing specifically why. This is known by clinicians to have proven additionally burdensome to the person, and may be so for many years.

Mental health clinicians who do intensive psychotherapies have found again and again proof of people remembering hurtful things that happened to them from quite early in their childhood. Sexual abuse is among those things many a person remembers, often at an unconscious level until it emerges in intensive psychotherapy.

**Question:** Now, let's back up a bit. There is much confusion about what might be actually traumatic to the child. When do you think an activity might go too far and
traumatize a child?

**Answers** from participants. Any examples? How old is/was the child?

**Discussion:** Let’s go back to our definition of trauma. A person is being traumatized—experiences a trauma—when the person's adaptive functions (what mental health people call the person's "ego") are overwhelmed and the person is then unable to reasonably interpret, evaluate or "compute", and cope with the event that is occurring. It's as if the child's ego is being overly challenged and disorganizes and it then can't function to help the child adapt satisfactorily. Depending on the character of the event and its meaning to the child, this trauma can be mild or severe, of short duration or chronic. A number of factors, including age of child, temperament, genetic predisposition, relationships with parents etc. will determine how a particular child will interpret, evaluate and cope with the traumatic event.

**Question:** Well, how might engaging a child in sexual activity traumatize the child? **Answers** from participants.

**Discussion:** Those who did the studies we mentioned propose that two factors seem to most determine whether or not sexual activity is likely to harm the child or adolescent:

1. The character of the event(s) itself or themselves if it happens more than once, and

2. The relationship to the child (or adolescent) of the person who is involving the child in sexual activity. Let's explain.

**1. The character of the event:** When what is being done to the child/adolescent is physically hurtful, actually causes pain, or in some way frightens the child it will cause harm. How harmful it is likely to be depends on the degree of pain or fear that comes with the activity. It may be that when the child experiences the act as loving and not physically hurtful it may cause no harm. This could be a factor in the 50% who say it did not harm them. Whether or not the child will experience the activity as loving and not physically hurtful cannot be predicted and, therefore, can't be used as an excuse for such activity.

Another factor is if the child is threatened during the act or after. For instance, a teen-age baby-sitter told a 4-year-old that if he told his parent what she had done with him, she would kill him. The child was terrified by the threat not by the sexual activity. But the threat became linked with the sexual activity. We found that in the child's mind it came to mean that sex is really very bad.

In addition then, if the activity is continued against the child's/adolescent's protest, if the child/adolescent is coerced, this too will increase the potential for harm to the child.

Another factor too is how far does the sexual activity go. That is, looking and touching are quite more benign than actual sexual interaction, oral, anal, or genital.

**2. The relationship of the person to the child:** The closer the older person comes to be associated in the child's mind with the internal idea and image the child has of his own mother or of her own father, the more harmful is the activity likely to be. This is because the child experiences the activity then as a fulfillment of the child's transgressive fantasies and wishes. This brings with it much guilt as well as self-blame.
The child becomes convinced that she/he caused the activity to occur. "I wished this to happen, and it happened. It's my fault!"

Along this line then, the greatest harm is caused when the perpetrator is either the child's own father or mother. Next in line are stepparents, grandparents, uncles and aunts, or adults close to the family. The most commonly found cases of harmful sexual abuse occur to young teenage girls at the hands of stepfathers who abuse alcohol.

Siblings who are quite older are likely to at times be experienced as one of the parent substitutes. It is common for siblings to stand in as substitutes for the child's parents. Older cousins are likely to cause such problems as well. Sexual play even with near-age siblings tends to cause problems because of the link in the child's mind to the parents. In this, how far the sexual activity goes, and the degree of hurt and threat involved matter especially.

Such activity with near-age cousins and with peers is least likely to cause harm. It may cause fear of being found out as well as shame and guilt, but this level of negative experience may cause no harm.

**Question:** Well, what about what mental health people tell us is normal sexual curiosity and play? Most of us can remember this form of activity as children with peers and even with siblings. When can this be harmful?

**Answers** from participants with relevant examples.

**Discussion:** This answer has to do with appropriate and inappropriate standards of behavior as defined by a particular family within a particular cultural, religious and social milieu.

It is not harmful for children to explore their own bodies. This activity is usually healthy and helps the child in his or her need to satisfy his/her curiosity and need to know. Self-exploration and masturbation can also help quiet sexual sensations that the child is experiencing. It is common that this activity takes place with peers or close in age siblings. It's when the age difference is greater than several years and when the relationship is unequal between the participants that harm is most likely to occur. As we said before, if a child is forced (subtly or overtly) or in other ways intimidated into compliance this may be harmful.

**Question:** With regard to children's curiosity and concerns, answering their questions goes a long way to satisfy these. So, what are good ways to handle a child’s normal sexual questions, interests and concerns?

**Answers** from participants. Can they provide relevant examples?

**Discussion:** The easiest and most common first step to take is to answer the many questions children ask us. In doing so, no matter what the topic, the best way to answer any child's questions is to be factual, to be truthful. If the child's questions are personal, you have to choose what to do about that. It is not necessary to answer very personal questions like "How often do you and Dad have sex?" This is really not the child's business. Just as the child needs to have some reasonable degree of privacy, so do you. If you tell your child that the stork brings babies, you'll soon enough be found out to not have given your child reasonable information and you will lose status as someone the
child can turn to for serious questions. You'll lose out and so will your child. If you feel you want help to answer questions about sex, there are many very good books on this topic written for parents that are easily available and not costly.

Children are genuinely curious, they really need to know about all kinds of things. If the information you give your child is not sufficient, your child will seek out information from other sources. Regrettably, the most common source is the peer group; and the peer group, important as it is, is however not a good source of information on such matters. Given the anxiety sex causes kids, peers in their anxiety will distort even accurate information they may have gotten. And many are likely to be quite inventive and inaccurate. So, facts and the truth coming from you are the best you can count on.

**Question:** What about their sexual curiosity, their interest in seeing and experiencing?
**Answers** from participants.

**Discussion:** Again, books can be enormously helpful. There are some with good diagrams. They're safe and informing.

Actual explorations of self cause no harm and inform well. Explorations of others can be a problem. If you find your child and his near-age little cousin playing "Doctor", it's wise to tell them to play another game. Tell them that they have time to find out about other people's body parts when they get older, and that for now, you'll be glad to tell them what you know and even show them some pictures of what body parts look like. In order to really find out about those body parts, they'll have to wait till they're older. There's a lot to understand and learn about and that takes being older. The principle here is to pace their interest to their age and to address that interest verbally and with discussion.

**Question:** What about the worries and concerns they have about sex?
**Answers** from participants.

**Discussion:** Worries about anything ought to be taken seriously. Worries should not be dismissed. In fact, it's wise to take time to talk about these, whatever they are. No topic should be barred from discussion at home. Furthermore, it's highly advantageous to the parent-child relationship to talk about worries and concerns the child has. Parents who talk to their children about their concerns and worries gain in the child's trust and feeling that the parents are helpful people who know a great deal, and that they are happy to help the child. And, **parents who talk to their children and listen to their children when they are young will find that their children will talk to them and even listen to them when they are teenagers.** Listening and talking together as parent and child does not start when the child is an adolescent; it's too late for it to start. That has to start early in the child's life.

**Facilitator:** This is a long Workshop. For this reason, at this point we have divided it to go into a second session. You and the participants have to decide whether to go on or break here and take up the rest of the Workshop at your next meeting.
TRAUMA WORKSHOP # 4b

TRAUMAS FROM WITHIN THE FAMILY – PART II

Sexual Abuse (Continued)

Group discussion:

Discuss in whatever size groups participants wish various ways to handle the child’s curiosity about his/ her own body and the bodies of others. Talk about what to do when the young child is curious about the parents' body. It's normal for children to be curious about the people they love.

Discuss how to best talk about and handle childhood and adolescent masturbation. Facilitator, you may want to refer to the set of Workshops on Sexuality that belong to this series.

Discuss how to sufficiently answer the child’s questions about parent’s bodies, bodily functions, etc.

Discuss what kinds of details are helpful to the child and unhelpful to the child. (For example: should a parent discuss the parent’s sex life with the child?)

Discuss how to best handle the topic if a parent is uncomfortable and/or does not feel able to competently answer their child’s questions and/or concerns.

Question: Some parents feel that because sex is such a personal matter it's best for the child to learn about sex and sexual functions directly from the parents or the siblings. What thoughts do you have about this?

Answers from participants.

Discussion: Certainly from all the things we talked about earlier, it should be clear that such activity is not desirable. Even if both parents think it's a good idea—as once was believed by some parents—it is not. What was found in such cases is that seeing the parents having intercourse was far too stimulating, too frightening, and led to distortions on the part of the child of what the child felt he/she saw. Some children distorted what they saw as the parents fighting!

Parents allowing sexual activity between siblings or parents not intervening when such activity goes on ends up causing both kids guilt and self-blame. In addition, they blame their parents for this happening and experience the parents as misleading and feel much hostility toward them as a result of the harm it causes the child/adolescent.

Trauma Workshops
**How Can Parents Best Help Heal Harmful Effects of Sexual Trauma**

**Question:** What can we parents do to help our children heal the effects of having been taken advantage of sexually? And what if on top of it all the child was in fact hurt or threatened with hurt by the perpetrator if she/he reveals what happened?

**Answers** from participants.

**Discussion:** First, we parents need to be able to hear talk about sex from our children; it is not the easiest topic to take up with our kids but it's got to be done, and done well enough. We have already talked about and most of you have known a long time that children are not “too young” to have sexual feelings, concerns, fantasies, wishes, desires and behaviors. Denying the child a chance to talk about sexual matters with you is a serious loss of opportunity to help the child in many important ways. And in no way might it be more important than if your child is or has been sexually abused.

In working with children and adults who have been sexually abused, one of the most distressing findings is their report that they were not believed. They were not believed by their mothers or by their fathers. When they tried to tell their mothers or fathers about having been touched in their genital area or invited to sexual activity by a person older than the child, the parent turned the event against the child. More than once a mother said that this wasn't possible and she'd better stop making up things like that, or perhaps worse, she accused the child of having done something to invite the activity or even to have started it. This just pulls the rug from under the child. To whom then can she turn?

Needless to say, when your child tells you that someone touched her genitals or in one way or another tried to or did engage her in sex, allow for the fact that it might very well be true. It may not be true, but it may. It is very unwise to doubt what the child is saying. It's OK to be surprised and to wonder, but it is not to convey disbelief of what the child is saying. Don’t hesitate to ask for details of what was done. You will also want to know from your child when, how, what the circumstances were that led to such event(s). You will also want to try to help the child tell you who the person is who did this to her.

Parents should know that they are much advantaged by their children telling them about these or any other hurtful experiences our kids have, as young children or as adolescents. One of the big problems is that many children are hurt in this way and do not tell their parents until much later, if ever.

**Question:** How come many children don't tell their parents about such things happening to them?

**Answers** from participants.

**Discussion:** As we said this is one of the most troublesome things about sexual abuse. Many children in fact do not tell their parents about it, even when the abuse happens within their own homes. The reason lies in the fact that all children have a "child's family romance" which we talked about before. They have sexual fantasies and wishes. This leads to their belief that when a sexual event occurs it's because they wished it to happen, or they invited it in some way, and that all in all it's their fault. Now if they tell mother or father the abuse took place, the child fears the parent will not only blame the
child for it, but also know that the child has the transgressive fantasies and wishes she has. She doesn't know that we all had such fantasies and wishes when we were children—even if we don't remember them. This is also why many young women don't report date rapes. They fear being accused of having invited or incited the rape.

This is another reason why it's best for parents to let their children know that they do want to know of any hurtful thing that happens to their child be it in school, when they go to a neighbor's, or anywhere.

Most problematic in this not telling is that it's most difficult for children to report such improper behavior toward them when it's an adult to whom the child feels close who has or is doing this to the child. It will be especially difficult if the perpetrator is one of the parents or a sibling. Again this is because the child fears that her fantasies and wishes will be uncovered and she will be blamed for causing this to happen.

**Question:** Well, isn't it sometimes the child's fault?

**Answers from participants.**

**Discussion:** We would say no. Yes, it's normal for children to have feelings, fantasies and wishes for sexual activity, and even at times to behave seductively. But they are children. They should not be held responsible if they are taken advantage of by someone substantially older than they are. The older person should be held responsible. Similarly, if a young adolescent is brazenly seductive with someone quite older than she, however enticing it may be, it's up to the older individual to behave responsibly. This position is widely accepted in society that no one questions that responsibility be assigned to the adult when an adult has had sex with an adolescent. At times politicians have had a hay day of their opponent's transgressing propriety in this manner.

**Question:** Once a sexual trauma has been found out, how can the parent best help the child?

**Answers from participants.**

**Discussion:** Parents can help in many ways. Their efforts to help are usually appreciated as are their understanding and sympathy. It is enormously important for parents to understand the child's need to talk about what happened. It is highly valuable for parents to not tire of their children's going over what happened again and again. In fact, the child/adolescent who is able to talk about it is far better off than the child/adolescent who is not. Going over it again and again serves the child/adolescent's efforts to master the trauma and to lessen its hurtful effects.

Parents help by persistent and thoughtful efforts to help the child to feel better, be less afraid and feel safer. Parents help by helping the child cope with his/her array of emotions many a child feels as a result of the traumatic activity, most commonly shame, self-blame, and guilt. Let's not disregard how difficult it is for parents to tolerate the child’s feeling hurt. Yet, we have to be able to do just that, tolerate our child's being in pain and torment, in order to help the child cope constructively with the effects of the trauma.

In many cases professional help will be needed for the child. Parents can help by cooperating with the professional and his or her guidelines. And the parents’ TLC, which
is always very healing medicine, can go a long way in helping the child to feel better.

**Question:** If the parent in one way or another insufficiently protected the child against any form of sexual abuse, how can this parent now best help the child?

**Answers** from participants. Can they provide specific examples if relevant?

**Discussion:** The parent who is able to recognize that perhaps she/he did not help protect the child enough, would be helped by considering all the points about helping that was previously discussed. Highly important, though, is the parent's being able to admit that she/he was not as helpful as she/her could have been. To deny this does more to lower the child's regard for the parent than if the parent admits it. Children can forgive; but they need help to be able to do so. Such admission, painful as it may be for the parent, should also be accompanied by an expression of regret at having let the child down, and an apology. Occasionally repeating this admission and apology may be needed. But at the same time, it is important for the parent to not be too harsh with herself/himself; this might only make the child feel bad that mother/father feels so bad about it all.

Admission and apology are fine, beating oneself, punishing oneself, becoming depressed are not.

And the parent needs to know this. Compounding all this, the child will most likely be angry with the remorseful parent for not having helped enough. This is facilitated by the parent's admission—and it's good that it does facilitate the child's anger to surface. It is far better that this anger come out than that it stays in the child's gullet—and psyche. And now it is important for the parent to help the child express this anger toward the parent but to do so in acceptable ways. The parent's tolerance of the child's reasonably expressed anger toward her/him for what happened is greatly facilitating of the child's efforts to heal the harm caused by the disturbing sexual activity. Don't let the child be abusive to you; that will only cause the child now to feel further guilt.

Then, it is important to let the child know that the parent now knows what needs to be done to protect the child better and will take all needed action to do so. If the parent is uncertain about what to do, professional help can be enormously guiding. The parent needs to reassure the child that the abuse will not go on and take steps to insure this.

**Question:** What if the parent perpetrated the sexual activity and therewith the child’s trauma? What can this parent do?

**Answers** from participants. (If anyone volunteers that this happened at home, take care to protect this parent from ridicule or humiliation, etc. that might come from the anxiety this is likely to trigger in some of the other parents.)

In such instances the parent will most likely need professional help to develop guidelines for how to take this up with the family and the child in particular. Treatment will be in order for the perpetrating parent to sufficiently overcome what drove him/her to so traumatize the child. There are many things this parent will need special attention to come to understand and accept, such as that it's hurtful to many a child to be engaged in sexual activity and why, the parent's not knowing what it could do or denying such knowledge and why such denial, etc.

We have found that often the parent who engages his/her child in sexual activity...
was at one time or another in childhood taken advantage of sexually too. That parent was subjected to the kind of trauma he/she perpetrated on his/her own child and will need professional help to facilitate healing from both his/her past trauma and present harmful behavior. It takes a brave parent to face this and in good faith seek treatment for it. In most though not all instances perpetrators are ordered to get treatment by a Court. Even though this may initially be felt as onerous by the parent, such parents can take to treatment well and benefit much from it—to the advantage of the whole family. Unfortunately but understandably, such discovery has led many a time, but not in all cases, to a separation by the parents and a breakup then of the family.

In order to prevent this kind of occurrence from happening again the parent has to fully recover and gain mastery over the behavior and the emotions that resulted from it.

Facilitator: discuss this question in more detail if participants are receptive. Be available to offer referrals to mental health professionals for this form of treatment if asked.

Review salient portions of Workshop with participants.

Especially emphasize that sexual abuse can cause the child to feel not only physical pain but especially emotional pain in the form of guilt, shame, neurotic symptoms, difficulty in relationships, and even psychological disorganization. And we know from our understanding of aggression that intense pain, physical or emotional, will generate hostile destructive feelings in the child.

Address the fact that children often feel angry or even hostile after being sexually taken advantage of. This is because the sexual activity, even if the child's bodily sensations were pleasurable, will cause guilt and shame. Guilt and shame, in turn, cause much unpleasure, and will therefore cause the child to feel hostile toward the perpetrator and herself or himself. Then, in helping a child overcome feelings of guilt and shame caused by the trauma it is necessary to allow the child to express and discharge feelings of hostility that are generated by the pain guilt and shame cause. What the parent has to do is to allow, tolerate and help the child find acceptable ways of expressing the hostility.

Helping the child find ways to express and discharge the hostility in ways that are acceptable to both the child and the parent is a vital task. This is an opportunity not only to repair the hurt caused by the trauma and to undo the hostility it generated, but also to learn to deal with hostile feelings in constructive ways.

We find it crucial that parents hold in mind that excessive unpleasure—intense pain of any kind—generates hostile destructiveness (EU ➔ HD) in all of us. It will be a factor to contend with when a child is traumatized.

Emphasize growth-promoting parenting techniques and stance.

Trauma Workshops
Let's first talk about Emotional Abuse.

**Question:** What about children being traumatized emotionally by their parents? What do we mean by that?

**Answers** by participants.

**Discussion:** There are many ways we parents may traumatize the children we love. Some of the things we do to them directly, some we do to them indirectly. For instance, a parent shaming a child for unwanted behavior is directly hurting his/her child; as the shame is intensified, the hurt will mount and the narcissistic injury the child feels may become traumatizing. We have seen too many times when children's and adults' self esteem is so damaged by parental emotional maltreatment that their sense of self-worth for years to follow is irreparably low. A well-known and too common example of parents indirectly traumatizing their children is parental separation and divorce. What the parents are doing is not at all directed at the children. But it affects them deeply.

**Question:** Do you mean to say that telling a child he should be ashamed of himself for hitting his little sister is traumatizing?

**Answers** from participants.

**Discussion:** We are not saying that. That a child may be hurt when his mother says that he ought to be ashamed for hitting his little sister does not mean he will be traumatized by it. It may be in fact what makes him determine to not hit his little sister. This example takes us just to the point we want to make.

And that point is trying to get a child to do something or to not do something the child is not doing by shaming the child into it is a very weak and potentially very hurtful way of getting the child to comply. Shaming is very hurtful. It does not encourage desirable behavior; it negatively pushes the child into it. Shaming is a negative way of coercing someone. It is far better to encourage a child to do something. This does not mean one should not disapprove of a child's behavior. On the contrary. If the child's behavior deserves disapproval, parents should verbalize the disapproval. And then, encourage the child to behave differently. Shaming is not the best way to do it.

James Gilligan, who extensively studied prisoners on death row, has reported that the most uniform causative childhood experiences he found that lead human beings to become vengeful destroyers of others comes down to experiences that caused them to feel profoundly ashamed of themselves. Although different than other explanations that also account for criminal behavior—such as Lonnie Athens' hypothesis (according to
Richard Rhodes' *Why They Kill* that criminals he studied had been terrified by physical abuses they suffered as children—Gilligan's hypothesis that shaming leads to criminal behavior also makes much sense. So does the fact that adults who become sexual abusers of children tend to predominantly be adults who themselves were sexually abused as children. Henri Prens' hypothesis that what generates excessive hostility, hate, malignant prejudice and violence in humans are *experiences of excessive unpleasure*—which are experiences of intense pain a person feels as being "just too much to bear"—brings these different hypotheses together. His hypothesis accounts for the fact that all kinds of excessively painful experiences will do this. This pain can be caused by injury to a child's (or adult's) self regard—as is caused by shaming—or by excessive frustration—as caused by neglect or deprivations, or by abuses as the 3 basic types we are talking about here, with physical and sexual abuses terrifying the child.

Shaming, when pushed far enough is experienced as humiliation, which is extremely painful and generates rage and hate in people. The consequences of shaming as a technique for rearing children, getting children to comply, are the generation (meaning "production") of hate and rage in them. This can only lead to trouble, whether the rage and hate is directed toward others or toward themselves.

Putting a child down, embarrassing a child, telling him/her he/she will never amount to anything good, etc. all hurt too much. Where such insults occur often, the hurt they cause will accumulate and lead to traumatization. Clearly, not using such shaming to express disapproval is the best way to prevent this type of traumatizing of our children.

**Question:** What can one do to repair having said something like that to one's child?

**Answers** from participants.

**Discussion:** That's a most welcome question. It is always worth thinking what can I do, as a parent, to repair any hurt I may have caused my child in a moment of high stress. Just feeling guilty about having hurt your child is only a start; it does not help the child when that's all the parent does. Besides, it's very useful to model for your child how to be brave and try to undo whatever mistakes one makes.

A simple apology as "I'm sorry. I lost my cool. Sometimes I get so angry because you're not getting better grades, not trying harder in school (or whatever), I say things that are hurtful. What can we do to get you to work better? But it's no excuse for my saying mean things. Again, I'm sorry." Use your creativity, say what you think is likely to repair. Be reasonable; don't smear yourself with mud; it doesn't make the child feel better when you do.

**Question:** Fine, but sometimes my kid gets me so angry, I feel like slugging him. I don't want to do this so I let the words fly. Is there a better way?

**Answers** from participants.

**Discussion:** Let's look at this question in a way to make what to do more understandable. Children, even the best of children, are very challenging to rear. Their strong and good "strivings for autonomy" make them want to have their way, do things the way they want, indeed, do just what they want. They are not ornery when they act like this. Here's what that's about.
We're all born with self-protective mechanisms for survival. Among these is the inner push to be oneself, to be an individual who is able to survive in the face of the many challenges which confront the child from birth on. This inner push is fueled by healthy aggression, which we've called "nondestructive aggression". It's visible in young children's (and older ones') behaviors as strivings to do things oneself, as strivings to be oneself. This we've called the "thrust to autonomy", autonomy meaning to feel like a self and be able to do things oneself. To be sure, we all want children who will someday be able to stand on their own two feet, capable of coping and of achieving their (constructive) goals. The "thrust to autonomy" is where this starts.

When the child, of any age, does something he/she wants to do, the child finds interference with that as not allowing him/her to be who the child wants to be. It's like stepping on the child's developing sense of self—of which a sense of autonomy is a part. That's why children resist their parents setting limits with them. "You're stepping on my self" the child would say if he knew what mental health professionals know. Disapproving of a child's behavior runs into this. So does wanting the child to do something the child does not want to do, including doing his homework, or learning to be reasonable, like complying with parents and teachers, and eating a healthy diet. Sure we want the child to feel secure in her/his sense of self. But we also want the child to be reasonable and do constructive things.

In this way then, the child's goals and the parents' goals sometimes come into conflict. And this is a large child rearing challenge. So we have to respect our child's developing sense of self, but we also have to stand our ground as responsible parents. This is what leads to battles of wills between child and parent. It will continue through adolescence.

Now, in the course of a child's persistently resisting Mother or Father's admonition, there will be times when, as was said, we may feel like slugging the kid we love—though not at that moment. Our focus here is what can we do that will be the least emotionally traumatizing to the little brat—this is how we feel right then. In parenting young children between the ages of 1 and 8 years, we have found that one swat on the child's clothed bottom may be much less hurtful than saying depreciating things to the child. Often, hands tied by well-intentioned warnings of child abuse—with which we agree—in a fit of anger a parent is likely to call the child a brat, or tell him he'll come to no good, or say whatever other demeaning thing one might want to say to him. Hostile feelings make us want to say things like that. One swat on the bottom is much less harmful than giving your child "the evil eye", or telling him he's making your life miserable, or he's upsetting the whole house, etc.

There's a problem here. The very valuable effort to prevent the physical abuse of children has led to an exaggerated fear that any punitive physical contact by a responsible parent will traumatize the child. What is lost here are first, the fact that emotional harm often comes from the parent's efforts to not give the young child a swat on the bottom and second, that a swat on the bottom is not traumatizing. But we insist that one swat is not three or four; it's one. And, it's with an open hand, and on the child's clothed bottom. Baring a child's bottom can be embarrassing to the young child and feel humiliating. The aim is not to humiliate the child, it's to get the child to comply.

**Facilitator:** Allow any discussion coming from the participants. We have found this a
difficult point of view for many parents to accept. The impact of the warnings of child abuse is good; it has unfortunately gone too far. Nonetheless, parents should not be coerced to accept our line of thinking. It should simply be offered to them for consideration.

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Let's now talk about Separation and Divorce.

**Question:** What about we parents indirectly traumatizing our children? When parents divorce we don't hurt our children directly. So how do separations and divorce really hurt children?

**Answers** from participants.

**Discussion:** Lately, much has been said about the very painful experiences children have that come from their parents' separation and divorce. Of course, separations and divorce are very painful for parents. But as we all know, they are very problematic for children.

Let's be clear here too. We are not saying parents should or should not separate or divorce. Keeping the child in mind, there are times when divorce is the best solution to a very troubled and irreparably damaged marriage. Serious strife between parents, with much hostility experienced between them—whether expressed or silent—is invariably experienced by children as threatening chaos and danger within the family. When children experience their parents in frequent fights, in fights that are very hurtful to them, physically or psychologically or both, they experience much emotional pain, fear, dread of injury—physical and/or emotional—and more. These experiences are traumatizing. And they may lead to the child's being traumatized. The pain of this trauma is such that it may leave its mark on the child's relationships, on his/her sense of self—being burdened with guilt and shame. This pain in turn may lead to costly psychic defenses such as denial of the pain and avoidance of interpersonal conflicts that need to be resolved.

On the other hand, divorce too creates its problems. In fact it may lead to the same experiences as do frequent hostile fights. It is difficult to know which of the alternatives is potentially more traumatic. The parents, human beings in their own right, are the only ones who can decide whether a separation and divorce is the least destructive alternative for all concerned.

**Question:** Yes, but what about the kids? How do we deal with this?

**Answers** from participants.

**Discussion:** There are good books out that tell us what divorces do to kids. Judy Wallerstein who studied families of divorce has written much about this that is well done. Here are some of our thoughts.

1. It's best to be aware of the pain and fear children experience when their mother and father are fighting, verbally, and even more so physically, although we want to
emphasize that words can be as destructive as physical acts. Children feel, recognize, and understand violence between parents. They may deny that their parents' fights are upsetting, but they are. A child's "I don't care" should be believed with benevolent skepticism.

2. Parents must know that trying to get the child or children to ally with one parent against the other is loaded with problems. It creates serious problems for the child "to be put in the middle," in any way. Children should not carry messages from one parent to the other; the parents need to contact each other when they have something to say to one another. The parent who tries to talk the child into alliance against the other parent is the one who has most to lose. Depreciating the other parent, accusing the other parent of wrong doing, etc. will not make the child a true ally. The child will be torn by what we mental health people call a "loyalty conflict". Siding with one parent against the other usually is experienced by the child as a burden, making many a child feel he/she should fix the other parent's wrong doing, and lead to negative feelings about the parent who is doing the deprecating.

3. It is important for parents to know that children inevitably feel it's their fault that their parents fight, and that they divorced. There are a number of reasons for this. One of the largest reasons for this is advanced by psychodynamic clinicians. They tell us that the natural love children have for their parents leads the child who is developing normally to come to have very special feelings for the parent of the other sex. From about 2½ years of age on, boys tend to develop romantic feelings toward their mothers, and girls toward their fathers. We all know about being "daddy's girl". Although we don't use a similar term for boys, it happens. These normal romantic feelings make the child have romantic fantasies.

(Facilitator: For more detail of this topic, see the Workshops on How Sex Develops in Children, Workshop #5, The Development of Sexuality in the Child, Part III, Section II: The Family Romance.)

These romantic feelings commonly lead to fantasies of the child's someday marrying his mother or her father. When parents fight and especially when the parents separate and divorce the child tends to feel that his or her romantic wishes are about to come true. The child also sees the hurt the parents feel when they fight and divorce. If the child's wishes coming true brings with it such visible parental hurt, it's easy to see why the child might feel he/she caused it all to happen. I wished it and it came true; it's all my fault!

It is therefore, wise for parents to listen for any hints in what the child says of the child's feeling "It's my fault that you and Dad are fighting." Simple reassurance that this is not the case is most helpful. It may not fully stop a child's feeling he/she caused the fight; but it will lessen the unrealistic feeling of self-blame. And it's likely to come up on a number of occasions, each of which gives the parent an opportunity to repeat the fact that the parents' fights are and were not the child's fault, it was the parents'.
**Question:** How long does it take for kids to stop feeling so bad about their parents getting a divorce?

**Answers** from participants.

**Discussion:** We can't predict how long that will be. Let's think of it this way. Children always have an immediate or acute reaction to parents' fights and they also have a long-term reaction. The acute reaction tends to range from a very high to a moderate level of anxious, disturbance, and intense pain. The long-term reaction will tend more toward depression with a low-grade feeling of constant pain, fear of fights erupting in the house, not just between the parents, mistrust in relationships, perhaps even pessimism.

The same goes for a divorce. The acute reaction will be much more threatening, anxiety producing, and painful than will the long-term reaction. But the long-term reaction will be more one of pain, possibly depression, a sense of insecurity and fear that the child's world may come apart, and in adolescents, wariness in forming intimate relationships with peers of the other sex. In both cases of parental fights and certainly in the case of divorce, the child will always be more or less pained by these experiences.

4. As the child quiets in her/his distress at his/her parents having divorced, as the pain of it all decreases to a more bearable level, parents can try to explain to the child what happened that led to the divorce. Here several considerations may guide the parent. As always, it's best with children to be honest, up front, and in this case to not deprecate or unfairly blame the other parent. What led to the parents fighting so much? And what led them to then divorce? In most cases of divorce, one of the major factors leading to it is that the choice of marriage was made before Mother and Father came to really know each other well enough. They did not sufficiently recognize incompatibilities between them. Whatever really happened is the best reason to give.

This being said, it is important for the parent to use her/his judgment about how quickly and how much to disclose to the child. For instance, if Mother or Father had an affair that led to the divorce, the child's age ought to be taken into account. A teenager is more likely to be able to tolerate that information than might a 6 year old. The same goes for sexual incompatibilities. On the other hand, if there was physical violence, it is highly likely that the young child witnessed it and this can then be said to the young child. "Mommy didn't want to get hit anymore" is readily understandable by young children. Or "Daddy is sick. He drinks too much beer that makes him do things that hurt us too much. Mommy didn't want that anymore. I know you miss Daddy being here and I'm really sorry." And if you feel so you can add, "I sometimes miss him too". Use your judgment, think of not hurting the child more, and then trust yourself to say what you think.

**Just bear in mind that this effort to help your child will be a process, not just a one-time talk.** Going over it again and again gives the child a chance to digest the experience and reduce the inner pain the divorce caused the child.
What about the Loss of a Parent or Family Member?

**Question:** What kinds of things can happen in a family that may traumatize children that are not caused by what parents do?

**Answers** by participants.

**Discussion:** Acts of fate like the death of a family member especially a parent, job loss, all kinds of physical or emotional illness or injury to a family member, etc. all affect children deeply. So does having a handicapped sibling, from as soon as the handicap is uncovered. It is highly advantageous for parents and their children that we are all—well, many of us—becoming aware of the many things kids can be subjected to that can cause them to be traumatized.

All of the above experiences—and others—can become traumatic when the child's (or adult's) adaptive capabilities(ego) are flooded by very troublesome feelings. He is then likely to feel unable to cope with these events constructively.

We say again that **all of these experiences that can cause trauma have a crucial thing in common.** It is that they all cause the child to feel **intense physical and/or emotional pain** (excessive unpleasure). And we know from our understanding of aggression that intense pain, physical or emotional, will generate hostile destructive feelings in the child.

We find it crucial that parents hold in mind that **excessive unpleasure—of any kind—generates hostile destructiveness (EU ➔ HD)** in all of us. It will be a factor to contend with when a child (or an adult too) is traumatized.

**Question:** Do all children react to traumas this way? Do they all feel hostile?

**Answers** from workshop participants using examples.

**Discussion:** No, for several reasons. But first let's repeat, if EU ➔ HD, then a trauma by virtue of its causing intense pain (EU) will generate HD. Life stressors invariably bring with them heightened unpleasure, with this then comes the potential generation of hostile destructiveness. So children should not only be protected as best we can against preventable traumatic events, they also ought to be protected against too frequent and too prolonged excessive unpleasure experiences.

It is important for parents to know that children vary widely in the way they tolerate unpleasure.

1. Some children seem more sensitive to pain than are others. For instance a shy child, because he/she is born more highly sensitive to feelings than the average child is more likely to feel pain sooner than a socially engaging (non-shy) child. Also, some children seem more sensitive to certain types of pain than other types, for instance again, a shy child is more likely to more easily feel hurt by the pain of shame than the pain of a toothache; a more active child may feel the reverse.

2. The experience of unpleasure varies widely within the same child from day to day and even from hour to hour. For instance, a child who is tired or hungry or ill is more likely to experience unpleasure events more quickly and sharply than when that same child is well rested, fed and feeling well.

*Trauma Workshops*
3. Children who experience much pain, physical and/or emotional, in the way they are cared for, are more likely to accumulate increased loads of hostility within them resulting in the least little hurt or frustration setting them into a rage.

4. The meaning to the child of the cause of pain is crucial. For example, pain that is caused intentionally is much more likely to be felt as more intensely unpleasurable than that pain caused accidentally.

5. Enormously important to note is that not all children who suffer much necessarily develop quick and intense reactions to pain (unpleasure). Many factors account for such differences including the child's inborn dispositions, intensity and frequency of hurts and neglect, the meaning to the child of the experience that hurts and the efforts made by caregivers/parents at care-giving and to repair hurts. Often reactions are not immediately evident too, and may emerge later or in a disguised form.

**Question:** Other than just not having traumatic experiences—which is virtually impossible in life—is there any one factor that most protects children, that leads them to be less affected by traumatic experiences than others?

**Answers** from workshop participants.

**Discussion:** Of course, many factors as those mentioned before account for such differences. But here we are underscoring the protective power of the positive experiences children have with their own parent(s). Other things being equal, the more positive—loving, respecting, considerate—the relationships with Mother, Father, and siblings, the better the child will be able to cope with traumas. Where the child does not have the good fortune of having such a family, one good, loving, positive relationship can make it possible for a genetically well endowed child to grow and develop in a healthy manner.

Whether in a wonderfully loving and comfortable family or in an overly stressed and burdened family, children need help in learning to cope with pain and with their own hostility and to find appropriate and acceptable ways of discharging these very troubling feelings. Children whose parents know this will better be able to cope with trauma constructively. When parents understand that when children are hostile it is because they are suffering or have suffered excessively painful experiences, they will be more sympathetic. They will also then be more empathic (perceive emotionally), and will be much better able to help their children.

**Question:** In trying to prevent trauma, how can parents know that the child is experiencing excessive unpleasure (pain of any kind)?

**Answers** from workshop participants. Encourage the use of examples.

**Discussion:** The parent is helped and at a significant advantage when she/he knows how her/his child reacts to experiencing physical pain or emotional pain. This ability in the parent develops as the parent increasingly comes to know how the baby reacts to all sorts of painful situations. This includes being hungry, having a tummy ache, feeling anxiety when Mom leaves the room. As the parent's relationship with the child develops the parent will, of course, come to know how the baby expresses himself.
The parent mostly uses his/her empathy skills—her/his ability to perceive what the baby may be feeling—to get a good idea of how the experience of any particular unpleasure is affecting her/his child.

Frequently the child will not verbalize that he/she is upset. He/she will just react upset. Here, in particular, the parent who is attuned to the child will best be ready to help the child in constructive ways.

**Question:** Should parents protect their children from all experiences of unpleasure?

**Answers** from workshop participants.

**Discussion:** Occasional feelings of anger are unavoidable in children and in relationships and will cause no harm. We cannot always give our children what they want or even need. Dealing with such experiences in growth-promoting ways will, in fact, help the child learn to cope with life's unavoidable frustrations and disappointments.

In fact, we do believe that moderate doses of excessive unpleasure helps the child learn to adapt to "real life."

If the child, has mostly good experiences and is helped to deal with those unpleasure experiences that come along, he/she will learn to cope well with and learn to adapt constructively to excessive unpleasure experiences. In this way the child will be stronger and more adaptable than he/she would if he/she never had to cope with difficulties, and she/he learns that she/he can endure some discomfort.

What the child needs to be protected against are experiences of repeated and prolonged excessive unpleasure (pain of all kinds) which generate hostile feelings and rage that are too intense, last too long, occur too frequently. This is especially so when these are not well enough prevented due to the parents' insufficient or inadequate responses to the child's needs and experiences.

It is essential that human beings all learn to cope with pain producing events, and with the resultant anxiety and depression that can occur. Depression is unavoidable in life, for all of us, although both genetic predisposition and life experiences influence the intensity, frequency and duration of one's depressions.

Our aim here is to help parents prevent undue depressions, help parents help their children cope with unavoidable depressions and to help parents help their children work through experiences of depression after they have occurred.

Even the best concerned and loving parents cannot prevent all experiences of excessive unpleasure and trauma. But they can be on the alert to prevent most of them and then help the child to cope with the ones that are unavoidable.

**Question:** How can parents best help their child's coping with traumas?

**Answers** from workshop participants with examples.

**Discussion:** The parent can help in many crucial ways.

Obvious as it is, it is worth emphasizing that the best help available to the child...
are the relationships the young child has. The best among these are the ones with
the child's own parents (biological or adopted). No one will go as far as "parents" will,
to do all that is possible to care well for the child. We want to say that when we say
"parent" we are referring to both biological and adoptive parents. When we think of
ourselves as a child's "parent", as a mother or father, it brings with it a commitment to
care for and rear the child that is different from that of any other relationship the child
may have as with an aunt or uncle, a teacher, or doctor, etc., or even a grandparent. A
"parent" is unique to a child.

With this in mind then, first of all, parents should make it possible for the child
to communicate, talk when that becomes possible, with the parent about the pain
experienced and the thoughts that go with the experience.

The best way of coping with feelings of hostility is for the child to be allowed to
communicate these feelings, verbally or just in sounds (such as crying or
complaining), within a meaningful, positive, valued relationship. Thus, when parents
and their children develop a positive--loving, respecting, reasonable--emotional dialogue
with one another, anger, hostility and hate can be communicated and talked about
meaningfully in a hostility-reducing way.

The power of this way of coping is well known to mental health professionals.
We know that the parents' efforts to develop, maintain and enhance a positive emotional
and verbal (expressive) dialogue with their child--even when dealing with angry feelings
and hostility--provides a vehicle for the constructive coping with painful experiences,
with hostility and hate. It also secures one of the most powerful vehicles
(communication) for healthy development in the child, including the formation of good
relationships and heightened well being.

Talking to one's child about painful experiences helps him resolve the pain and
acquire a feeling of being capable of mastering painful, difficult and even challenging
events.

Remember that insufficiently resolved reactions to painful experiences continue
to remain a source of traumatic feelings within a child's psyche [Facilitator, emphasize:
to try to just "forget" or not talk about painful experiences simply leads to insufficient
mastery or metabolization of such pain experiences]. From there, these feeling
experiences continue to impact on that child's emotional development as long as they
continue to be insufficiently mastered or metabolized--like an undigested lump in one's
gut.

Question: What else can parents do in the face of trauma?
Answers from workshop participants with examples.
Discussion: Comforting in the face of painful feelings is always helpful--even when it
cannot stop the source of pain. It is amazing how a parent's comforting a child who has a
tooth ache or ear ache can make the young child feel a little better even though that has
done nothing for the actual pain! Most mothers (especially, but fathers too when they are
honest about it) and nurses know that. Many doctors know that among the best remedies
we have are rest and TLC.

Children never seek comfort when they do not need it. In comforting, parents
have the opportunity to help their children "work through" an unpleasant experience--be
it a trauma or an emotional conflict. Comforting when asked for by the child, helps the child gain mastery over an experience in which he/she felt hopeless and often helpless. On the other hand, not comforting when the young (or older) child asks for it, may make the child feel unloved, unlovable, ashamed (he is "acting like a baby"), neglected, hurt and hostile, etc. and crave affection.

A parent's efforts to comfort the child and help with his/ her distress may not bring immediate results. However, in the long run such efforts do build within the child a baseline of security, basic trust and feeling cared for. This trust can serve to decrease the level of anxiety and unpleasure experienced at times of trauma, strengthen the young child's abilities to cope, and on top of it all it leads to the lessening of hostility within the child.

**Question:** What do we mean by "working through"?

**Answers** from workshop participants. (They may not understand our exact meaning so find their relevant context and work with that.)

**Discussion:** "Working through" is a process whereby one gains mastery over an experience in which when it occurred we felt helpless. This can be done through the emotional dialogue--talking with and feeling understood and sympathized with--between child and parent. The earlier such dialogues occur, the better.

To repeat, talking to an infant who cannot yet talk is most appropriate, feasible and helpful because the child will feel your empathy--effort to perceive what he is feeling--as well as sympathy for what he is experiencing. In addition, the child will feel that what he is experiencing is normal and appropriate, is permitted and understood and that efforts are being made to make the painful feelings go away.

Talking about what happened after the immediate experience has subsided and then, again, talking about it later can be very beneficial.

When possible, it is helpful to prepare a child for an event that one anticipates may be painful by talking about it **before** it happens. For example, when a child's mother has to leave her child to enter the hospital the child is already upset--whether he/she shows it or not. It is very helpful to tell the child that mother has to go into the hospital, for what reason--and be truthful! Then tell how long Mother will have to be there, when Mother expects to be back home, and that she will call and see the child as often as possible.

While Mother is in the hospital, Father (or other caregiver) should allow the child to talk and be upset about Mother's being away. In fact, the longer the absence and, if not discussed adequately, the longer the silence, the more intense and entrenched the upset feelings become. The less the distress is vocalized, the more it becomes embedded in the psyche. Unless sufficiently worked through this can have serious negative consequences for the child. If the child does not bring up the subject, Father (or other caregiver) can start to bring it up, e.g., by talking about mother's being in the hospital, saying why she is there, reassuring the child that she'll be back and when--all of which can serve to help the child and lessen the negative consequences. These are basic requisites to help the child cope with painful feelings--even infants under 1 year of age.
**Question:** Do children need to complain?

**Answers** from workshop participants. Encourage participants to consider if complaining HELPS the child.

**Discussion:** It is important to allow children to complain. When the parent explains why a painful event has occurred it is essential for the parent to allow the child to react to explanations. Such complaining and explanations always need more than one go-around. Each such complaint and explanation contributes to the working through and the lessening of the traumatizing effects of the event that caused the unpleasure.

When children are allowed to express their feelings and even to complain—which is usually advantageous—unless it is abused—the child may bring up the painful subject again for the purpose of further working through and mastering the painful experience. Usually, when children bring up an event that caused them pain, it is because they have insufficiently mastered it and want a further opportunity to do so. Therefore it is generally useful to allow the child to talk about an event that caused pain and help the child emerge with a better sense of being able to deal with such events.

**Question:** What can the parent do when the event has not been anticipated?

**Answers** from workshop participants using examples.

**Discussion:** After the painful event has occurred, it is useful—especially where the child has experienced it highly painfully—to make opportunities for talking about what happened. It helps to talk about how it came about and to talk about how the child felt. If it is appropriate, it helps to talk about how the child can protect himself from being subjected to that kind of experience again. It helps just to let the child know that experiences of this kind benefit from being talked about.

Remember, explanations and complaining are a necessary part of this process. Each such complaint and explanation contributes to the child's working through and eventual sufficient coping with the traumatizing event.

**Question:** Does the child often feel angry or even hostile after the trauma?

**Answers** from workshop participants. Do they have examples?

**Discussion:** Yes. Again, this is because any experience of excessive unpleasure will produce hostility. In helping a child overcome feelings of pain caused by the trauma it is necessary to allow the child to express and discharge feelings of hostility that are generated by the pain. What the parent has to do is to allow, tolerate and help the child find acceptable ways of expressing the hostility. For instance, "It's not OK to hit me; you can tell me that you're angry with me!" For an infant who can't yet speak: "It's not OK for you to hit me; let me know with your voice that you're angry with me!"

Helping the child find ways to express and discharge the hostility in ways that are acceptable to both the child and the parent is a vital task. This is an opportunity not only to repair the hurt caused by the trauma and to undo the hostility it generated, but also to learn to deal with hostile feelings in constructive ways.
Question: What happens in the child if he/she is not permitted the opportunity to express feelings of anger and hostility?

Answers from workshop participants.

Discussion: Again, we want to emphasize that constructive limit setting to help the child learn how to express and discharge hostile feelings in reasonable and acceptable ways is most critical.

Not allowing a child's expression of feelings of anger and hostility prevents him/her from working through those feelings and burdens him with a larger load of hostile feelings. When the child has not been able to express these feelings, these feelings will be stored in the psyche. Later, a child will express that stored hostility using a number of psychic maneuvers; here are 2 of the most commonly used ones:

1. he/she will displace that stored hostility onto another person or thing than that which originally stirred it up, and
2. the feeling of unpleasure may have been changed into one of pleasurable hurting of other things and/or persons. This is the changing of an experience of unpleasure into one of pleasure-fully hurting others.

Question: Does trauma make children anxious or depressed?

Answers from participants. Can they give examples?

Discussion: Absolutely. Children become anxious. In fact, the definition of anxiety is to feel helpless in a situation, to be unable to cope comfortably enough. A trauma is an event that makes the child feel helpless. Therefore, an event becomes traumatic when the child's coping abilities are rendered extremely helpless. The child is by definition excessively anxious.

In addition, the trauma is so disturbing, so shocking, that it brings with it a feeling that terrible things do happen in life and this sets off the feeling of depression even in very young children. We have seen depression in 6 month old infants! Clinically, depression is always associated with hostility. And we have found that the resolution of depression generally is associated with the discharge of depression-bound hostility. In fact, the opportunity to express and discharge that hostility in ways tolerable to the self is assumed to be essential for recovery from depression in children, as well as adults. The more constructively that depression bound hostility is permitted expression and is discharged, the better the success of working through the depression.

Question: What are the goals of parents when dealing with painful events?

Answers from workshop participants.

Discussion: Trying first to remove the source of anger and hostility where indeed it can be reasonably removed is most salutary. (Preventing the experience from happening in the first place is most ideal!)

Second, to allow the child to express his/her feelings but to restrain him/her from harming him/herself or others.

Third is to help him/her understand why the situation happened.
Fourth is to comfort and reassure him of the parents' continuing care and affection, and the reassurance that his/her hostile feelings toward the parent will not cause rejection or abandonment.

**Group Discussion:** Review and discuss the following topics and encourage dialogue among participants.
1. The effect on child if parent could have prevented the trauma or not.
2. Differences between acute trauma and chronic trauma and how it affects the child at various ages.
3. The effects of physical/ emotional/ sexual abuse upon the child.
4. The effects on child when the abuser is a stranger or a trusted person.

**Further Discussion:** Consider with workshop participants the following principles:
1. The value for the child of his/her parents, siblings, extended family, and secondary relationships including community resources.
2. The value of "constructive listening" on the part of the parent.
3. Discuss this quote: "Insufficiently worked through feelings of hostility toward those we love produce all kinds of emotional disturbance and misery in people. Such feelings cannot be worked through unless they can be acknowledged, given reasonable ways of expression and discharge and be reasonably dealt with."
4. Crises can become opportunities to enhance family relations and growth.

**Role-plays:**

In small groups practice helping the child work through feelings related to the experience of a traumatic event. Use examples from your own life or from those close to you.

Alternate the role of parent and child.

How do you imagine the child felt within each role-play?

With great care, get the participants to critique the role-play:

What did the parent do well?

What could the parent have done better?
PART III:

TRAUMAS FROM OUTSIDE THE FAMILY
TRAUMA WORKSHOP # 6

TRAUMAS FROM OUTSIDE THE FAMILY—PART I:

*Neighborhood Violence and Crime,*  
*Home Hazards: Assault of Family Member, etc.*

**Facilitator's Introduction:** There are many things that can traumatize kids that come from outside of family relationships. Of course these can be more or less severe, more or less very recent and last a short time or they may last a long time, they may be more or less sudden or increase gradually. These traumas can be highly variable. And children are highly variable in the way they react and cope. So each traumatized child has to be helped uniquely, taking all these factors into account.

In this Workshop #6 we'll talk about the many different types of traumas that can and do happen to children in their neighborhoods, schools and community.

In Workshop #7 we'll talk about traumas that come from what we call "malignant prejudice".

In Workshop #8 we'll talk about traumas that are caused by hate crimes.

In Workshop #9 we'll talk about traumas caused by war and in this Workshop we'll start to look more closely at how to help children cope with trauma. Toward this end we'll start by looking at the major factors that help us understand how children react to these traumas. And,

In Workshop #10 we'll continue to talk about the major factors that affect how children may react to traumas and about the types of symptoms they may develop, and then we'll spell out some guidelines and principles of how to help children cope with trauma.

**Facilitator:** Workshops #9 and #10 are the ones most detailing of "how to help children cope".

The strategies for helping children deal with traumas and the effects they may have on them are essentially the same for the different types of traumas that come from outside the family. Therefore, Workshops #9a and #9b ought to be turned to any time that their contents are needed in any discussion during the following Workshops. Rather than tedious, we think that repetition of the factors that go into how the child experiences a trauma, the symptoms commonly found in trauma, and how to deal with these, i.e., the contents of Workshops #9 and #10, may help participant-caregivers grasp better what to do to help. We put these strategies last because we think they may make more sense to participants if they are discussed after participants have a chance to discuss how kids may experience the various traumas caregivers may need to deal with.

Now let's get to some questions. We want to start with what we think is a very important aspect of trauma, one that we think is often not sufficiently recognized.
Question: What do you think it might mean to a child, or an adult too, to be traumatized by someone within the immediate family as compared to being traumatized by someone outside the family? Assuming the same intensity of trauma, which do you think is the more harmful?

Answers from participants. (Facilitator, if the participants did Workshop #3 of this set ["Traumas from Within the Family—Part I"] they will have briefly talked about this question—middle of Workshop.)

Discussion: Let's take a few minutes with this issue. We bring this question up because we have found that some traumas have gotten due recognition while others have been quite underestimated. Here's what we mean.

Most of us are horrified by "crimes against humanity", crimes against others on the basis of ethnic, or racial, or other differences. Indeed, such crimes are horrible whether it's the lynching or the tearing apart of one Black (African-American) young man in America by dragging him for several miles behind a truck, or the torture and murder of a homosexual, or the killing of several Jews in a pogrom in Eastern Europe. And it is horrifying if it is the murder of a village of Kosovar Muslims or of 6 million Jews, for reasons we all know.

Question: Well, isn't that in fact horrifying? Can you think of anything worse?

Answers from participants.

Discussion: It is horrifying. But can we think of anything worse?

Yes. Too many people don't seem to be horrified when a mother or father abuses her or his own child/children. Yet, all factors being equal—i.e., actual physical or emotional hurt being equal—being intensely hurt by one's own father or mother is more traumatizing than when the perpetrator of the hurt is someone outside the family, someone outside our more intimate relationships.

As we said in Workshop #3, because it comes from within the home, when the intense hurt comes from the people to whom the child is emotionally attached, it hurts more than if the hurt is caused by someone the child is not deeply emotionally related to. It traumatizes more. This is because everyone of us, child and adult, feels the hurt more deeply when it is caused by someone we trust, someone we love, someone who is supposed to love and be loyal to us. It's even more so if that someone is supposed to nurture you, protect you, comfort you, help you, as all children feel about their mothers and fathers. If your enemy hurts you, or a robber hurts you, it hurts but it doesn't take you by surprise. You expect that your enemy might want to hurt you; you may well want to hurt your enemy. You know a robber will want to take something that belongs to you. If you resist or if he/she is loaded with hostile feelings he may hurt you. Yes, it hurts. But it doesn't make you feel betrayed as when someone you love hurts you badly. It doesn't lead to your feeling mistrustful of all people. It doesn't make you feel you were wrong to love, to care, to trust certain people.

Sure, it's more horrible if 6 million Jews in Europe or thousands of Muslims in the Balkans are killed than if 10 children are individually killed by their enraged parents in the course of toilet training their resistant toddler. But is it?
Those who don't die when subjected to serious traumas—and some who have spoken out tell us so—end up more traumatized when the perpetrator is their own mother or father than when it's an outside the family perpetrator. H. Parens—who survived the Holocaust as a child—has written about this way:

"And this point pertains to one of the most critical determiners of how we experienced this [the Holocaust] traumatization. It is that the trauma was perpetrated on us by an enemy. Unlike home-based child abuse, be it physical or sexual abuse, emotional abuse or abusive neglect at the hands of one’s own parents, all of which do effect a degree of 'soul murder' (Shengold, 1989), the Holocaust experience, however enormous the traumas, was perpetrated on us children by a source outside of the crucible in which our development most takes place, from outside our families, our ethnic family, our immediate social communities. Although the Holocaust did ravage our lives, that the ravaging did not come from those we love, just this rendered the trauma a lesser degree of destructive potential. Anna Ornstein weaves her thoughts about this question side by side with another important aspect of the trauma. She notes that 'traumas that have been suffered by whole communities, such as . . . war or the Holocaust, create memories that can be shared with those who participated in it. Rape, incest, or child abuse, on the other hand, [tend to be] endured in silence and emotional isolation. [And she adds,] Most importantly, child abuse is most frequently perpetrated by people who are supposed to love and protect the child. Hitler, on the other hand, never promised the Jews of Europe anything other than persecution and extermination' (1994, p. 139)" (Parens, 1999, Address to the Annual Meeting of the American College of Psychoanalysts, unpublished).

**Facilitator**, again, allow as much discussion of this issue as needed to reduce as best you can—time permitting—whatever resistance to this painful truth you can.

**Question:** You know that we don't mean that seeing a kid get shot or get cut up with a knife on the street isn't going to really scare kids. It will. But it won't have the added terrible feeling of being betrayed by someone who is supposed to love and protect you. It won't be packaged with the heading, "My father did this to me!" So, what do we do to help kids cope as best as they can with violence in or coming from the street? Let's first look at what kinds of traumas kids experience that come from "outside the family".

**Answers** from participants. Get examples.

(Facilitator, categorize the examples you get according to the types of experience we'll suggest below, or in whatever way makes sense to you.)

**Discussion:** Many types of traumatic events happen. In some neighborhoods there are dangerous fights in the street with guns and knives, there are robberies and murders, serious vandalism with the destruction of property, there are fires, accidents, and more. There are acts of terrorism, and in our schools these days there have been shocking shootings. There are people getting wounded and getting killed.
**Question:** What factors do you think create distress for children when there are violent crimes in your neighborhood?

**Answers** from participants.

**Discussion:** A number of factors that make violent crimes impact on us play a role in what altogether causes a child distress. Here are some:

1. The sudden threat of danger to oneself, those we love, the things we value. And with this there is the unexpected loss of safety and the feeling that the world is dangerous.
2. There is a loss of rule and regulation of conduct in the people in one's own environment. This too makes the world a dangerous place.
3. The seeing someone we love get harmed seriously and being unable to prevent it or defend them. Feeling helpless in the face of what happened.
4. The sight of bodily harm, of maiming, of blood, of destruction of things valued. The idea that this can happen to one of us also brings with it the fear that it may happen to the others we love, and to ourselves.
5. **Facilitator,** see if participants can add some distress producing factors.

**Question:** Which do you think causes the greater distress?

**Answers** from participants. (**Facilitator,** be cognizant of how impossible it is to rank-order these, that too many dimensions of each of these factors weigh in to make each variably influential.)

**Discussion:** All thoughts and suggestions are welcome. We find it very difficult to say which of these is more important. Sure, the loss of a loved one is most painful and in the long run more distressing. But it may not be the most distress-causing factor at the time of traumatization. The fact is that all these factors and more than we have mentioned cause distress. They all combine to elicit more or less intense reactions. Among the intense reactions are where we may eventually find which factor(s) caused the greater distress. We will then also find what caused the traumatization.

In helping children deal with trauma we must keep in mind both (1) **what is the type of trauma the child is experiencing** and (2) **what the child's reactions to the trauma are.** We do find that many different types of traumas produce the same types of reactions in children and adults. This is why the same principles to helping traumatized children that we discuss in Workshop 10 can be applied with different types of traumas.

The type of trauma is important because it will have a lot to do with how the child reacts. This is why mental health helpers want the patient to talk about the event(s) and the type(s) of trauma that occurred. This helps the person deal with his/her reactions and symptoms. But in helping their traumatized patients mental health clinicians start their work with their patients by looking at their traumatic reactions. This is what we most address and what we treat. This line of reasoning leads us to feel that we ought to first look at the **types of general reactions** traumas cause in children.

**Question:** Oh, are you saying that it doesn't matter so much what the trauma is? It's just how the kid reacts?

**Answers** from participants. (**Facilitator,** make sure that participants did grasp that we
are only saying that it's useful to look at helping kids by addressing their reactions to the trauma? As you go along, you'll make this point again.)

**Discussion:** NO, we repeat that the type of traumatic event matters a great deal. The type of trauma matters much since it will give the trauma meaning and will influence the content of the child's fantasies and the feelings that will be woven into the traumatic experience. It will also influence the way we and the child will deal with it. But our first line of approach to dealing with the trauma will be to take into account the **type of reactions it causes the child to experience.**

We suggest that we consider

1. **Events that are terrifying or intensely frightening** such as the random shootings in schools, or a helicopter crash in a school-yard, or an armed robber coming into the house or a bank, etc. Then let's consider

2. **Events that bring intense physical pain** such as accidents or gun shot wounds or knife wounds; then

3. **Events that bring much emotional pain, such as losses.** Let's start with

   a. **The loss of body parts,** whether a leg, an arm, an eye; and
   b. **Events that cause us to lose someone we love and/or value,** and
   c. **The loss of something we really value.**

   Of course, a traumatic event may cause more than one of these experiences; it may cause any combination of these. It may be terrifying as well as very painful and it may also cause the loss of a body part as well as the loss of someone or something the child loves and values.

**Question:** When you were children, were any of you ever really **scared out of your wits**? Was it only for a few minutes or did it go on for much longer than that? What did that feel like? Did any of you ever see someone get shot or otherwise wounded?

**Answers from participants.** (Facilitator, the idea is not self-revelation but the stirring of empathy for children's experiencing. The point is to draw attention drawn to the usefulness of letting themselves feel what they might feel if they were in the traumatized child's place. And of course examples will help.)

**Discussion:** We all experience scary things. As we'll talk about in Workshops #9 and #10, **how old we are** at the time and **how we individually react** to scary things will play big roles in how we experience being intensely frightened or terrified. And other factors play a part too.

**The type of event** will influence how frightening it may be. So, you see we have to take what type of event it is into account even if only to consider how scary the event is. For instance, a fire in the house will usually be less frightening than an attack on the child or a loved one. An attack on the child or on a loved one with a knife will be less frightening than an attack with an automatic weapon. The sound of gun shots frighten people. The closer the sound, the more it is frightening. Blood tends to frighten people. The more blood spilled, the more frightening the event.

**The meaning of the event** especially influences how terrifying it may be. Here again, the type of event matters. If an enraged man with a gun comes into your house, this will be more terrifying than if the child sees him on the street. If a 14 year-old brings
a gun to school it will be more frightening to your child if that 14 year-old is in your kid's class than if he's loose in the hall. If this 14 year-old threatens your child it will be more frightening than if he threatens the whole school. If your son or daughter had been teasing this troubled 14 year-old, your child is more likely to be more frightened than if he/she had not. If your son/daughter had been getting phone calls from the 14 year-old threatening to get back at your kid, seeing him in class with a gun would most likely be terrifying—even if your child pretended not be frightened. If the frightening event happens to you or someone you love, it will be more intensely frightening than if it happens to your neighbor.

The meaning of the event is likely to be amplified if it is a repetition of a past traumatizing experience. The memories of past traumatic experiences are rekindled when a new trauma occurs and may intensify the traumatization.

(Facilitator, see if participants can come up with other factors that will make an event more or less terrifying. Again, our goal is to heighten the caregiver's empathic experiencing of what the traumatized child is going through.)

**Question:** How about the experience of intense pain—do children fear intense pain? Did you as a child ever experience a painful event that has lasted with you over the years?

**Answers** from participants.

**Discussion:** A number of things can happen to children that cause them intense pain and leave them shuddering at the thought of that experience. In many a case, such experience may have caused the child to develop a number of symptoms such as fear of the dark, of monsters, of being attacked, etc. Some of these experiences include

- Scalding water (or coffee) burns to a large part of the body such the thighs or the chest, etc. or more;
- Being 3 years old or so and being forcibly held down (even by a caring father) to have a tooth drilled;
- Having a compound (multiple breaks) large bone fracture, etc.
- Having to have sutures and the doctor getting started before the body part is sufficiently numb;
- Getting hit by a hard object, be it a baseball or a bat, a fist or a stick as an act of malicious intent. It does not hurt as much if it is accidental. In fact, this applies to all painful experiences. That is, if the pain if intentionally inflicted it is experienced as much more painful event than if it is accidental. Also important is whether the pain was caused by one's own actions or by someone else. It's common for it to seem to hurt more if the pain was caused by someone else than by one's own doing.
- Getting hit by a bullet! Getting stabbed. Accidental or intentional, if they don't kill the child or adolescent, they'll hurt the child or adolescent very badly. And often, the scars are invisible, but make themselves seen under stress.

**Question:** If an injury causes the child to lose a body part, the experience and its consequences can be most serious. Have you seen this happen to a child or adolescent? What were the child's reactions?
Answers from participants.

Discussion: In addition to the fear or even terror, and the severe pain that comes with it, losing a body part can be mortifying. Of course, some body part losses are more impacting than others. For instance, losing a leg or an arm will require a number of steps to restructure one's way of moving about and doing things. It may lead to the loss of plans for the future that were a component part of the self's life plan. The hope for doing certain kind of work may be lost. Certain important activities or hobbies may have to be given up. Losing an eye will lead to the loss of depth perception and will also require accommodation to function nearly as well as before. Facilitator, ask for any other kind of body part loss participants have witnessed or had to deal with.

Any body part loss will lead to a feeling of loss of the self as we have known it up to the time of the injury. This will lead to a partial loss of self. It will lead to a mourning reaction and require more or less psychological work to accept well enough the change in one's self-image.

Facilitator, in Workshops #9 we talk about it's implications for the child or adolescent according to age and in #10 we talk about how to deal with it. As we said before, it might be most helpful to have these two Workshops on hand and ready for use if questions of how to deal with it are pressing.

Question: What about events that cause us to lose someone we love and/or value? How does such loss affect kids? How do we deal with it?

Answers from participants.

Discussion: In Workshops #9 and #10 we detail how it affects kids and how to deal with losses of loved ones. Here let's just get an overview of what's involved and then go to details.

The loss of someone we love and/or value affects us painfully no matter how old we are. Mental health professionals have found that how old we are when we experience such loss is highly determining of how we react to it and how we deal with it. A number of factors go into how the child will react and how we will help the child deal with it.

Here's are some of the factors:

1. The age of the child at the time of loss.
2. The relationship to the child of the person killed.
3. The quality of the relationship to the person who is lost.
4. The way that loss occurred, what caused the loss?
5. The child's individual ways of reacting to stress, hurts and losses.
6. How had things recently been going between the self and the lost loved one when the loss occurred?

Question: What about the age of the child at the time of loss? For instance, how would it affect a 6 month-old? A two-year-old? A 12 year-old?

Answers from participants.

Discussion: The age of the child matters importantly. From about 6 months of age on, the child will have formed meaningful attachments to those in his/her family. Once we have formed an attachment to someone, losing that person causes us a greater or lesser
degree of pain. The younger the child at the time, the greater the loss. And, it's important to bear in mind that this loss will continue to be felt to a greater or lesser degree throughout life.

One of the problems is that some young children may not show the feelings of loss they experience. Some will. Those that show the feelings are more likely to get the attention they need. Those who don't show feelings of loss—sadness, crying for the lost person, looking around for the lost person, if they are able to talk asking about the lost person, etc—may give the impression that they're not upset. That though is not always the case.

In Workshop #9 we talk about children's experiences of loss according to their age.

**Question:** What about the nature of the relationship of the child to the lost person—how can that affect the child? What if the lost person is the mother? The father? Etc.

**Answers** from participants.

**Discussion:** Of course it matters whether the lost one is the mother, the father, a sibling, a grandparent or a favorite aunt or uncle. To be sure, whatever the age, the loss of the mother and father will have the largest impact on the child. But so will the loss of a sibling. If the grandparents, or aunts, uncles and cousins are often seen and the child feels close to them, these losses too will have a greater or lesser impact.

**Question:** How will the quality of the relationship to the lost person affect the child's reaction of loss?

**Answers** from participants.

**Discussion:** This is not so simple. Generally, the better the relationship—its being positive, predominantly loving and not conflicted—the more painful the immediate loss reaction, but the easier and shorter the mourning process. We'll explain this.

When an infant less than 6 months old loses his/her mother, assuming she is the primary caregiver, that loss will be registered by the infant. The infant will feel the absence of an already expected way of being cared for. But because the child has not yet sufficiently developed a stable attachment to the lost person, if a good substitute caregiver takes over the responsibility of loving parenting, that loss will not be so difficult.

Where there is a good relationship, for the child from 6 months of age on to about 6 years, the loss will be experienced more painfully than if the relationship is significantly conflicted. Where the relationship is more conflicted, while the immediate pain of loss is less, the child is more likely to experience guilt—because of the large load of hostile feelings the child experiences toward the lost parent. This will make the long-term feelings of loss be over-weighted with hostility and hate and this, in turn, will make getting over the loss more difficult and take longer. The same applies for any age: losing a parent we love but have a conflicted relationship with will make the mourning process more difficult and take longer to resolve. More psychological work will be required to
get over such a loss than when the relationship is good.

Losing a loved parent is difficult at any age. But from 6 years of age on as the child gets older, the loss of a parent will be less and less world-over-turning than it is for the less-than-six-year-old child. But let's not make the mistake of thinking it can be easy. It will be painful; but increasingly as the child gets older she/he will better and better be able to adjust to this tragedy.

Just a quick word here about children losing a parent or very valued other person. We'll talk more about this in Workshop #9. Our clinical experience tells us that children need help to mourn effectively enough. This help is best provided by the remaining mourning parent. Here, of course, we assume that the mourning parent—since the parent lost a mate—will be very upset too. But it's important that the mourning parent help the child(ren) tolerate the pain of loss and mourn.

(Facilitator, see if you want to introduce this issue. This makes us wonder what it might be like for a child like Elian Gonzalez who, having rather suddenly lost his mother, is now separated from the father he knew since birth. Of course we are not informed about how he is feeling. It may be that with all the distraction that surrounds him, all the attention and the gifts he's being showered with, that he is not being given a chance to feel the loss of his mother. What might the consequences of this be for him as time goes by? What do participants think? It is important to mourn a loss. When it is not done in childhood or near the time that the loss occurs, it is very likely to be required emotionally later.)

For a child to be able to mourn, it is essential that the child be permitted to be sad, to cry, to complain about the parent being lost, to talk about it, over and over and over. There should be no ridiculing of the child's feelings, no mocking of the child's distress, no prohibitions of sadness and crying. The expression of feelings and thoughts is highly desirable for the child to eventually get over the loss without excessive problems.

(Facilitator, this is a critical topic and must be addressed sufficiently.)

**Question:** The way that loss occurred will also factor into how it will affect the child. What event caused the loss? If anything like this happened to you or to someone you know, how did it happen? Or, have you heard of such occurrence in or near your neighborhood? 

**Answers** from participants.

**Discussion:** How the loss occurred matters for several reasons.

1. The event that caused the death of the loved one will become part of all the child imagines in the course of mourning. If the parent was killed by a gun, guns may appear again and again in a child's dreams, fantasies, fears. If it was by a knife, images of knives will appear. The child may become pre-occupied by the weapon used. If a car hit the parent, cars may become a source of anxiety and appear in the child's fantasies and dreams.

2. The degree to which and the way the parent's or the sibling's body was mutilated will impact too. The more the mutilation, the more likely it is to terrify the

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child—to think that this is the way Mom or Dad or Johnny died! This too is likely to appear in the child's dreams, pre-occupations, and fantasies.

(3) If the event was accidental or intentional will matter too.
(4) Facilitator, ask participants what other factors they think would matter too.

**Question:** We all react similarly to disasters, yet we also tend to react in our own individual ways. How are your children reacting to the dangers in your neighborhood? Do they react the same way?

**Answers** from participants.

**Discussion:** Children do vary in the ways they react to stress, hurts and losses. We'll talk more about this in Workshop #9. For now let's just say that we all have different degrees of sensitivity. Some things frighten us more than others. Some kids can't stand the sight of blood; some may even faint or throw up. Others may even be fascinated by it, intrigued by it, with or without being overly frightened or made nauseous. Some children will be mortified by the event and be unable to react in a helpful way on their own. Others may be terrified but mobilize their resources and help without even being asked to.

Children may react quite differently depending on the nature of the event. Some will be more frightened by the sight of blood, others may be more frightened by a fire or an explosion. Of course, the child's previous experiencing of traumatic events will play a role in how he reacts to different current events.

For the most part, observing parents will have a pretty good idea about how their children will react and to which type of event. Of course, there's always a first time for being shocked by a horrible event that never happened before and for reacting differently than predicted.

**Question:** We all know that in the lives of our kids and in our own lives too, there are ups and downs, there are times when things go really well and there are times when they don’t. What if on the morning of the day when Dad got hit by a bullet in a cross fire between gangs, your child and his father had had a nasty argument? Would that matter?

**Answers** by participants. Any examples? (Facilitator, consider not just the morning of, but also an intermediate (say a week) or longer time (months or more) of unpleasant or outright hostile relatedness between child and parent or between siblings.)

**Discussion:** How things had been between the child and the lost loved one when the loss occurred may have a very significant impact. Generally from about 2 years of age on, the younger the child the more the child is likely to feel and think magically that the terrible event happened to his father because he wished it to happen. Being enraged with his father, the child very likely, for a moment might have felt and thought "I wish he were dead!" Then, lo and behold, it happened! The older the child, say an adolescent, the less is he/she likely to be influenced by "magical thinking", the less is she/he likely to feel, it's my fault. But, even many an adult may feel this and so blame herself/himself.

Self-blame is much less likely to happen when the child has a largely loving and stable relationship with the lost person.
**Question:** What about events that cause us to lose something we really value?  
**Answers** from participants. **Facilitator,** get examples of things that when lost caused a child great distress.

**Discussion:** We all have things that are special to us. For a younger child it can be his/her special "comforter" (the British call it) like a blankie or teddy bear or even pacifier. For an adolescent it may be his boom-box or the necklace her parents gave her on her birthday. For an adult, it could be . . . whatever (**Facilitator,** get examples from participants).

Of course, it could also be your house or the family pet.

Being very upset by losing some things comes from the fact that we all make some things very valuable to us. We say that we "emotionally invest" these things. We all do this very commonly and it is often a desirable thing to do. For instance, when we move into an apartment or a house, they are just places where we can put our things, can get shelter from rain and cold, and can store our food to make dinner with. The apartment or house is not "a home" until we "emotionally invest" in it as "our apartment/house". A home is not just a place we live in. Home is a special place where we feel safe, warm (hopefully and if we're lucky), sheltered not just by a roof but by the love and care that's felt there. This is because we have invested it emotionally.

We have invested it emotionally because the people we love and who love us are or have been there. To a degree we do this with things we get that come to have special value and meaning to us. For example, for the infant the blankie stands for the feeling the infant feels when cared for by her/his mother or father. This is why in Mental Health we speak of things like the blankie as "comforters" (or "transitional objects"). For the teen-age boy his boom-box allows him to carry his chosen environment along where he goes. For the adolescent girl, the necklace reminds her of her parents' love for her and their wish to make her feel attractive. All of these make our lives better.

**Question:** But other "things" make our lives better too. For instance, what if the thing that's lost is the child's school, or his church or temple, or her playground? How might this affect the child?

**Answers** from participants.

**Discussion:** The age matters much here. For children under 5 years, and for older children too of course, the most important place where they experience their lives is in their homes. But some children younger than 5 who spend a fair number of hours in daycare or preschool and have formed attachments there, the loss of the daycare or preschool with all its meanings may be experienced by the child as a serious loss. The young child may miss playmates, teachers, good times, with much distress.

For children 5 to 12 years of age, the school and neighborhood playground are sites where the peer group is commonly seen, interacted and played with. The loss of these will most likely cause distress. To what degree will vary.

For the adolescent, these losses may impact more harshly. This is because the adolescent is increasingly involved with and emotionally invested in his/her peer group. The increasing importance of the peer group is part of adolescent development. And it is important that it be so; good mental health requires it. This is because the peer group will
increasingly be the principal arena where relationships are formed and where a mate will be found.

For adolescents who become especially involved in religious groups, the loss of their religious institution is very likely to be experienced with much pain and distress. Facilitator, invite further input on this from participants.

Question: Are there some basic principles we ought to know that can apply to helping children cope with such losses? Facilitator, you might here ask for some preliminary consideration of this or you might tell participants that you will take this up in the Workshops that follow, but especially in Workshops #9 and #10.
TRAUMA WORKSHOP # 7

TRAUMAS FROM OUTSIDE THE FAMILY—PART II:

MALIGNANT PREJUDICE

Facilitator, use Trauma Workshops #1, #2 and #3 at any point while doing this Workshop—at the outset, somewhere in the middle, or at the end. The aim of all the Workshops is to try to facilitate the caregiver's own efforts to cope and to help her/his child cope with this particular type of trauma and its effects as best as both the caregiver and the child can. Facilitator, Workshop #7a is long. You may need more than the usual allotted time to get through it.

Facilitator, be aware that the caregiver—be it a parent, a daycare caregiver, or a teacher—is most likely to be traumatized just as the child is. Therefore, we must be aware of both the traumatized caregiver and the traumatized child the caregiver is trying to help.

DEALING WITH MALIGNANT PREJUDICE

Question: We know that in order to deal most effectively with any trauma, we need to know as best as we can just what the trauma is, just what is causing this intense pain. So, let's start with, "What causes pain in prejudice?"

Answers from participants.

Discussion: Prejudice means to feel that those who are not like us are not as liked by us as those human beings who are like we are. We feel we would rather be with someone like ourselves than with someone like this other person.

Question: But, don't we all feel this way? Don't we all prefer to be with people like ourselves? Don't Catholics prefer Catholics? Protestants prefer Protestants? Jews prefer Jews? Muslims prefer Muslims? Whites prefer Whites, Blacks prefer Blacks, and so on? Is this bad? Is it immoral?

Answers from participants.

Discussion: Yes, we all tend to feel this way. There are important basic developmental factors that cause this in all of us. They are actually necessary for healthy development. This is why in and of themselves, they can't be bad or immoral. But what they can lead to can be bad and immoral. Two factors stand out:

1. That from our earliest months of life on, in the course of our developing our earliest relationships within our families, we identify with those to whom we first become attached. The identifications we make—I am like my mother, like my father—lead us to feel we are like those to whom we form our basic attachments. Centuries ago

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the Jesuits said something like, "Give us your children for the first 5 or 6 years of their lives and we’ll make them Catholics for the rest of their lives". Mental Health development specialists tell us that they were right. Freud said, that it's our identifications that make each child as if the child bears the stamp, "Made in Germany", more specifically, "Made in the (fill in your name) Family".

Now, if we feel we need to be like our mothers and fathers, we will be so in all major defining ways. We will want to be White or Black the way they are, Protestant, Jewish or Muslim the way they are, maybe even truck-drivers or teachers the way they are, etc. In fact, we now know that these identifications make us be like people in the community in which our parents were reared. Freud said that parents are the representatives of Society in their families.

This is what makes people want to live in communities with people like them. Whites in White communities, Blacks in Black communities, Hispanics in Hispanic communities, etc. This is why immigrants move into areas where there are immigrants like they are, be it Korean, Indian, Turkish, etc.

This preference of people like ourselves, we think of as a mild form of prejudice or what we call benign prejudice. In and of itself it does not make us hate or want to hurt or destroy others who are different than we are. For this to happen, something else is needed. We'll talk about this later. For now let's go to that second factor we said makes this form of benign prejudice develop in all of us.

2. The other factor that leads to our developing this benign form of prejudice, is what Mental Health development experts call stranger anxiety. In the process of each young child's becoming attached to those who first care for the child, this troublesome yet unavoidable reaction, stranger anxiety occurs, that facilitates our pushing away persons who are not just like those to whom we are attaching. It's a normal, attachment-facilitating reaction. We have to go into a little detail.

Infants come out of Mother's uterus with ready-made, inborn mechanisms that will lead the child to attach emotionally to those who most commit themselves to the care of the infant. But the infant's brain develops those abilities needed to form this attachment only gradually; attachment doesn't become stable overnight. In fact it takes about the first three years of life to really develop this attachment to a point of security and stability.

What happens is that during the first months of becoming attached the infant's brain can't yet make it possible for the infant to remember what his mother or father looks like when Mom or Dad is not right there. In fact when a 5 to 12-month-old's mother walks out of sight, the infant reacts with separation anxiety. This is because, not being able to retain the image of the mother or father when that parent is not in the child's field of vision, the infant behaves as if he/she feels mother disappeared, for ever! Now, if someone other than the mother or father comes into the child's visual field, because the infant needs to see the mother/father, the child's not recognizing this person as his/her mother creates anxiety in the young child. This anxiety is stranger anxiety. We assume that the infant feels because this person is not my mother, it's "a stranger".

We retain this early life deep-seated anxiety about strangers to a greater or lesser degree for years if not for our entire lives. This among other things is what makes many of us anxious about traveling to countries where people differ in some significant way.
from us. This stranger anxiety then adds to the process of developing our sense of self out of our identifications in making each of us experience prejudice. But we say that this is **benign prejudice**.

We emphasize that **benign prejudice** does not lead to our wanting to hurt or get rid of people who are different than we are. We soon come to know, to see that all **human beings have a great deal in common**. We are more alike than we are different. We are all so much more like one another than we are like cats, or apes, or any other animal. We just usually prefer to be with "our own."

**Question:** So what does make people want to hurt and get rid of people who are different than we are?

**Answers** from participants. Any answer that even partly makes sense is acceptable.

**Discussion:** Facilitator, as always, acknowledge answers that make sense, even if only partly so.

There are many factors that contribute to prejudice becoming such that we want to hurt or rid ourselves of other human beings. For instance, probably since the beginning of time people have fought over whose land belongs to whom. The recent atrocities in Bosnia and Kosovo, this century's World Wars, the Israeli-Palestinian conflict, the Hindu-Moslem conflict in India, and many such conflicts are in part derived from who owns and wants what land. These also in part have to do with who will rule in a certain area. This has been so with regard to the American atrocities against Africans whom they forced into slavery and is continued even today as manifest in prejudices against African-Americans, this century's reciprocal Chinese Nationalist-Communist atrocities, with the South-East Asia years-long atrocities, including the massacres in Cambodia, and the more recent racial massacres in Africa. There is no end of these. But this rivalry for land and governance is only part of what leads to murdering others simply because they are different.

In all these, none would have led to the atrocities we all know, were it not for that factor that is essential for the experience of **malignant prejudice**. **This essential ingredient that creates and organizes malignant prejudice is hate.**

**Question:** What do you think causes hate?

**Answers** from participants. Facilitator, raise doubts about any suggestion that children are born with hate feelings in them, i.e., children are not born feeling hate.

**Discussion:** An individual feels hate when he/she has a large load of hostile destructive feelings that are stable. These hostile destructive feelings never just pop up. Hostile destructive feelings are generated in us when we feel intense pain, of any kind. Hate feelings are there because they have accumulated over time in reaction to having been hurt too often, too much, too intensively. In fact any and all hostile destructive feelings come from too high levels of pain. We are saying that when people are mean to others it's always due to a load of hostile destructive feelings they carry inside them.

But we can't always express the feelings of hate we carry in us. It's often too dangerous and costly to ourselves. No child will feel free to express his/her hate toward
her own father or mother. It's just too risky. You could get thrown out of the house. So what do you do with it? You walk around with it inside you, and if a good opportunity presents itself, you'll let it come out then. Most commonly, from less than one year of age, children tend to **displace** their feelings of intense hostile destructiveness, including hate, onto others than those they fear too much. **This displacement of large loads of hostile destructive feelings in the form of hate is what leads to malignant prejudice.** Said a bit differently, without hate there is no malignant prejudice.

**Question:** OK, but what does this have to do with how we can help ourselves and our kids cope with what we've been through? How does it help us to help them?

**Answers** from participants.

**Discussion:** The better we understand what causes our hurts, the better we can handle them and cope with them. For instance, what factors in prejudice hurt us especially badly? From the most to the least obvious:

1. **Being physically abused.** Crimes of hate are only too well known everywhere. Such crimes always tend to stir up the wish for revenge in those hurt by these crimes.

2. **Having our rights taken away.** All minorities have been subjected to this in many parts of the world. And one group that is not a minority, namely women, have had this experience probably from the beginnings of time all over the world.

3. **Being insulted and treated as inferior beings.** In prejudice, "the other", "the stranger" is always insulted, always represented in distorted ways. It's "dirty Jew" or "greasy Spic" or "slant-eyed Jap". "The other" is always vilified, made to be evil, or dirty, or greedy, or abusive of our wives and children, made into all bad, criminal, and moral degenerate. "The other" always is blamed for some chosen trauma or strain caused by "the other" on our own people, or our families, and this makes the need for revenge right and even heroic.

   **We have to deal with all of these to help us parents (caregivers) and our children.** Let's deal with each. We'll start with "being insulted and treated as inferior" because it is at the base of all 3. Let's also keep in mind that, as we now speak, we caregivers as well as our children not only have been injured but that we continue to be so mistreated.

**Question:** Well, what's so hurtful about being called by some nasty name? Isn't it true that "sticks and stones may break my bones but words will never harm me"?

**Answers** from participants.

**Discussion:** It is not true that "words will never harm me". They won't harm us like sticks and stones, but they do harm us. The reasons can be understood in terms of our "self-image" and our "self-esteem". No one in the world is so well put together emotionally that our self-image and our self-esteem is invulnerable, that these can't be injured.

   Our **self-image** is composed of a number of images-ideas we have about ourselves. Our self-image has to do with how we think of and see ourselves. We are adults, a female or a male, a mother, a teacher (or something other), an attractive or
handsome person, a reader, a music lover, whatever we think of ourselves. But we also all have some features of our self-image that we are not so thrilled with. We may see ourselves as too fat, not attractive enough, not smart enough, not tall enough or too tall, etc. It's especially this aspect of our self-image that makes us feel bad when even a stranger says "dirty Jew" or "greasy Spic", etc.

Our **self-esteem** is determined by the experiences we have had in life up to the present. There are different ways of explaining this. We find the model that Freud left us to be of much explanatory value. According to this model, there are 3 major categories of experiences that will determine the quality of our self-esteem.

1. **All infants come into the world with an inborn feeling of self-value.** It's a biological fact that we are born with a more or less strong drive to survive. It's basic self-preservation. This biological self-preservation is experienced psychologically as our feeling that we have an inherent value. To the degree that this self-valuing is protected and preserved the better our self-esteem. This means that the degree to which from birth on our parents value us for ourselves, they have and continue to treat us with love, respect and positive emotional attention, to that degree our self-esteem is positive.

2. **The degree to which we are gratified in our love relationships.** To be loved by those we love is a powerful contributor to our feeling good about ourselves, to our feeling we are valuable. It goes both ways. That is we need to be loved, and we need to love. Being loved by someone we don't love may gratify our narcissism, but it's not as strong a contributor to self-esteem as it is when we love that person. It's being loved by those we love that makes it work.

3. **The degree to which we are gratified by what we do.** This includes the success we feel in our work, in the deeds we do, the way we behave and act. All are important. But perhaps the most important is how we feel about what we've made of ourselves, how well we did in school, or in some large accomplishment, what kind of worker we've become. The more we value what we do in our daily work, the better our self-esteem.

These 3 categories of experience combine to make our self-esteem what it is. But we also know that no one feels totally and always valued. Nor do we always feel loved or even always feel loving toward those we most value be it our mothers, fathers, mates, or even our children. Nor do we always feel that we've done as well as we can nor proud of everything we've ever done or do. We all feel this enough to be vulnerable to insult by people who know nothing about us and whom we don't love at all.

**Question:** Fine, fine, but what do we do about it? How do we deal with this?

**Answers** from participants.

**Discussion:** When we are insulted this way the first step to lessen the injury is to take stock of who we know we really are. When our children are so insulted we have to help them take stock of who they really are. Let's look first at how to deal with ourselves, then how to help our children.
How to help ourselves.

1. We have to remind ourselves that those who are prejudiced against us have distorted their image of who we are. They have falsely made us out to be bad in one or more ways. We need to reason with ourselves that it's a distortion. It doesn't take away our anger at this distortion, but it does heighten our awareness that we're not who they say we are. We need to ask and address the question: What kind of person am I? This is no time to exaggerate or distort, nor is it a time to be too modest. We need to be as fair with ourselves as we might be with someone we like. If we have at times stood up to someone and argued with that person, this doesn't mean we're mean-spirited, or that we have bad manners, or whatever. When we look out for our safety and best interest that does not mean we are greedy. We have to sort things out to ourselves to feel with some confidence that what is said about us is not true. Many of us feel confident about our self-value; but many among us do not.

2. It helps to think of those who think well of us, those who love us and those who respect and appreciate us. If we are fortunate, this will include our families, friends, co-workers, maybe our neighbors, or those we've helped in one way or another. Do they think we are whatever negative things are being said about us?

3. And, how do we feel about what we do? About the quality of our work? Are we good workers, giving those to whom we are responsible what we owe them, be it our children, our boss, out students, our patients? About how we conduct ourselves? How we treat others? We have to be fair in how we evaluate ourselves, here again without exaggerations or modesty. Also care is needed in assessing doing work well, being committed and responsible, not just in our degree of popularity or monetary success—though, of course these may go hand in hand.

Obviously, the more positive all these, the better will our sense of self stand up against the distortions of those who are hostile toward us. Note the importance of how we love and feel loved and of how we work.

Question: And what about helping our children? What can we do to help them cope with hurtful things they'll probably hear said about them?

Answers from participants. Facilitator, you've already inferred and pointed to what parents can do, try to get participants to put these thoughts into action.

Discussion:

How to help our children:

The same issues that pertain to our adult sense of self apply to our children's sense of self too. There is one large difference: the child's sense of self is neither as fully developed nor as stable as ours.

The development and stability of our sense of self is largely dependent on our developmental age. The child's sense of self develops and stabilizes gradually over the years. In fact, although our sense of self achieves a high degree of development and stability during our young adulthood, it actually continues to evolve over the length of our lives.

The child's sense of self begins to develop from birth on. But the child's "thoughts" about and "knowledge" (cognitive awareness) of his/her sense of self, her/his
feeling "I am a girl/ boy", probably begins from about the middle of the first year of life on. This knowledge gradually develops and stabilizes. Therefore, in order to help our child cope with prejudicial distortions, we have to tailor what we say to her/him to not only the particular insults the child has heard but also to the child's expectable age-appropriate development and stability of her/his sense of self.

The parent's basic strategies to start with should aim at helping the child maintain a positive self-image and self-esteem.

**Question:** Can we have some more detail on this? How do we help the child maintain a positive self-image and self-esteem?

**Answers** from participants.

**Discussion:** Even under normal circumstances of rearing our children, when they are not subjected to prejudice, important steps can be taken by parents to help the child develop a positive self-image and self-esteem. These are important as well in helping the child who is subjected to prejudice.

For instance, regarding the child's self-image, any questions the child asks about his/her physical features should be addressed with positive feelings. Disregarding children's concerns as silly or not important is invariably harmful to the child's basic developing sense of self. This applies to any concerns about the color of their skin, their hair, their eyes, their nose, features that have ethnic-genetic characteristics. It is important to talk to the child about ethnic-characteristic differences from early in life on, and certainly from the time the child says anything about it.

Furthermore, young children will note some ethnic-characteristic differences even before the child asks questions about them. For instance, during the second year of life children will begin to take note of differences in skin color, the color of their skin as compared to their mother's or father's if there are such differences. Soon after they'll take note of differences in the color of their skin as compared to a neighbor child who visits, etc.

Although individual characteristics are not subject to malignant prejudice against groups, they do affect the individual child's self-image. Important then are also the child's concerns about individual characteristics. For example a child who is smaller than his peers or chubbier than others, or whatever, may feel bad about it. The child may or may not talk about it. It is useful for parents to bring attention to such characteristics, but with the intention of helping the child understand that such characteristics don't make the child a less lovable, likable or desirable human being. The parent who teases the child about his/her height or weight is hurting the child. Even if it leads to a chubbier child eating less, it is not a positive way of getting this result.

With regard to the child's self-esteem, the child who feels valued emotionally by her/his parent(s) secures the first of the three factors that contribute to positive self-esteem. This is not the parent valuing the child because the child makes the parent feel good about herself/himself. It is the parent valuing the child for who the child is, even as a newborn.

When this happens, it almost always secures the second of the three self-esteem factors, namely, the child feeling loved by those the child loves. As we all know, loving the child does not mean that the parent has to approve of everything the child does. In
fact, it is important to be clear to the child about what the parent approves of and does not
approve of. This includes what the child does and what the child does not do. Here it is
important to be reasonable in our expectations of what a child can do. What a child can
do will, of course, be determined by the child's age and the child's particular intelligence
and abilities. We all know that a very intelligent child is not necessarily more lovable or
a better human being than a child who is not so bright. Some criminals are very
intelligent; Hitler and Stalin were very intelligent!

The third factor in self-esteem is the quality of what the child does, in her/his
work and his/her behavior. **Good work and good behavior should be recognized.**
Poor work and poor behavior need to be attended to, not by shaming and insults, but by
expectation and encouragement.

With this then, let's explore what we might do in trying to help our children.

**Exercise & Discussion:**

Ask participants to propose insults they know their children have been subjected
to and perhaps even better, that they have been subjected to as well. How do they feel
they might handle their child's experiencing these in the following age child?
**Facilitator**, you might take two or three different types of insults with each age child.
You might in fact take examples from the participants who have children in just this age
range.

1. A child 6 months to 3 years of age. Bear in mind that a 6 month old feels and
understands abusive feelings and tones even though the infant can't yet speak a word.
2. A child ages 3 to 6 years.
3. A child, a boy and a girl, ages 6 to 10 years.
4. A boy and a girl, ages 10 to 14.
5. A teenage boy and a girl.

**Question:** Doesn't it help our children to know that we hate those who are prejudiced
against us? Doesn't it make them feel better to know we all feel and say they are evil,
bad people? Shouldn't we encourage them to feel hate for them and think they are evil?
**Answers** from participants.

**Discussion:** (**Facilitator**, this is another instance when we have to exercise great care.)

It's unavoidable that we will feel insulted and very hurt by the distortions people
who are prejudiced against us will advertise. This will make us feel hostility and even
hate toward them. Our children will pick this up. At the same time, they too will feel
hurt by the insults and will feel hostility. And, in fact they are much more likely to more
quickly than adults feel hate and the wish to harm or destroy our persecutors. It is
psychologically reasonable that this happens. Feeling hurt will make us angry. Feeling
very hurt will make us feel hostility. Feeling often or continually very hurt will make us
feel hate.

The big problem for all of us is that **it is just this psychologically reasonable
reaction that leads to the perpetuation of hate between people.** We need to do
whatever needs to be done to protect ourselves well enough when we are attacked.
Absolutely! But is it to our advantage that we ourselves perpetuate malignant prejudice?
If we encourage our children to hate our perpetrators aren't we setting them up to develop malignant prejudice against these perpetrators? If we want malignant prejudice to stop, where do we stop it? Do we just demand that the perpetrator stop it? But if we expect the perpetrator to stop their malignant prejudice against us, shouldn't the same expectation be made of us? If International Law were to outlaw malignant prejudice wouldn't it have to apply to everyone to work? Let's look at this issue from another point of view.

In times of national conflict, all those who are against our country are deemed to be the enemy. But is this true? Did all Americans really believe that all Japanese are evil? Did all the Germans really believe that all French and British people were evil? Do all Muslims believe all Jews, or all Christians, or all Hindus are evil? What about those who knew each other before an actual state of conflict was declared? What about the French and Germans who knew each other before World War I and before World War II, and after? And what about the Jews and Muslims who knew each other before an actual conflict state was declared? Etc. Not all Germans were anti-Semitic; nor were all French anti-Semitic. But there were many Germans and many French, and many Russians and Poles who were, and are, anti-Semitic. In other words, not all people from any one national, or ethnic, or religious group experience malignant prejudice against those from another group.

For this reason too, teaching our children to hate others on the basis of their national or religious or ethnic identity goes against our belief that we should not be discriminated against because we are descendants of whatever national, religious, or ethnic family.

**Question:** So what do we do? How do we help our children deal with the hurt and hate they feel?

**Answers** from participants.

**Discussion:** First we reassure them about their positive self-image and self-esteem. Then we get into a dialogue with them about what makes people do hurtful and evil things to others. Such a dialogue is not a one-time sit-down event. It is a process, with many conversations about it. A number of points need to be covered.

1. People want to hurt others when they feel the others first hurt them. Again, when we are hurt, we get angry. When we are hurt badly, we feel hostile and when it continues we develop hate. Wanting to hurt someone is most commonly caused by first having been hurt by someone. We may have been hurt by the person we want to hurt or by someone else. When someone else first hurts us, it is by displacement of this prior hurt that we want to hurt another person now.

2. When we are hurt and it generates hostility in us, we can't always just discharge that hostility and be rid of it. Many factors may make it impossible for us to let this hostility come out. This may be because the person who hurts us badly is bigger than we are, or stronger, or it might just cost us too much to let this hostility come out then and there. So, this hostility stays within us. Many events like this lead to our accumulating hostility within us.

3. Most commonly, the hostility and hate human beings accumulate and store within them comes from the many experiences of hurt they are subjected to while they
are growing up. And most commonly, unpleasant as it may be to say, those who most hurt children as they grow are their own parents and siblings. **Most perpetrators of malignant prejudice and of crimes of hate are individuals who were profoundly hurt by their own families while growing up.**

4. People who are loaded with hostility and hate—coming from their hurtful past—go about looking for ways and places to discharge this accumulated hostility and hate. This is because hostility and hate inherently, by their nature press to be discharged. We are not conscious of this. Experienced psychologically, hostility and hate don't feel good to us and we feel the need to be rid of them.

5. So people loaded with hostility and hate go about looking for a cause, for something to discharge these miserable feelings on. If they can find something they can blame for their misery, this will become a very good target for displacing the hate they have accumulated inside over the years. Banding together, a group of people who feel this way enormously facilitates finding a cause, finding someone to blame for the difficulties of life.

6. All groups be they national, religious, ethnic, have histories of having been hurt by others. Often, as some Mental Health writers have told us specific disastrous events like the burning down of a religious shrine, or a painful defeat in war, or some other highly charged crime, are held dear by a group as an event around which they can rally. Such "sacred disasters" become a means for discharging hate in a way approved by the group. It can even become viewed as a heroic thing to do. This is fertile soil for rationalizing that those who committed the "sacred disaster" are evil. And all sorts of distortions about them are conceived to make them out as evil and deserving of destruction. Then malignant prejudice is set in motion.

**Question:** Yes, but in the meantime, what do we tell our children to do when they feel they want to destroy those who persecute them with vile remarks?

**Answers** from participants.

**Discussion:** We have to help them realize they can't go around destroying others. Their wishes to destroy are very understandable; they are even reasonable; but they can't act on them. **Wishing is OK; acting on those wishes is not.**

And we have to be sure that we don't make our children feel they are evil because they have such wishes. **Children are not evil when they want to destroy.** They are driven from within to get rid of the terrible hurt they feel. There is a self-preservative pressure in all of us to get rid of those who cause us to feel hurt. There is a self-preservative wish in wanting to destroy.

We also have to give them opportunities to talk to us about their hurt, their hate, and their wishes to destroy. Talking about this one time is not going to be enough. It will probably come up again and again. **Repeated talking about it gives the child the chance to work these painful experiences through**—to make less painful the hurt and less pressing the wishes to destroy.

Much care has to be exercised in recommending that the child play-act physically attacking someone, or throwing bottles against a wall, or even punching a pillow. The risk here is that it encourages displacement, a troublesome defense because it supports the notion of being destructive and also facilitates the development of prejudice. It is
better to direct the child into some constructive use of the hostile energy such as in kicking a soccer ball or raking the leaves, or jogging around the block, etc.

**Question:** What do we do if our children have been attacked in the course of some act of malignant prejudice?

**Facilitator:** Let's take this up in the next Workshop.
TRAUMA WORKSHOP # 8

TRAUMAS FROM OUTSIDE THE FAMILY—PART III:

HATE CRIMES

Facilitator, call for any questions about handling prejudice to which participants' children have been and continue to be exposed.

HATE CRIMES

Question: What about children and participants being physically harmed by ethnic based hate crimes? How can we best cope when we are subjected to physical violence?

Answers from participants. Have they been subjected to physical abuses due to malignant prejudice or other acts of hate? If permitted by participants use examples they give to base discussion on.

Discussion: Where medical attention is needed, this should be among the first things to do. If there is any bleeding, it must be stopped by pressure applied at the site of bleeding and pressure bandaging. If bleeding is heavy or doesn't seem to stop, emergency room attention is needed.

If much pain is felt, pain medications (Tylenol, ibuprofen) should be taken because continual pain drains us of body strength.

If bone injuries and muscle injuries have occurred, medical attention is needed. Always apply ice, not heat, to such injuries as soon as possible —ice because it keeps swelling down, heat does the opposite. If medical attention is available, get it.

All this applies to caregivers and to children. Reasonable attention to both is needed.

But you know all this. What about the emotional side of having been physically abused by prejudice and acts of hate?

Question: How many of you know a child who is showing signs of post-traumatic stress reaction? What are some of the most common visible signs of such a reaction?

Answers by participants.

Discussion: Most common signs of a post-traumatic reaction—which means that a child has experienced a hate crime (actually any severe trauma) as overwhelming—are

1. Sudden reactions of fear (panic reactions) to sudden sounds, or unexpected but everyday events, or disagreement between parents, etc.
2. Nightmares are common with waking up and high-level reactions of fear.
3. The child may fear going outdoors alone or going to the second floor alone, or even going to school (phobic reactions).
4. The child may over-react to even the mildest of criticism.
5. Many a child may bring up again and again what happened, ask questions.
about safety over and over even when full answers have been given.

(6) Some children will remember nothing and make efforts to avoid talking about what happened.

(7) Some children will try to make things safer for themselves by keeping things in strict order, by routinely doing things step by step in the same way, even doing things they are convinced will keep bad things from happening to them and the family that don't mean anything to us (obsessive-compulsive reactions). All these behaviors are signs and symptoms of post-traumatic stress reactions.

**Question:** How do we help them with these reactions?

**Answers** from participants.

**Discussion:** Such reactions need to be dealt with at home, by parents, and may need to be dealt with by mental health professionals (psychiatrists, psychologists, social workers). If medications are needed, a psychiatrist (a medical doctor) will be needed. If symptoms occur in school, and teachers can't calm a child sufficiently to learn, mental health help will be needed. Let's first talk about what parents can do.

Each type of reaction needs attention. Every effort made toward helping the child with each type of reaction will help to lessen the other reactions too. In fact, dealing with each reaction, be it a panic reaction, or a nightmare, or a phobic reaction, helps the child deal with the whole set of symptoms the child is having. Let's talk about dealing with these.

**Question:** How would you deal with your child's having panic reactions?

**Answers** from participants.

**Discussion: Dealing with panic reactions:** It's important to understand that the child can control a panic reaction only to a limited degree. Such reactions are not due to the child's being weak. Panic reactions happen more readily in some people than in others due especially to a biological disposition (we believe a genetic factor). Sure these are due as well to the severity of a given traumatic event. But subjected to the same event not all kids will get panic reactions. Due to biological dispositions some children (and adults) will more easily develop obsessive-compulsive reactions than panic reactions.

Try to calm the child by talking sympathetically to him/her, by reassuring the child that you will do all you can to help him/her. And if you can't help him/her yourself, that you'll get help from people who know better how to help with these terrible fears. Don't shame the child. You can ask the child to try to calm himself down, and try to do the things he needs to do now. If it's homework and he is afraid to study by himself in the next room, have him do it where you are at the time, be it in the kitchen or wherever.

Talk to the child about what happened and help the child to put into words what he saw and experienced and how he interprets what happened. Why does he think it happened, etc. We'll talk more about this below. Talking about what the child feels and thinks is essential to helping the child gain mastery over and deal constructively with the experience.

Panic reactions will likely happen again and again, so be prepared to try to help your child over and over. Sounding tired of trying to help the child will make things
worse. This is because it will make the child feel more hurt, then more angry, and given
that he is likely to become angry with his mother or father, the child will then add guilt to
all the misery he already feels now. If the panic reactions persist for a couple weeks and
seem to not lessen, mental health consultation ought to be sought to get trained help
including medication if it is deemed useful by the professional.

**Question:** How would you deal with your child's having nightmares?

**Answers** from participants.

**Discussion: Dealing with nightmares:** Nightmares vary in intensity, in the level of fear
they produce. When they don't wake a child, you need not go to the child's bed. If,
however, even though the child does not waken he continues to whimper or cry for more
than 3 minutes or so, you may want to go to his bed and waken him. It may help to ask
him what he is dreaming about or it may be better to wait until morning to do this. It
depends on how you feel too. But the reason for waking him is to try to interrupt the
nightmare. It's better for the child to go over the terror of the traumatic event in talking to
you than to re-experience it in nightmares. Mastery is better achieved in talking to you; it
less commonly leads to fear reduction through having nightmares.

If the nightmare wakens the child, we have to go to the child's bed. He may beat
you to it, by coming to your bed to wake you. If he comes to your bed, take him back to
his bed in a calming, reassuring way. Ask him what he was dreaming about and tell him
that you want to talk about it in the morning. For now, calm your child, reassure him that
he is now safe (if it is true), tell him that you (and Dad or Mom) are in their room, that he
is not alone, and try to get your child to go back to sleep. You'll talk in the morning.

Then, in the morning, be sure to talk about it. Again, ask the child what he
dreamt about. Let him talk. Listen sympathetically. It may be hard to listen to him
experience pain as he tells you, but it will help him to be able to talk to you about his
monstrous and distorted fantasies. Correct distortions sympathetically; don't ridicule
them. Don't shame the child for being afraid. Reassure him that he is not alone, you're
there for him.

If nightmares persist for more than several weeks, you ought to seek professional
consultation.

**Question:** How would you deal with your child's having phobic reactions? By the way
what is a phobic reaction? What do we mean by that?

**Answers** from participants.

**Discussion: Dealing with phobic reactions:** Phobia just means "fear of". It can be fear
of the dark, or of being in crowds, or very high up like on a bridge. Like with panic
reactions and nightmares, the events that were/are currently traumatic activate in the child
excessive reactivity, in this case fears of going out, or being alone in a room or a floor,
etc. This is due to the fact that the child's abilities to cope with everyday challenges are
seriously reduced. What causes this reduction in coping ability is that the child's adaptive
system—what we call the child's ego—is over-stressed by the trauma. The system, the
ego, has been overwhelmed. The adaptive system is temporarily not functioning at the
level it did before the trauma occurred.
It is not desirable to force the child to do something the child is terrified of doing. The old principle that a kid will learn to swim if you just throw him into a pool has a high price tag attached to it. Terror teaches us things to be sure, but it also undermines our trust that we are competent, that we can handle challenges, that we can by our actions make the world a safe-enough place. In addition, it will generate hostility toward the person who caused you to experience the pain of terror. And add to it, that if your own father throws you into a pool when you can't even swim, will you ever fully trust him again? It brings to mind the father who stood his 3 year-old on the table and opened his arms, inviting the child to jump into them. As the child jumps, the father moves aside. And as the child crashes to the ground the father says: "In business never trust anyone!" Well, the child may have learned this lesson, but the price tag may include that he may never again trust anyone he loves. Simply put, don't force or trick a child into doing something he is terrified of doing. Help him to try to do it directly, honestly, truthfully.

Try to get the child to tell you what he fears may happen when he goes outside, or he goes to the second floor, etc. Try to reason with him that these things are just not likely to happen. You can give no guarantees, but you can make some good predictions. Tell your child what you think the chances are that whatever dangers he imagines will happen or may or may not happen. Some you can definitely say will not happen; others you probably will not be able to be sure. Don't pretend that you are. Try to reassure your child reasonably.

Talk with him about these and let him talk with you about them. If after 3-4 weeks these fears do not reduce, get a consultation with a mental health professional.

These same principles apply to the other symptoms as well. Making yourself available emotionally to your child, helping the child to talk about his/her experiencing, making efforts to comfort, reassure, sympathetic tolerance for the child's distress and efforts to work things out, all help. If after several weeks of making such efforts the child's symptoms continue, consult a mental health professional. Emotional problems need to be dealt with the same concerns and reasonableness as physical problems.

Again, be aware that caregivers—parents, teachers, daycare workers—may suffer from just the same post-traumatic stress reactions as their children.

**Question:** You keep saying caregivers and children. Shouldn't the children come first? Don’t good parents take care of their kids first?

**Answers** from participants.

**Discussion:** Good parents have to do what they can to be available to their children, especially in times of crisis. To be available to them, physically and emotionally, caregivers have to see to it that they are in a good enough state to be available and able to help. This is why on airplanes they tell you to put the oxygen mask on yourself first, then put it on your child. If you don't put it on yourself first and quickly, you may not be able to even get one on your child's face! It's to be able to help your child that you have to make sure that you are able to function as best you can.

**Question:** So what do we do to cope with physical abuse?

**Answers** from participants.
Discussion: For both the caregiver and the child, make sure that you or your child do not become victim to a nasty psychological reaction many people have. It's to feel that somehow you deserve what you got. Many people will know they do not deserve abuse and maltreatment just because of the color of their skin, or the shape of their eyes or noses, or because they are Muslim or Jewish or Catholic, etc.

But too many adults and children feel they do deserve it. This usually is fostered by one of two sets of reactions.

1. A very religious person may believe it must be God's will. It may or may not be seen as due punishment for prior sinful acts, or it may be seen as a preventative act of purification to protect against a greater future disaster. Or it may be experienced as representing some other more or less well reasoned religious explanation.

2. The second reaction is more problematic. Some very conscientious people worried about things they've done in the past about which they feel guilty, may come to feel that the abuses and injuries they or their children are experiencing are deserved, are deserved punishment of their sins. Of the 2 reactions we can only address this second one. We are in no position to comment on religious explanations.

The caregiver who feels she/he deserves to pay for past sins by being abused is very likely to convey this logic to her/his child. It is important for parents (caregivers) to know that children may readily buy into this, since during the first ten years of life children tend to believe that their parents and God somehow know what sinful acts they've committed. It could be acts of lying or of transgression against others.

Most commonly, children feel guilty because they at times got very angry and even felt hate toward their own parents. This very often stays with them into adulthood. Hating, wanting to hurt someone we love, the strict and narrow definition of ambivalence, is the most powerful source of guilt in any of us. Many children tend to explain any punishment they get on this basis. This is why many children who are abused, even by their own parents, don't report the abuse. They will tell you they deserved it or their father never would have beaten them!

When we believe we deserve the abuse we are getting in crimes of hate, it may help us accept this abuse, but it does not make us feel morally strong or healthy. And it robs us of developing healthy adaptive strategies for dealing with prejudice and crimes of hate. In addition, when we convey to our children that we somehow deserve abuse, we undermine their reasonable efforts to be respected, treated with dignity, and to understand the true reason why they were abused.

Question: Have any of you felt at times that maybe you deserve the hurt that was done to you?

Answers from participants. (Facilitator, like so many times, be careful, don't push.)

Discussion: Again, we are looking at this issue through the lens of psychology and mental health, not religion. It is important that parents and other caregivers sort this out both for their own sake and that of their children. Prejudice is not based on trying to make people who are different pay for their sins. Prejudice is strictly based on discharging hate, on distortions and vilification of others. It is based on the wish to harm, to put-down, to subjugate, to treat others as lesser people, indeed as "animals". Often its ultimate aim is to destroy others.
**Question:** But wait a minute. Aren't hate crimes often committed to pay some group back for what they did to us years, even centuries ago?

**Answers** from participants. There's a good chance participants will point to such reasons from their own ethnic histories. (Facilitator, care and tact are especially needed here.)

**Discussion:** Yes, unfortunately, it is often motivated by revenge for past historical hurts. Sometimes this past hurt is correctly ascribed, like "it's because they destroyed our Mosque 500 years ago". But is it desirable to pick up 500 years later and reason that "now we will destroy their Temple"? Doesn't this perpetuate not only hate and malignant prejudice but also the cycles of crimes of hate? Isn't it a sure way to set it up that sometime in the future they will come back and commit crimes of hate against us? This is essentially what makes for the cyclic nature of hate crimes. When do we stop such cyclic destruction and reasoned killings between neighbors and between ourselves?

Many times this motive for revenge is highly distorted and even totally falsified, like the many Nazis who held the Jews responsible for the depression and lack of jobs in Germany and elsewhere during the late 1920s-early 1930s. These hate crimes are not intended to punish and redeem those held responsible for life's disasters. It is not as was once believed by the Crusaders based on a religious rationale intended to purify and retrieve the heathens for God. These are acts based on hate and the wish to destroy. They will not earn forgiveness for acts of wrong anyone of us may have done.

And we come back to the fact that such thinking among parents is likely to confuse their children many of whom are disposed to explain what happens to them on the basis that all punishment results from some past "crime" the child committed. In order to help children cope constructively with having been physically abused, it is always best that they know what is true. This always gives them a sounder basis from which to try to understand things, including what happens to them, and to find constructive ways to deal with them.

**Question:** So how do we help children cope with having been and being physically abused?

**Answers** from participants.

**Discussion:** Caregivers are well to start by seeing to it that their own wounds are tended to. It's important that parents be realistic about this. In order to take good care of our children we have to be in pretty good shape ourselves. OK, in an emergency we can sacrifice ourselves; good parents will always be willing to do this. But if the emergency is past and hurts are ongoing, parents whose own wounds are being tended to will optimize their ability to, will be in better shape to care for their children.

The emergency physical wounds have to be taken care of first. Soon thereafter, the parents' and children's emotional wounds need to be tended to. The following steps can be taken to tend to our emotional wounds:

1. We have to reason out that the crime committed against us is not in any way a justified punishment for our personal past sins. The only condition that could justify a hate crime against the parent(s) is if in the past they had participated in some
organized prejudicial activity, in some hate crime against the current perpetrator. That is, if a parent was involved in past organized activities against the current perpetrator, then the current crime is indeed likely to be in retribution for the parent's past acts. This is one of the essential factors in the cyclic nature of hate crimes.

If the current wave of hate crimes is in reaction from an "enemy" society that has before been abused by our own people, this needs to be recognized; we can't just claim to be innocent. Can we then really believe that we are good and they are evil? Even though this crime against us may not be an individually deserved retribution, it is reasonable that it happened and must be so recognized. Even if it happened many years, decades, and perhaps centuries before. The question is "What do \textbf{we} do about this cycle of violence?"

This is all very difficult.

It is only if we have not done any evil act against others on the basis of malignant prejudice that we can and should convey to our children that we, our children and ourselves are not deserving of malignant prejudice and hate crimes against us.

2. We must ask our children what happened to them and \textbf{let them tell us}. We must let them tell us. If they find it difficult to talk about we have to find ways to help them put it into words. This is done more by waiting for them to find the words than by asking them if it's this or that. When we ask if it's this or that we are making suggestions that children may latch on to in order to avoid having to dig up their own feelings and thoughts. It is better not to suggest, but to wait with patience for the child to find the words. If it's too difficult for the child to find the words, tell him/her you'll try again later, that you would like the child to think about what it is that happened and that you want the child to tell you.

\textbf{We let them tell us, go over the same details, over and over}. Each time they put their feelings and thoughts into words, it gives them an opportunity to further master the pain and fear the trauma caused them. Each time it gives parents an opportunity to clarify to our children how and why we think it happened. And it gives us the chance to again reassure our children that we'll deal with whatever happens together and as smartly as we can. This helps children better prepare for any possible repetition of such hurt and how to deal with it if it happens. In other words, rather than thinking it's best for children not to talk about these things, quite the contrary, it is highly advantageous that they do so. It will help heal the past trauma and help prepare for how to deal as constructively as possible with any possible future trauma.

3. We see to it that the child's self-image and self-esteem continues to be as reasonably positive as we can. (Facilitator, you may want to remind the participants of what you all talked about on this point during Workshop 7a.)

\textbf{Question}: But should we tell our children that hate acts might continue? Won't that frighten them and make them worry?

\textbf{Answers} from participants.

\textbf{Discussion}: Oh yes, it'll make them afraid and worry. But they will worry about just this anyway. People who have been traumatized always fear it will happen again. Both, adults and children worry. If we know it will not happen again, then we should say this.

\textit{Trauma Workshops}
But if we don't know, it is better not to guarantee that it won't happen again. Children are able to deal with insecurity. They deal better with being told that things are not safe or secure when they are not, than to be told that all's well and something awful happens. A child may then feel, "I can't believe what my Mother tells me!" This then leaves the child not only in an unsafe world, but also in a world where he can't even trust his own mother and father.

It's best to tell children the truth about the conditions under which they are living and to then deal with whatever this truth-knowing makes them feel. When they are afraid we can tell them that we too are afraid, but that we will stick together and do all we can together. We can say that even though we are afraid, we are not helpless, we can stand up to what happens and do the best we can to protect ourselves. Most important is that children know they will not be abandoned, they will not be left alone.

**Question:** Don't we need to do more than tell them they're not alone in this? What else can we do?

**Answers** from participants.

**Discussion:** Sure we need to do more. Most commonly, fear will lead children to need more reassurance and comforting than they needed before. It is natural for children to try to eliminate their fear. Children and adults too, feel that comforting will diminish their fear. It's built-in, it's "psycho-biological" to seek shelter and comforting when we feel in danger. It is constructive that children seek comforting and reassurance from those they love when they feel vulnerable. And it is invaluable for parents to comfort and reassure. How often, how much? As much and as often as the child asks for it. **Children don't ask for comforting if they don't need it. Nor do adults.** At one time or another, we all need comforting.

**Question:** But won't that make the child want comforting all the time? Aren't there times when we should tell the child to stop being a baby, that we need the child to be a big girl/boy, to act her/his age?

**Answers** from participants.

**Discussion:** Essentially, children want comforting when they need it. Children, even very young ones, don't want to feel little and feel they need comforting all the time. They also want to feel strong and competent. When they want to stay a baby—and it happens to some—it usually means that for one reason or another, they are frightened of growing up, they feel unable to trust they can grow up safely-enough. And this needs to be addressed; usually professional help can then be very useful. Certainly, a number of children who are traumatized by hate crimes will become frightened, but it is not due to fear of growing up. It's therefore unlikely that they will need comforting by you all the time. They are likely to need reassurance that you're there, that they're not alone.

And yes, there are times when one may need to tell a child that the child needs to act bigger, to pitch in, to help the family, to help to the level that the child's age will allow. But we have to weigh this against the possibility of heightening the child's need for comforting and feeling of helplessness. When we don't comfort a child who needs comforting, this need is not likely to go away. It may become denied. But in many cases
the need for comforting will intensify. If one is hungry, denying food does not make the hunger go away, it intensifies it. The same applies to the need to be held, comforted, etc. So this all needs to be weighed with each child at any given time.

And the other thing is this. As we aim to help the child deal with traumatic pain, we also need **to help the child take care of himself/herself to the best the child can.** This will contribute to the child's increasing sense of competence, self-confidence, and feeling that the child is strong and capable. But again, care has to be exercised to not overdo rejecting the child's occasional need for comforting. In general, the younger the child, the greater the need to comfort when comforting is asked for. The greater, the longer, the more frequent the traumatic pain, the greater the need to comfort when comforting is asked for. And side by side with this comforting, help the child to learn more and more to take care of herself/himself.

**Question:** How do we do this?

**Answers** from participants.

**Discussion:** For starts, it's important for parents to help their children **learn to do things themselves, at a level of capability reasonable for the child's age.** Children vary in inborn abilities, so judgment must be used. Most of you parents know your child's level of abilities quite well. Don't be afraid to expect your child to meet certain "age-adequate" (Anna Freud said) responsibilities. (Facilitator, you may want to ask for and discuss some examples of this in an exercise later.)

Foremost, it's important for children **to learn to comfort themselves some.** We can do this by telling the child to remember how much you love her/him, how nice, helpful, smart, etc. you feel the child is. You can say "When you feel bad, Sweetie, I want you to remember how much Daddy and I love you, how fine a girl/boy we think you are" etc. To an older child, an age-appropriate comment of this kind can be made too. We all value compliments when they are deserved, when it is approval of a job well done. We remember these things. And we draw on these to help us through hard emotional times. We may not say what we remember, we may not even be aware (conscious) of remembering these moments of approval and expressions of love and positive regard, but do it. **These memories sustain us from within. They contribute to our self-esteem and self-confidence.**

It's very important to help the child help himself, to help make the child feel as competent and strong as the child can reasonably feel. We can enhance the child's feeling competent and strong by finding ways of making the child feel useful and helpful to the family. Making sure that children do their schoolwork and their homework as well as they can is very helpful to the child. Getting them to help with family chores, to help others in the family, be it younger siblings, grandparents, or the parents themselves. Participating in and contributing to neighborhood constructive activities is important too.

**Exercises:** Let's talk about how we might deal with our kids having the following post-traumatic stress symptoms.

(1) sudden reactions of fear (panic reactions) to sudden sounds, or unexpected but
everyday events, or disagreement between parents, etc.

(2) Nightmares with waking up and high-level reactions of fear.
(3) Fear of going outdoors alone or going to the second floor alone, or even going to school (phobic reactions).
(4) A child who over-reacts to mild criticism.
(5) A child who brings up again and again what happened, asks questions about safety over and over even when you've given him full answers just yesterday.
(6) A child who remembers nothing and makes efforts to avoid talking about what happened.
(7) A child who tries to make things safer by keeping things in strict order, by routinely doing things step by step in the same way, convinced that this will keep bad things from happening to him and his family (obsessive-compulsive reactions).

Exercises: Let's discuss age-adequate responsibilities.
What responsibilities can we expect the following age children to take on?

1. A child 6 months to 12 months of age? (For instance, signal he is hungry, is in pain, wants to be held. Begin to crawl, perhaps walk, make some vocal sounds. Not throw hard things, not bite, not tear books, etc.)
2. A child 1 to 3 years of age?
3. A child 3 to 6 years of age?
4. A 6 to 10 year old?
5. A 10 to 14 year old?
6. A teenager?
TRAUMA WORKSHOP  # 9

TRAUMAS FROM OUTSIDE THE FAMILY—PART IV:

WAR
and
HOW TO HELP CHILDREN COPE WITH TRAUMA

Facilitator, call for any questions about handling prejudice (and hate crimes) to which participants' children have been and continue to be exposed.

THE TRAUMAS OF WAR – DURING WAR

In this Workshop we deal especially with here and now reactions to disaster and dread of disaster.

What we are going to discuss now will be the first step toward some general things to consider in trying to help children cope with trauma—of all kinds.

Question: Can we talk about what we can do to help our kids deal with these frightening explosions they hear and houses they see burning and people getting shot all over the place?

Answers from participants.

Discussion: Yes, we need to help them now. We'll talk about some general principles of helping them during this Workshop. First of all, we can't deal with all children the same way. How we help them depends on the way they react. So there are some things that apply for all kids, but we have to tailor these to make it work for each individual child.

There are at least two factors we need to take into account: (1) the child's age, and (2) the child's individual ways of reacting to very frightening events.

1. The child's age is, of course, a big factor. A 2 year-old will react very differently than a 12 year-old. We have different expectations of a 2 year-old and a 12 year-old, we know they are at very different developmental levels and so don't have the same abilities to cope.

2. The child's individual ways of reacting and of coping with very frightening events makes it necessary to tailor the things we parents do to help them.
**Question:** Well, yes, of course age makes a difference. But what are some of the ways in which age makes a difference?

**Answers** from participants.

**Discussion:**

Let's first consider children's abilities to cope in terms of their age level:

1. From birth to 1 year of age;
2. From 1 to 3 years;
3. From 3 to 6 years;
4. From 6 to 10 years;
5. From 10 to 15 years;
6. From 15 years of age on.

**Children 1 year of age and less** are of course, most helpless. We have to help them cope with sudden, loud noises that are startling and frightening. They will also be very frightened and very troubled when they see Mother or Father or an older sibling getting hurt or even being killed. Very young children, even 10 month-olds may search the house for a father or a sibling who is missing from the family.

If a less than 5 month old loses his/her mother, this means the infant is losing the key person to whom the infant is beginning to attach, a very important development. **If no one takes on the role** of taking care of the infant in a similarly caring way, this infant may become profoundly disturbed and may stop eating and sleeping. Whoever takes on the role of caring for the baby has to do it in a way that is similar to the way the mother cared for the baby **including holding, cuddling and comforting the baby—that means "being emotionally available to the baby"**. It's sort of substituting for the mother. If this does not happen, this infant may "fail to thrive"—which means she/he may not gain weight and grow at an expected rate. We have seen such infants, for instance, one at 14 months weighed 14 pounds, another at 14 months looked like an eight-month-old.

If a 5 to 12-month-old child loses his/her mother, this too is a very powerful loss. The infant will have begun to form an attachment to the mother—and the father if he is closely involved in the care of the baby—and losing that mother (or father) will set the stage for the infant becoming depressed. Yes, depressed. **If no one takes on the role and functions of the lost mother (or father) within several months, that infant will become depressed.** We call this type of depression "anaclitic depression".

On the other hand, less than 12 month-old infants will not be as affected by crumbling houses and buildings as older children probably will, even when it is the houses near theirs or even if it's their own.

**Question:** What if some of our little ones lose their mothers? How do we deal with that?

**Answers** from participants.

**Discussion:** Most important is for one person to take over the care of each child. Having just one person take on this type of care of more than two or three infants for some length of time makes it almost impossible for this person to be **sufficiently personally and emotionally involved with each child.** Each child needs at least one individual **emotional attachment** to one person. This degree of attachment can happen only when this individual caregiver is there **constantly and consistently enough.** Rotating care-
giving individuals among babies does not allow for the specific attachment to a specific person the child needs. Having several caregivers randomly distributing their care-giving from one child to another makes it very difficult for the child to form the specific attachment a child needs. We repeat, each child needs at least one specific, constant, devoted person to whom he/she can become emotionally attached. This can be anyone in the family (including an older sibling) or someone outside the family.

Of course, infants also need to be comforted and reassured as best as possible when they are frightened say by loud noises—as of near-by explosions—or pieces of walls or flying objects hitting them. When they wake during the night from bad dreams—yes, less than one-year-olds dream—they, of course, need to be calmed and helped to get back to sleep. They may also have difficulty eating and need patience in being fed. If fussiness is responded to with impatience and anger it will only make things more troublesome for both the infant and the caregiver and makes the task of calming and comforting that much more difficult.

Individual events and reactions will require individualized attention that will require not only empathy, consideration and warmth, but also the caregiver's using her/his intuition and creativity.

**Question:** What about 1 to 3-year-old kids? What do we need to do? What can we expect them to be able to do?

**Answers** from participants.

**Discussion:** What we said about 6 to 12-month-olds holds for 1 to 3-year-olds as well. The most traumatizing factor is the loss of the young child's mother or father. During the 1 to 3 years range the child is emotionally attached and that attachment stabilizes and facilitates the many remarkable developments that then unfold in the child. Everyone knows that these developments include, for instance, the development of locomotion (walking, running, bodily coordination), of language, of learning to do things including going to the bathroom. But it also includes the development of intelligence, and a number of crucial psychological functions. Among these are the important developments of the sense of self and of forming and maintaining human relationships. Much depends on the child's attachments and on the quality of these. The more positive and stable these are, the more likely it is that the child will develop psychologically well.

Again then, if that relationship is lost abruptly by some disaster, the child will react sharply to this loss and will require loving comforting, and someone will have to take over the parenting functions, the role played by the mother or father—if he is emotionally involved with the child. An emotionally involved father can do much to take on the functions carried out by the mother. So can an emotionally committed older sibling or another emotionally engaging nurturing caregiver.

With the 1 to 3-year-old though, the child is very likely to have a mourning reaction. This is likely to consist of sadness, loss of appetite, difficulty sleeping, bad dreams, and may turn into a post-traumatic reaction. We'll talk about how to deal with these later.

Of course, physical hurts to the child, fears of explosions, fires, etc. all need to be addressed. We'll talk about these too when we later talk about how to handle these reactions.
**Question:** Wait a minute, did you say that "an emotionally committed older sibling" could do much to take on the functions earlier carried out by the mother who just died? Isn't that too much responsibility for a sibling? And, doesn't it matter how much older the sibling is? Surely, a 5 year-old can't do that?

**Answers** from participants. What do they think?

**Discussion:** Of course, a sibling's ability to step in most likely will be limited. The sibling's age certainly is a factor. The sibling's abilities to be nurturing and competent are factors too. The quality of the sibling's relationship to the young child also will play a part. And one's expectations of the sibling's helping have to be compatible with what this sibling is known to be capable of. Expecting too much and demanding too much will not work to anyone's advantage.

We have seen though, and many of you probably have too, some even very young siblings say 4, 5, 6 years-old step in spontaneously when a younger sib is in trouble or needs something in very admirable fashion. A 4 year-old can comfort a 1 year-old, can give a 2 year-old some crackers or cereal, and in dire times may even be able to diaper the infant. Foremost, many a 4 year-old can calm, comfort, play with and hold an infant. 7 and 8 year-olds can do a great deal more. This is especially so in times of emergency.

**Question:** You also asked before if there is anything the 1 to 3 year old can do to deal with the terrible things that are happening due to the war. What can they do?

**Answers** from participants.

**Discussion:** 1 to 3-year-olds can begin to help themselves and they can even begin to help others in the home.

First of all, some 1 and 2-year-olds can actually begin to comfort themselves when they get very upset. Some very young children can try to not cry, to be "strong". While we don't want to discourage young children from crying, sometimes when they try not to cry, it is a sign of their trying to cope on their own with the fear or pain they feel. This can be a quite positive sign of strength. People often speak of such young children as being brave, or being "a big boy/girl". Again, care is needed here. 1 to 3-year-olds should be equally permitted to cry if they can't sufficiently calm their own fears or lessen their own hurts—it's then an appeal for help—or they should be permitted to not cry and try to be "a big girl/boy". Neither reaction is undesirable. We need to become concerned when an infant either never asks for help or cries very easily and seems not to try to self-comfort and never tries to be "a big boy/girl".

1 to 3-year-olds also have impressed many of us in their efforts to help others, including a younger sibling or even Mother or Father. For example, Anna Freud and her staff sheltered a number of very young orphans during World War II. Anna Freud and Sophie Dann described how 1 to 3-year-olds would help each other. This might occur when one was upset or a child might spontaneously take up the task of spoon feeding a younger infant. These efforts to help had genuine effectiveness and benefited both the infant being cared for and the young caregiver.

In our own observational research, on occasions we saw one year olds pat a mother on the shoulder when she was upset. The young child's behavior and the feeling
expressed on her/his face clearly showed the intention to make Mother feel better. Such a touching effort by a young child is quite effective in making a mother feel better and gives the child a feeling of being able to do something valuable and of being appreciated. It empowers a young child.

Facilitator, ask to see if participants have seen such behaviors in very young kids. Are there other ways that participants think can further help heighten the feeling of competence and value of (“empower” some people say) these young children?

**Question:** What about children older than 3? How might they react to injury and/or destruction around them or to themselves?

**Answers** from participants.

**Discussion:** We need to take them by age levels: 3 to 6 years of age, 6 to 10 years of age, and 10 and older.

Let's look at the child 3 to 6 years of age. Let's talk about injuries to others and to self; then the destruction of others; and destruction of property—houses, fields, buildings—around them.

**Injuries to others—(much of this applies to children from ages 6 to 18 as well.)**

Injuries to others are generally quite upsetting and frightening. Of course, the severity of injury matters. The more severe, the more troubling and frightening. The more visible the damage to the body, the more shocking and frightening. The sight of blood is commonly very upsetting to children and to adults. Even a little bit of blood—which can look like a lot more than it is—can be very threatening and frightening. Unless there's a lot of bleeding and it's constant, one can be assured that the victim won't die of blood loss. We can all lose a fair amount of blood without it seriously hurting us.

When there is blood, the first thing to do is to stop the bleeding by applying pressure on the site where the blood seems to be coming from. A clean handkerchief and your thumb or hand are used to apply pressure. You hold the pressure until the bleeding stops. If the injury is small, applying some disinfecting agent—mercurochrome or iodine—will help. If the wound is large, it will require medical attention.

If bones seem injured, there may be a fracture. Care is needed to handle that. Bone and muscular injuries—fractures, sprains—can be quite painful and will require some pain medication—ibuprofen; Tylenol may be insufficient for such injuries. It is important to reduce pain because it can be very discouraging and exhausting. (Facilitator: you may want to have a physician come in and give participants a session on first aid.)

Children react quite seriously to destruction of those around the child. Sometimes, even if it is a close relative—other than Mother or Father or a sibling—a 3 to 6-year-old, or an older child may look as though he/she is not reacting at all. This is usually because the child is protecting himself/herself against the fear and threat the destruction of a human being causes the child. It's a defense against feeling terrified of the fact that things like this can happen. The child may not be aware of the fact that she/he is protecting himself/herself this way. One should not pressure the child to admit that it really scares the day lights out of him/her. One needs to just be on the lookout for signs of such fear and feeling of threat. Again, we'll discuss later how to deal with this.
When the loss is of a mother or father or sibling, a significant reaction of loss is normal. The 3 to 6-year-old continues the work of consolidating his attachment to members of his/her nuclear family. He is fully dependent on them for many vital needs including needs for love, nurture, and care. With the loss of a parent the child loses someone on whom she/he depends for developing adaptive skills at home and in school, and for basic physical needs. Loss of Mother, Father, or the sibling is experienced profoundly painfully. Many a child this age may feel that he/she has lost one of the key factors that made his/her life and world what it is. The child's sense of security, protection and much more are undermined. In addition, the child may experience the dreadful fear that this can happen to her/him as well as, again, to other loved ones.

With all this the child may develop a number of symptoms of loss and mourning including intense sadness, crying and withdrawal, loss of appetite, difficulty sleeping, irritability, restlessness, inability to concentrate in school, pre-occupation, and more. Harsher symptoms may appear as well as anxiety, actual depression, and the cluster of symptoms of post-traumatic reaction that we'll talk about later. And we'll also talk later about how to deal with a reaction of loss.

Facilitator: allow discussion of this topic as participants require.

If you feel it might be useful, role play how to try to elicit a reasonable and appropriate reaction and also how to comfort or otherwise help a child who defensively seems unaffected by the loss.

Question: What about if they get hurt themselves? What does it do to them? What can we do?

Answers from participants.

Discussion: Injuries to self—(much of this too applies to children from ages 6 to 18 as well.)

Injuries to self are especially very upsetting and frightening to 3 to 6-year-old kids. This is especially made so by the fact that the 3 to 6-years era is one when the child is pre-occupied with injuries to his/her body even more now than later. It's normal for children this age to worry that their bodies will in one way or another get injured and damaged, that they may lose or feel they have lost some vital parts of their bodies, ears, eyes, hands, arms, legs, genitals, etc. Therefore, when actual injuries occur to them, the child not only experiences the actual hurt and injury, but in addition, it confirms her/his fear that her/his body is vulnerable and easily subject to injury and loss of body parts. This is commonly scarier to the 3 to 6-year-old child than is warranted by the actual injury.

Much and repeated reassurance is commonly needed to calm the 3 to 6-year-old child's feeling that he/she is fragile and his/her body can just fall apart. This should not blind us, of course, to the fact that attention to the actual injury and pain is required too. Later we'll talk about "how to help" our children cope with these and other types of injuries and hurts.

Facilitator: allow further discussion of this issue as participants require.

Question: What about their reactions to bombs blowing up houses, buildings, trees and
fields?

Answers from participants.

Discussion: Destruction around them—(here again, much of this too applies to children from ages 6 to 18.)

Destruction around them often gets a mixed reaction from 3 to 6-year-olds. There is likely to be fear and feelings of threat. But there may also be enormous curiosity and even excitement at seeing buildings crash, houses blow up, and fires ravaging houses. As you all know, we see this in older children and adults as well. Accidents on the road, fires, planned explosions always seem to attract our interest. There is pleasure in destroying, as well as fear. Many experience such destruction as awesome. As long as it is not happening to us or ours, there is some pleasure we experience in seeing massive destruction. One sees this even in children younger than 3 years. It's difficult to say which the young child gets more pleasure from: building a tower of blocks or knocking it down. We get a feeling of effectiveness, of competence, of strength and even power from breaking things. The young child—as well as kids older than 6 and adolescents—experiences glee as he/she feels "Wow, see what I can do!" in both building and in making crash down.

Interestingly though seeing things being destroyed may also make 3 to 6-year-olds feel guilty. This reaction of guilt comes from the fact that we all get angry, we all develop feelings of wanting to destroy, even to hurt people we love. This comes from our having been hurt by them in one way or another—as by a mother or father quite reasonably setting limits with a young child or not letting the child have or do something the child badly wants to have or do. (Facilitator: you may want to briefly talk about the fact that setting limits, though they are intended to protect the child "step on" the child's developing sense of autonomy, that nuclear part of the sense of self—this is discussed in our Aggression Workshops #4 and #5.)

In fact, in the case of injuries to others and destruction, guilt may go so far in children this age that they may feel they caused the destruction to happen. We need to listen for such guilt and if the child reveals such, it needs to be addressed realistically. Bear in mind that children this age still believe in magic. They may be convinced that the reason the destruction occurred is that they wished it to happen. It is especially when we cause or wish to cause hurt or injury to someone we love that we feel such guilt. Wanting to hurt someone we love is by far the largest source of guilt in all of us.

Question: Can we expect 3 to 6-year-olds to pitch in to help the family deal with the hardships the family endures?

Answers from participants.

Discussion: Absolutely. But we have to make sure that what we expect from the 3 to 6-year-old is within the child's ability to meet the expectation without experiencing it as overwhelming, or even as too much. Children can guide us in this. They can tell us what they can and can't do. "Johnny will you please help Mom (or Dad) by doing (whatever it is)." Usually, if the child feels it's too much, she/he'll usually say so. The child who may not do this is the one who is always so "good", so compliant, even when being "good" is too hard. But most parents have a good feel for what young children can and can't do. Most children are eager to help out in times of stress—so long as what is expected of
them is within their know-how and ability to do.

**Facilitator,** discuss some examples of what children this age may be expected to help with. Ask participants to give examples and have them discuss these.

**Optional:** You may want to consider with participants how a child might non-verbally express his/her not wanting to help—such as by feigning helplessness, inability, tiredness, etc. How could this be handled constructively?

**Question:** What about dealing with 6 to 10 year-olds?

**Answers** from participants.

**Discussion:** Let's talk about the child 6 to 10 years of age. Let's talk about injuries and destruction of others, of self, and of property.

**Injuries to others**—much of what we said for the 3-6-year-old applies for the 6 to 10-year-old. But there are some differences. The 6 to 10 year-old child grasps the destruction caused by explosions, bombs, bullets and fire more realistically; the child's view is less colored by magic. Some children this age though, if quite traumatized by the on-going events may well regress to magical thinking and will most likely feel more helpless, more frightened, and suffer more.

The 6 to 10-year-old, having a more realistic view of injury, more than the younger child will experience more or less pain depending on the nature and the extent of the injuries inflicted on those the child loves.

Also due to his/her better reality appraisal, the 6 to 10-year-old is less likely than the younger child to feel he/she caused the injury by magic. The 6 to 10-year-old is therefore less likely to feel guilt. If the child happens to be angry with the parent or the sibling at or near the time that family member gets injured, the child is more likely to feel guilt.

**Question:** How can we expect the 6 to 10 year-old to react to the loss of his/her mother, father, or sibling?

**Answers** from participants.

**Discussion:** The 6 to 10-year-old's attachments to his nuclear family are now fully developed and stable. The loss of Mother or Father brings with it a very substantial reaction of loss. With it, like his/her younger counterparts, the child may develop a number of symptoms of loss and mourning including intense sadness, crying and withdrawal, loss of appetite, difficulty sleeping, irritability, restlessness, inability to concentrate in school, pre-occupation, and more. Harsher symptoms may appear as well as anxiety, actual depression, and the cluster of symptoms of post-traumatic reaction that we'll talk about later.

**Question:** What about the 6 to 10 year-old himself getting injured?

**Answers** from participants.

**Discussion:** **Injuries to self**—(much of what's been said for the 3 to 6-year-old applies to the 6 to 10-year-old too.)

Injuries to self continue to be very upsetting and frightening to 6 to 10-year-old kids though less than for the 3 to 6-year-old. It continues to be normal for school-age
young children to worry that their bodies will in one way or another get damaged or that they may lose or feel they have lost some vital parts of their bodies. So, when an actual injury occurs to them, the child not only experiences the actual hurt and injury, but in addition, it re-enforces the child's fear that her/his body is vulnerable and easily subject to injury. Some 6 to 10-year-olds get more frightened than is warranted by the actual injury. Many, while upset to a greater or lesser degree—some with anxiety, depression, post-traumatic stress reaction—are more realistic about whatever handicap the injury will lead to.

Much and repeated reassurance is commonly needed to help the child cope with not only the pain but the possible consequences of the injury. Later we'll talk about "how to help" our children cope with injuries and hurts.

**Facilitator:** allow further discussion of this issue as participants require.

**Question:** And how do most 6 to 10 year-olds react to the destruction of things around them, houses, buildings, trees, etc.?

**Answers** by participants.

**Discussion: Destruction around them**—(much of what we said for the 3 to 6-year-old also applies to the 6 to 10-year-old.)

6 to 10-year-olds, especially boys, tend to normally be pre-occupied by fights, battles, show much interest in weapons, especially guns and battles, airplanes, space ships, etc. They imagine themselves Superman or Batman fighting some evil forces, etc. In countries that produce such literature as comic books, as well as much higher level books, adventure is a theme of predominant interest for boys ages 6 to 10 (and a bit older). So destruction around them places them in just such "adventurous" situations.

However, they also aren't blind to the reality of the danger it creates for them. This quite expectably leads to their also experiencing fear and feelings of threat. Nonetheless, there is also enormous curiosity and excitement at seeing buildings crash, houses blow up, and fires ravaging houses. As we said before, there is pleasure in destroying, as well as fear. Seeing houses explode or fires ravage houses has an element of being awesome. So too with any massive destruction. And we think that some of this comes from the feeling of effectiveness, of competence, of strength and even power we feel when we destroy things. Kids 6 and older, like the 3 to 6-year-old, also tend to experience glee as they feel "Wow, see what I can do!" in both building and in destroying.

Again, like with the younger child, seeing things being destroyed may also make 6 to 10-year-old feel guilty. This reaction of guilt comes from the same reason as for the younger child, the fact that we all get angry, we all develop feelings of wanting to destroy, even to hurt people we love. **(Facilitator: again the issue of limit-setting, which continues amply during the 6 to 10-years period, may be a good example for explaining why even in the best of circumstances children at times get very angry with the parents they love.)** And here again, guilt may go so far in some 6 to 10 year-olds that they may feel they caused the destruction to happen. Even though children this age are less likely to believe in magic, under stress they are not beyond slipping back into such believing. They may be convinced that the reason the destruction occurred is that they wished it to happen.
**Question:** Can we expect 6 to 10-year-olds to pitch in to help the family deal with the hardships the family endures?

**Answers** from participants.

**Discussion:**

**To what degree can a 6 to 10-year-old help:** Quite a good deal. But again, we have to make sure that what we expect from the 6 to 10-year-old is within the child's ability to meet the expectation without experiencing it as overwhelming, or even as too much. And again, most parents have a good feel for what young children can and can't do. Most kids older than 6 feel it as positive to be expected to help out in times of stress. For most, it makes them feel adequate, competent, trustworthy, respected, very much part of the family—so long as what is expected of them is within their know-how and ability to do.

**Facilitator,** discuss some examples of what children this age may be expected to help with. Ask participants to give examples and have them discuss these.

**Question:** What about teenagers, kids 10 and older? How do we deal with them in such terrible times?

**Answers** from participants. What experiences are they having with their kids?

**Discussion:** We need to consider them in two groups: from 10 to 15 years and from 15 years of age on.

**From 10 to 15 years of age:** Much of what's been said for the 6 to 10-year-old applies for the 10 to 15-year-old. But more and more capability, competence, and the taking on of responsibility grow as the young teenager gets older.

**Injuries to others**—increasingly recognizing what is real, the 10 to 15 year-old increasingly grasps the seriousness of actual war. Boys fantasies of war, of heroes fighting for their causes get tested by the things they see happening. Girls tend to not find fighting so romantic and may more quickly than boys recognize the reality of the dangers at hand. But for both, what's real registers. The seriousness of injuries will be pretty well measured by a young teenager. It is not uncommon for such age kids to be very upset by the sight of blood, both girls and boys, or by an open flesh wound. Some may go so far as to throw up or faint. But this reaction is likely to lessen as it is repeated with new occurrences of injury.

The loss of a parent or family member will be more or less painfully felt. Of course, as for all children, all ages, the quality of the relationship with the lost object matters much in how the child reacts. The better the relationship, the more the feelings of sadness/grief and of missing the object will be felt. The more troubled the relationship, the more the feelings of conflict, resentment, and regret will be felt.

But here's an important thing for the young teenager who loses a parent or sibling. If others in the family overtly mourn this loss, and the young teenager is allowed and helped to mourn, he/she will be able to tolerate the experience of feeling the loss. This includes tolerating the young adolescent's showing sadness, crying, verbally expressing feelings of loss, of missing the family member, talking about the loss, the event that led to it, etc. We'll say more about this when we talk about how to deal with trauma. For
now let's say that children seem unable to mourn by themselves. The pain is just too great, the work of mourning too difficult, for someone so young to do it well alone. If mourning is not made possible, it's likely that the teenager, young and older, will deny the feelings that come with losing a parent and delay the mourning process perhaps for years. For a number of reasons we need not get into here, not mourning an important loss—as of a parent—causes psychic strain and burdens the individual. It may interfere with the formation of deeply felt love relationships in the future.

**Question:** What if the kid gets injured?

**Answers** from participants. Has this happened to any of them?

**Discussion:** 10 to 15 year-olds tend not to get as terrified of injuries to others and to themselves as do younger kids. They tend to distort, to exaggerate less than younger ones.

**Injuries to the self**—the increasingly accurate recognition of reality makes the 6 to 10-year-old better appraise what consequences may follow from the injury to the self. The immediate experience of injury will cause not only pain but also anxiety, fear, and rage. Once the pain and the treatment of milder injuries are undertaken, the injuries are not likely to create long-term problems. On the other hand, losing a limb, disfiguring injuries, losing an eye, these types of injuries are very handicapping and will take their toll. Depression and rage are likely to follow. These injuries are likely to require help beyond the physical repairs and rehabilitation they require. We'll talk more about this later.

**Destruction around them**—As we said before, there is pleasure as well as fear in destroying. Massive destruction rouses excitement, especially in boys this age. And as we said, this comes from the feeling of effectiveness, of competence, of strength and even power we feel when we destroy things.

However, like with the younger child, seeing things being destroyed may also make 10 to 15-year-old feel guilty. Entry into adolescence will bring many occasions for the youngster to feel angry with his/her parents. If any harm comes to say Dad's car or barn or whatever, the initial pleasure the kid who's angry with his/her father may feel will soon be followed by guilt. *(Facilitator: again the issue of limit-setting, which continues amply during the 10 to 15-years period, may be a good example for explaining why even in the best of circumstances children at times get very angry with the parents they love.)* And here again, guilt may lead some 10 to 15 year-olds to feel they caused the destruction to happen. They too may feel the reason the destruction occurred is that they wished it to happen.

**Question:** How much can we expect the 10 to 15-year-old to help the family, even the community to cope with things?

**Answers** from participants. Any examples from them?

**Discussion:** By this age, degrees of maturity, competence and abilities can vary quite widely between 11 years-olds, between 13 year-olds, between 15 year-olds. Degree of maturity, competence and abilities will also vary more or less widely between 11 and 15

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year-olds. Let's assume there's a range of these.

**How much can a 10 to 15-year-old help:** Studies of children's behaviors during war show that once in their teens, many "kids" crank up their abilities and step up their behaviors and performance. In doing so they may equal the efforts of adults in doing brave things and in being helpful to family and community. We've seen some of this ourselves. For instance, in seeing someone injured, many a young teenager may just take up helping someone who is injured, whether the kid knows and even when the youngster does not know that other. Some 13 to 15-year-olds may become very effective and very helpful.

Parents will have a pretty good idea of what their 10 to 15 year-old can do. What can be expected though in times of disaster is that some of these kids will even surprise their own parents with their acts of helpfulness, even heroism, and desire to help not just the family, but the community. Here actually, parents have to weigh their worry that their kid may get hurt against the sense of value their kid will gain from feeling that he/she is a helpful member of the community dealing with disaster.

Of course, parents will have to use their judgment about what tasks to expect their teenager to perform. Asking the teenager to help with things she/he is good at is more likely to make the kid's efforts succeed. With young teenagers who are known to be quite capable, giving them new tasks to carry out may work out well and make the teenager feel great for having helped by doing something she/he never did before.

And it's important to acknowledge the teen-ager's help. Even if he/she does not succeed at the task, effort should be recognized and duly appreciated. This means that if the effort does not merit appreciation, don't express appreciation. If not enough effort was put into doing the task well, it's not desirable to pretend that the effort was good or that the task was well done. (*Facilitator,* it's useful to make sure that this point is clear: that false praise doesn't help kids. One risks losing credibility with them.)

**Question:** No doubt most of you know how 16 and 17 year-olds act under these conditions of war? How do they react, how do they behave?

**Answers** from participants. Get examples if can.

**Discussion:** What we've said about the effects of and reactions to injuries to self and others, loss of loved ones, and destruction around them for the 10 to 15-year-old apply to a large degree for the 16 to 18-year-old too. But with regard to coping with these traumas, the adolescent's gradual growth and development bring the 16 to 18-year-old closer and closer to adult coping capabilities. To be sure, not adult yet; but in many instances notably close.

In large part it's especially under conditions of war that many 16 to 18-year-olds will raise their level of functioning and performance to that of many adults. Many will react to traumas and pitch in to help like adults. Many will be capable of doing what many adults can do. This is not that they are mature emotionally, psychologically as are adults. It's that in the face of stresses and danger to themselves and those they love, they will raise their level of performance and function to meet the demands of existing circumstances. This is not done so much with awareness that they are acting "grown up", it's that they are rising to the occasion, they are pitching in to do what needs to be done to survive.

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What we're talking about now is part and parcel of surviving. It's well known that in all animals danger will automatically activate a biological reaction of "fight or flight". Threat to life brings out in every creature a total body reaction, hormones, muscles, cardio-vascular and respiratory systems, all reacting to save the self against getting killed. What we note happens in many 16 to 18-year-olds under conditions of war is part of this survival reaction.

In fact, in all children and adults, stresses that are not too great are what bring growth. Even learning in school is based on this "need to master our universe and our own bodies", to meet little by little new challenges we were not capable of before. We all learn by trying to do things we could not do just before. We all react to stresses by an adaptive reaction. Where the stress is too great, the adaptive reaction will fail. What has somewhat surprised mental health professionals is the extent to which in times of war adolescents can rise to meet situations of war bravely and effectively. Studies of such adolescents and even younger children show an acceleration of development, some think at the expense of their childhood.

**Question:** So what do we do? Should we not let them act like grown-ups? Not let them pitch in?

**Answers** from participants.

**Discussion:** Most mental health professionals believe that for most teenagers, and younger kids as well, it's best to support kids' efforts to cope, learn, and help. This is so as well in times of war and dangers. We feel it's better to support than to interfere with or not allow kids' and especially adolescents' wanting to act brave and be of help to themselves, those they love, and their community. In all cases, we have seen and we believe that it's not helpful to discourage kids' efforts to grow, to cope, to learn, to be brave. Of course, this does not mean that one should let them do things that present dangers to them like allowing a 12 year-old to experiment with sex because she/he can't wait to have sex. We're speaking of allowing positively adaptive efforts to do things that are constructive but that we may feel seem to be beyond the child's age. This is especially so when the child or adolescent is pushing to do it. As in all instances of parenting, reasonable judgment is necessary.

**Facilitator:** this probably would be made clearer by getting participants to tell of instances they know about. You might want to have one or two examples yourself.
TRAUMA WORKSHOP # 10

CHILDHOOD TRAUMA:

HOW TO HELP CHILDREN COPE WITH TRAUMA (Continued)

(Facilitator, this Workshop belongs with and follows #9)

Facilitator's Introduction:

In the last Workshop we said that in trying to help our children we can't deal with all children the same way. We said that how we help them depends on the way they react. There are some things that apply for all kids, but we have to tailor these to make it work for each individual child.

There are two factors we need to take into account: (1) the child's age, and (2) the child's individual ways of reacting to very frightening events. In the last Workshop we talked about some of the effects of age on the experience of trauma due to war.

Call for any questions participants may have about age in helping children cope with the traumas of war.

Then, let's take up the issue of individuality in the way kids react to traumas.

Question: Do you think children the same age react differently to say explosions, or seeing someone get injured, or they themselves getting injured? What do you think? Answers from participants.

Discussion:

We have to recognize the child's individual ways of reacting and of coping with very frightening events because it will guide us in tailoring what we parents do to help the child. We all have different sensitivities, different patterns of reactivity, and different strengths and vulnerabilities. They impact on the way kids will react to the things that are going on. Here's what we mean.

Sensitivities: Some of our sensitivities are just part of the way we're made, the way our bodies are made. For instance some of us have a much better tolerance for loud noises than do others. Some normal kids are very sensitive to sound and will react to a sudden loud noise with a sharp startle reaction. It will more quickly frighten this child than another one who tolerates sudden and loud noises more easily. If the weather is cold, some kids will react to it more acutely than others. If there is much activity going on, people running around reacting to what's going on, some expressing fear, shock, crying, etc., some kids will become very frightened and disorganize more quickly than will others. Some kids just have the hardest time tolerating frustration, such as not being able to have a drink as soon as they feel thirsty, or eat as soon as they feel hungry. They experience frustration as much more painful than do others. Some kids are more frightened by the sight of blood and injuries than are others.

Some of our sensitivities come from past experiences we've had. This can act both as making a child more vulnerable or less vulnerable. If our parents, families and
neighbors have treated us well, with care and respect, we are likely to be less sensitive to the sounds of war, less frightened by destructive forces coming from outside our families and communities. If a child was traumatized before the war, say by being involved in a car accident, or a house fire, the destruction of bombs and the fires they cause are likely to stir up more anxiety than these would in a child who was not so traumatized.

**Facilitator:** any other examples from participants?

**Question:** What about patterns of reactivity in kids? Do all children react to things the same way?

**Answers** from participants.

**Discussion:** Parents know how their children react to events. We know that one child reacts very quickly, another much more casually. Some infants when they wake up react with a bang, some wake up and react much more casually. The first infant may wake up screaming for food, the second will let mother know gradually that she/he needs food. Some quick reactors are likely to be more easily startled and even frightened than slower reactors.

Of course, the child's sensitivities will influence the rate of reactivity, either accelerating reactivity or slowing it down.

**Question:** What about kids having different strengths and vulnerabilities? How might they affect the way kids react to and cope with traumas of war?

**Answers** from participants.

**Discussion:** Some kids are stronger than others in catching on to what's going on, in figuring things out and solving problems. It's built-in; they were this way from very early on in life. Such kids have an inner sense that they'll figure out how to deal with what's going on more readily than do others. They therefore are less likely to get anxious and frightened than others. They may also be more hopeful, more optimistic than will a child who is more easily frightened.

Past experience in dealing with moderate level stresses are also likely to give the child a sense of being able to deal with stresses even of explosions, fires, and injuries. Even when frightened, these kids will try to solve problems with more confidence and competence.

All these factors, sensitivities, reactivity patterns, strengths and vulnerabilities will combine with the child's developmental age and determine how any given child will experience what's going on around her/him.

**Facilitator:** call for any further discussion before we go into the big question of HOW to Deal with Trauma.

**Question:** How to deal with trauma? We've talked about some basic expectations we can have about kids' experiencing and reacting to trauma according to their age. We've also made ourselves aware of the fact that kids have varying sensitivities, strengths and vulnerabilities that influence how they react to traumas. The next thing we need to consider is "What kinds of 'symptoms' do traumas often cause kids to have that trouble
them and us and that need special attention?" What have you seen?

**Answers** from participants. Specific examples are enormously useful.

**Discussion:** Of course, the reason we need to look at this piece of it is that the clearer we are about what we're dealing with the clearer we'll find the way to solutions, to knowing how to help our kids.

The major groups of symptoms kids may end up with are: (1) Anxiety and panic type reactions; (2) Depression; and (3) a cluster of typical symptoms grouped together under the medical label "Post-Traumatic Stress Disorder", PTSD for short.

1. **Anxiety and panic type reactions**—Anxiety is a dreadful feeling that something terrible is going to happen. The child may more than usual for him/her be easily upset, frightened, hyper-vigilant (frequently looking about expecting something dangerous to happen), jumpy, irritable, crying, even having outbursts of anger and tantrums. At the highest level of anxiety, the anxiety occurs in episodes of intense, uncontrollable expectation that disaster is near. These reactions usually occur during the period of traumatization; but they may occur after too, as part of a PTSD.

   In trying to help a child who suffers—and they do—from such reactions use the strategies we'll talk about shortly.

2. **Reactions of Depression**—Depression will especially occur when the child suffers a loss of someone or something of much value and meaning to the child. This could be a parent, a sibling, a favorite relative or friend, a pet, his house, or other thing of value to him. Whereas anxiety occurs when the child feels dread that something will happen, depression occurs when the something has happened, the loss has occurred.

   Like with anxiety type reactions, depression reactions vary in intensity. In fact before one gets to the level of experiencing we call depression, one may experience sadness, a mild form of depressive reaction we call "low-keyedness", and these may occur in episodes or be more sustained over days. Depressive reactions including depression itself may occur during the period of traumatization but commonly also occur after the actual period of traumatization has stopped. It can be the only symptom the child has or it may be part of PTSD.

   **Facilitator:** See if there are any questions about these types of reactions. Anyone of us can develop these. They are really very normal reactions to stresses that are more than one can take.

**Question:** How many of you have heard of PTSD? What is it?

**Answers** from participants.

**Discussion:** Post-Traumatic Stress Disorder is a commonly found cluster of typical symptoms people suffer after they have been traumatized. As we said in Workshop #3 an event is experienced as traumatic, becomes a trauma, when it overwhelms the person's abilities to cope. Because the individual was not able to cope with the event(s) when it (they) occurred, the person continues to feel afflicted by it even after the traumatic event has passed. That the person continues to be afflicted is evident in the symptoms the person experiences. We speak of the person suffering from PTSD when these symptoms are experienced over a period of more than several days. Until it becomes a "disorder" we can consider it to be a "post-traumatic stress reaction" (PTSR). It will have a cluster of symptoms but will not last as long as will a "post-traumatic stress disorder".
The most common symptoms that make up PTSD or PTSR are:

1. **Generalized anxiety** (anxiety in all kinds of situations), including hyper-vigilance, hypersensitivity to threat and fears, and panic attacks;
2. **Stress intolerance**, which means the person's ability to tolerate stress is significantly lowered; and
3. **Sleep disorder** usually caused by more or less violent nightmares.
4. **Depressive reactions** also commonly occur. All of these usually lead to
5. **More or less significant decrease in socialization and in ability to cope with the demands of everyday life.** In other words, the person may not be able to function at his/her earlier, normal enough level.

There may also be some **eating disturbance** with either loss of appetite or over-eating.

Over and above these symptoms, any event that resembles the original traumatic event will elicit a sharp reaction of distress in the individual. **All of these can happen to children and adolescents at all ages, including in infancy.**

### Some Guidelines and Principles to Helping Children Cope with Trauma

**Question:** What can we do to help a child who develops any of these and even those who don't develop such symptoms? **What can we do?**

**Answers** from participants. What do they do, what have they done?

**Discussion:** We have learned over the years that the following strategies are enormously helpful to children, adolescents, and adults. Later we'll look at a table that will help us weigh if the symptoms are moderate or severe. Whether they are moderate or severe though, caregivers will be helpful to the child or adolescent when they use these strategies. We think **here's how:**

1. **Let the child talk** about all things, be it events, feelings, imaginings, about what happened. And when the child talks, **listen.** Convey to the child that you're **listening.** You can do this by somewhat repeating what the child said such as "Oh, yea, they hurt Grandma real badly!"

   Younger children will distort, exaggerate, even invent amplifications of what did happen. Don't agree with distortions, but don't ridicule, shame, or tease. Don't dismiss as stupid, crazy, or whatever. In fact, these distortions will guide you to understand what the child fears may happen.

   And **tolerate repetitions.** The child or adolescent may seem to be stuck in what may seem to you like a rut of repetition. It's not a rut. It's that each repetition is an effort on the part of the child to master what happened. **Each repetition is an opportunity to help.**

2. **Allow and tolerate sympathetically all reasonable expressions of feelings.** By reasonable we mean that these not be in the form of insults to you or those around and that they are not accompanied by physical acts of destruction. Having fits, throwing things, breaking things is not a reasonable way of expressing feelings, even very intense
feelings. We must help children learn to express feelings in words and with reasonable tone. This should be allowed even if it is repetitious, excessive, endless, and difficult to tolerate. It is very hard to see our children suffer; but it does not protect them to prohibit their expressing feelings, or not help them put their feelings into words, or shame them when they try to do so reasonably.

(3) **Comfort and reassure realistically.** Comfort any time the child asks for comfort except in situations where your help elsewhere is urgently needed, such as to put out a fire, etc. Tell your child you can't right now because you have to help put out the fire but you will as soon after as you can. Comfort in ways that are appropriate to the child's age. Hugging is appropriate at any age. It's fine to put a 3 year old on your lap but usually not with a 14 year old.

**Reassurance** is valuable too. But always reassure **realistically.** Don't predict that no more bombs will fall when you don't know that. The next bomb that falls will make your child not believe what you say. He'll/she'll lose trust in you, a serious loss. Reassuring by saying "we have each other and we'll help each other; we'll stick together" is a more realistic reassurance than "that was the last bomb to fall".

(4) **Address all questions** your child asks. **Answer them truthfully and optimistically—unless the situation is really hopeless.** If Grandpa, or Dad, or anyone is seriously wounded, don't say "Oh he'll be fine, it's nothing." Tell it like it is. But **do it with hopefulness.** Something like this can be very helpful, "Oh Dad's hurt real badly. But the doctors are really good, and they'll do everything they can to help Dad be OK. You wanna go talk to Dad"? If the situation is close to hopeless, say that too, but let the child know that the child is not alone in this and that there may still be a way out. If the situation is in fact hopeless, try to talk about how to best try to tolerate it and maybe you'll come out of it some way.

(5) **Find ways for the child to help with things that need to be done be it for himself, the family, others.** Children gain strength and self-valuing when they feel they have helped for the good of the family, others, and him/herself. It increases the child's self-esteem, sense of being useful and effective, and it increases the child's hope.

(6) **Get appropriate help when needed and available.** This you decide on the basis of how severe the symptoms are and how long they go on without seeming to lessen and disappear.

**Facilitator,** you might want to role-play dealing with a child's questions and concerns.

Now let's talk about the table "When do we go for help?" that follows.

**Question:** When do you call for medical help? How long do you wait to see if your child needs help other than what you can do at home?

**Answers** from participants.

**Discussion:** It's not easy to decide what is really bad and needs a doctor's or other health
professional's help. Here are a few guidelines to help decide if symptoms are moderate or severe and how to go about helping the child or adolescent.

Facilitator: You may want to have copies of this chart and discuss them with participants with a copy in their hand, or handed out before.

After discussing the chart, open the floor to any questions and discussions.
How to Try to Determine Degree of Severity or Anxiety, Depression, and PTSD

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety, fears,</td>
<td>Mild, at times only, triggered by a sudden noise or other event</td>
<td>Constant, immobilizing, painful</td>
</tr>
<tr>
<td>Vigilance</td>
<td>Hyper-vigilance is occasional</td>
<td>Constant, often looks like a frightened animal</td>
</tr>
<tr>
<td>Panic</td>
<td>Brief, not incapacitating, 1 to 3/week</td>
<td>Intense, lasts 15 min. or more, 4 or more a week</td>
</tr>
<tr>
<td>Depression</td>
<td>Mild, mostly looks sad, &quot;low-keyed&quot;, not constant</td>
<td>Painful to look at, constant, talks of despair, hopelessness, wanting to die</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>could contain all of the above. Plus</td>
<td></td>
</tr>
<tr>
<td>Sleep disturbance, nightmares</td>
<td>Occasional only</td>
<td>3 or more nights a week. Wakes in a sweat, screaming</td>
</tr>
<tr>
<td>Stress tolerance</td>
<td>Mildly lowered, at times only</td>
<td>Much reduced, easily troubled</td>
</tr>
<tr>
<td>Eating disturbance</td>
<td>Occasional only, weight stable</td>
<td>Marked loss of appetite, serious overeating, visible weight loss or gain</td>
</tr>
<tr>
<td>Socialization off</td>
<td>Tends to avoid contact at times, often silent but comes out of it</td>
<td>Withdraws for hours at a time, silent much of the time, seems in a shell</td>
</tr>
</tbody>
</table>

*Moderate symptoms* need attention at home. If they persist for several weeks professional help is likely to be most useful.

*Severe symptoms* need professional mental health help. Proper medication with psychotherapy can help enormously. Help at home also will be needed.
PART IV:

WORKSHOPS FOR

PARENTS WHO WERE TRAUMATIZED
WORKSHOP # 11

HOW PARENTS WHO HAVE BEEN TRAUMATIZED CAN PROTECT THEIR CHILDREN'S DEVELOPMENT

**Question:** Many people have said that when parents have been traumatized, it seems to affect their children. Do you think that's true?

**Answers** from participants. As always, care is needed in how we address this issue. Are any of the participants traumatized parents? Are any of the participants children of traumatized parents?

**Discussion:** It's unavoidable that when parents have been traumatized it will affect their children. But let's be careful; it is not a simple issue. This is because,

1. The way the trauma affects the growing individual varies widely because a number of interacting factors produce highly variable outcomes.
2. For the same reason, the way it affects the individual's eventual ways of parenting varies. Then,
3. The way it affects their children also varies widely for the same reason, because a number of interacting factors that affect the child produce different outcomes. And,
4. The way it affects their children may be harmful and growth-disturbing, or on the contrary it may be growth-promoting and even personality enhancing.

But let's first make clear what we need to look at in order to have as clear a picture as possible of what we're talking about in this Workshop: HOW CAN PARENTS WHO HAVE BEEN TRAUMATIZED BEST HELP THEIR CHILDREN?

From the beginning of time, we assume that many of us were traumatized in one way or another when we were children. We don't mean that those who were traumatized were all physically abused or sexually abused or lost a parent in the war, etc. These events have been studied widely and are now well recognized to be traumatic. But there are all sorts of less obvious events that happen to many of us that create enormous stress, enormous pain, or create intense conflict for and within us. While a child may not be beaten physically, many a child has been "beaten" emotionally. This may happen when we have a hypercritical mother or father, or we have a mother who due to her own childhood deprivations can't be emotionally positively responsive to her children, or is excessively neglectful. Or we have a father who doesn't seem to know we exist. Too many people don't seem to recognize or consider the fact that children can be traumatized by neglect as well as by abuse, by emotional neglect maybe even more than by physical neglect.

Now, many among us who were traumatized are parents. We are then parents who have been traumatized. Whether we are aware of it or not, this affects our parenting.
Question: Any questions about this? You may wonder "How does this affect what I do as a mother or father? Well, how do you think it has and may now be affecting you? Answers from participants.

Discussion: Well yes, having been traumatized affects us in ways that will impact on how we rear our kids. This is because it leads us to have certain vulnerabilities, intolerance for certain things, biases about some types of people, etc. Or it makes us have blind spots about things our children experience and do. Or it makes us impose more than necessary restrictions or excessively heighten expectations we have of them. It is unavoidable that traumatic experiences for instance have some influence on what we come to believe—such as all men abuse women, all Germans hate Jews. Or having been hurt by her father, a mother may not be able to stand her son's normal early life aggressive behaviors—normal behavior that helps organize every boy's masculinity. It also affects how we want our children to behave, how we handle our children's behaviors and the things they say and do, etc. It also affects how we see our own children and how we understand and what we make of their behaviors. And it affects the wishes we have for what kind of people we want our children become.

And it also affects what we, the parents, need from them, our children. Yes, we parents need things from our children. This begins even when they are very young. We need their cooperation, their living up to our expectations, and as they come of age to go to school and become teenagers we need their help in the house. All along we need their support in times of stress for us, and eventually we may need their advice and encouragement. Then, as we ourselves age we may also need them to help care for us physically and emotionally. Some of us may even need to live with them or have them help us find ways to be reasonably accommodated. And always, we need their respect and their love.

Question: But can't trauma also lead to some good in our parenting? Will it always make a parent act in ways that are hurtful to the child? Answers from participants.

Discussion: Absolutely, having been traumatized can help us be good parents. No, it will not always lead parents to rear their children hurtfully.

Our goal here is to help us all understand what traumas may do to us so that we can sort out the things we do as parents. And, so that we can sort out the wishes and expectations we have, those that may and those that may not be hurtful to our own children.

For instance, as we said before, a mother who was hurt by her father may end up teaching her daughter that all men hurt women; she may teach her son that he is never to be aggressive in anything! This will most assuredly hurt the child. On the other hand, a mother who was often hurt by her father while growing up may make a point of helping her daughter learn to tell what to look for in boys in order to protect herself reasonably. She'll help her daughter see that some boys seem to be mean and boys like that may end up hurting her. On the other hand, some boys seem to be friendly to people, to girls as well as boys and these boys are much less likely to be hurtful to her, in fact they could be very nice to her and make her feel loved and respected. She will help her daughter learn to look for signs of meanness as well as signs of thoughtfulness in boys.
This mother will probably make a point of intervening when she sees her son
being nasty to a girl. She'll help her son learn to express anger toward a girl in ways that
are reasonable and not simply nasty or abusive. And when she sees persisting nastiness
in her son toward girls (and then often boys too) she'll stay with the task of helping him
find more reasonable, non-physical ways to express his hostile feelings toward them. An
aware father will do the same.

When we are aware of what having been traumatized may do to us as parents, in
the ways we parent, then we are much more likely to act in ways that are constructive and
helpful to our children. When we are not aware that our traumas sensitize and bias us,
that being traumatized may make us withhold attention and affection, or make us over-
control and unreasonably restrict, etc. then we may without awareness or intention cause
harm to the children we love.

**Question:** But how do we know if we've been traumatized? How can we be sure that we
have?

**Answers** by participants.

**Discussion:** Facilitator, see how much of this you want to go over since it will depend
on whether or not other Workshops on Trauma have been done.

This question is less silly than some may think. Many people who have been
terribly hurt may not think of their own life histories as having been traumatic. Some
people think that beating one's kid is what normal parents do to rear their kids "right".
"After all," they may say, "that's what my parents did and I'm fine! That's how you get
good obedient kids!"

Let's start with traumas that happen to us from outside our families. There are
neighborhood violence and crime, and home hazards like an assault of a family member,
a loss of the house by fire, a terrifying burglary, etc. Then there hate crimes, traumas we
all know about that are driven by what we call malignant prejudice—prejudice that leads
to destruction of people, terrorizing of people, acts of awful injustice and violence. And
then there are the traumas of war, whether as a victim or as a soldier. Some of these
include the terror of bombings, deliberate burning of houses, crippling wounds, death of
family members and neighbors, destruction on one's house, displacement by emigration,
and more. Facilitator, see if participants have other such experiences.

Then there are traumas that happen to us from within our own families. If your
father physically beat you, fairly harshly, or if you were taken advantage of sexually by
one of your parents or siblings or by a grandparent or an uncle, or if you were often
shamed or criticized, or told you'll amount to nothing, you were traumatized. If your
parents went through several years of marital war and they divorced, or if your father or
mother just moved out when you were a child, you were very likely traumatized. If your
mother or father died when you were a child between the age of less than one to 10 years
it's very likely that you were traumatized. If one of your brothers or sisters had a terrible
illness that dragged on and he/she died, there's a good chance that you were traumatized.
There are other traumas too that occur in families, like a father losing his job, or a parent
becoming alcoholic, etc. Facilitator, see if participants have other experiences of trauma
that occurred in the family.
Of course, a number of factors will influence how these traumas affected you. There are many. We have tried to look at these in the other Trauma Workshops.

**Question:** How else could one tell if one has been traumatized?

**Answers** from participants.

**Discussion:** One ought to also wonder if a person may have been traumatized if that person is having a cluster of symptoms including anxiety—especially being constantly on the look-out for something terrible to happen—, depression, and is having repeated bad dreams or even nightmares. In some the traumatization has led to not trusting people, to being easily irritable and angry, to being withdrawn and a loner, being frightened of or rejecting of sex. That person may also have other symptoms as well, but the cluster of anxiety, depression, and nightmares is quite common with traumatization. In some traumatized people these symptoms may not be very obvious. But the point is this: trauma leaves its marks on the person.

(Facilitator, in the other workshops we discuss these in some detail. You may want to draw on these in case participants want more detail.)

**Question:** Do you know someone who has been traumatized but tells you that nothing bad ever happened to her/him? Such a person may even tell you that war was actually exciting or adventurous. Some may tell you she/he had a wonderful childhood! How might such denials affect her/his parenting?

**Answers** from participants.

**Discussion:** Actually, we often hear this. We think that the major reason this happens is that many people who have been traumatized, have been deeply hurt, and they try to not think of the hurt believing this will make the hurt go away. Well, it doesn't make it go away. It just makes it go into our unconscious mind, it makes us become unaware of having been deeply hurt. The problem though is that the hurt continues to be felt deep inside. Feeling deeply hurt inside but not aware of it, this hurt influences how we see the world, and makes us believe and do things without understanding why we do them as we do.

For instance, a father who was in a war and needs to deny how terrified he sometimes was may continually tell his children and his wife that learning to be disciplined is what was so great about being in the war. Everybody did exactly what he was told to do by his officers. And he may then demand that his children and even his wife listen to all his commands. He will insist that this is really the best way to "run" a family and bring up responsible kids. And in no way are his sons to be terrified of anything!

A mother who denies she was terribly hurt by her father may not know why she is convinced that all men brutalize women; she will only know that this is absolutely true! The best reasoning around will not bring her to allow the possibility that good, loving, and respecting men exist. And, she may then avoid any intimate relationship with a man.

Or a man who was beaten by his father will tell you that "That's the way my father got me to do things right. He did it for my own good; he was right! So, that's how I raise my kids."
A mother who always felt criticized by her own mother became convinced that you should never compliment your child because that will make the child stop trying to work hard in school and do good things. Or another parent with similar childhood experiences became convinced that you should never compliment your kids or they'll get swollen heads and become stupid, or lazy, overly proud, impossible to control, etc.

Denying they were deeply hurt, repressing (making unconscious) the trauma, they don't know what leads them to think certain ways and do certain things that may turn out to be very harmful to their own children.

**Question:** Do you know someone who is being traumatized right now and tells you she/he knows it has nothing to do with how she/he parents?

**Answers** from participants.

**Discussion:** Here the problem is different but the outcome may be similar. Not making a connection between how an on-going traumatic situation may make the parent extremely anxious, or frightened, or furious, or feel ashamed and humiliated, the parent may not see that it impacts on how he/she deals with his/her kids. It will feel very reasonable to this parent to be overly controlling, for instance to not allow the child to go outside and play on the street with his/her friends because an air raid may suddenly happen or a terrorist may kidnap them, etc. Or the parent who feels ashamed and humiliated by malignant prejudice may think it perfectly reasonable to smack his child in a grocery store for not being polite or asking several times for a piece of bread or candy. These are painful over-reactions to the actual present situation that shows that the parent is reacting with feelings stored inside him/her that come from past unresolved traumas.

**Question:** So, what can we do to make ourselves aware of the effects our having been traumatized may have on the ways we interact with our children, on our parenting?

**Answers** from participants.

**Discussion:** First of all we want to emphasize that it's very hard to look into ourselves honestly when it comes to admitting—even just to ourselves—our vulnerabilities, our fears, our painful hurts, and to accept that these exist, that they may make us be biased, have prejudices. It's hard to admit to ourselves that maybe these pains have made us too easily frightened, or blind to important things, or prone to unreasonable generalizations, or over-controlling. And it may be that what we think is most helpful for our kids may, in fact, not be what's best for them. But if we can be brave for the sake of our kids, we'll find it very useful to look at ourselves for all these types of troublesome reactions.

For many of us who have been traumatized—and when we have not been traumatized—it is helpful to have our mates help us with this challenge. **But, if you ask your mate to help you with this self-exploration, make him or her agree to never hurt you with what you find in this collaborative self-exploration.** We have to use our own judgments on how to proceed with such self-exploration.

To be sure, participating in Workshops like these can be very helpful. That's what these Workshops are for—to be helpful, not to dictate what you should do. The Workshops are only trying to inform you on known findings, and to lay out for you basic things mental health professionals have found helps and hinders children's growing
healthily. The Workshops only aim to clarify and make suggestions. **You are the only one who can decide what's best for you and for your kids.**

**Facilitator**, see if there are questions about all this, then proceed.

**Question:** This being said, what do you think you can do to sort out if the serious hurts you've experienced are making you do things with your kids you're concerned about or just simply wondering about?

**Answers** from participants.

**Discussion:** Here are some things we think we can do that might be useful. Let's try to search in ourselves for where we stand on the following issues.

1. As we have already suggested, it is important to be able to **face the fact that we have been or are being traumatized**. We have to start from there. We'll later talk about some general things certain types of trauma often tend to make people do and not do, see and not see.

2. Trust yourself and **trust what you feel**. **But at the same time**, ask yourself if the way you feel about any one thing is **extreme**, if your convictions can be made to sound **reasonable** to your mate, and to some friends you respect and trust. See how other people feel on any issue about which you feel **really strongly convinced**. **Don't change your mind, just wonder about it**.

Then, check yourself out to see if you do some of the following things. If you do, they may suggest that you are reacting to past traumas.

3. Do you rely a lot on generalizations about things? **Beware of generalizations about people, adults and children**, like "All men want is sex", or "All women are fickle, you can't trust them", or "Black men rape white women", or "All Italians belong to the Mafia", or "All Germans are Nazis", etc. So too with generalizations like "All children are basically lazy", or "All girls are good in English and all boys are good in math". Or, "Girls value relationships more than boys do." Or, "Boys are more moral and ethical than girls are". Or, "Never compliment a kid, it'll go to his head!" Very few generalizations hold: "All live human beings breathe, eat, go to the bathroom", yes, we can say that. But that's about it. People are just too complex to all be just one thing or another.

**Facilitator**, ask participants to discuss "What do you think could make us believe such generalizations?" E.g., a woman who was sexually abused might think the first, a man whose mother was painfully unreliable might think the second, etc.

4. Do you become **very anxious** about your child doing some things you disapprove of; do you feel that your child is then endangering himself/herself and something terrible will happen?

**Facilitator**, discuss with participants "What could make one so very anxious?" E.g., your father was driving the car, looked at an airplane, lost control of the wheel and crashed off the side of the road, smashing mother's head against the windshield and knocking her unconscious. You were sure she got killed.
5. Do you feel very, very protective of your kids. Does your mate, do your friends tell you you're being over-protective? You may not be, but you would do well to check yourself out on this. **Facilitator**, discuss with participants what type of trauma could do this.

6. Are you often convinced that there's only one way of doing things right, that there's only one right answer to a problem? This may be true in math. But with most other things in life, there seldom is only one good way of doing something well. **Facilitator**, discuss with participants. You once did something your mother told you not to do, and you landed in the hospital with a stray bullet in your thigh.

7. Beware of being rigid in your thinking about things. We don't mean that you shouldn't have opinions. Quite the contrary, have them. But try to keep an open mind about them and about other people's opinions. This is similar to #6.

8. Do you find yourself thinking that your child is against you? That he is acting like your torturer? Be careful to guard against ascribing to your child some of the characteristics of the person/persons who traumatized you. **Facilitator**, discuss with participants. Having been seriously persecuted and injured in the past, now being angry with your child who is giving you a hard time may make you feel this. **Facilitator**, see if anyone has other things to add to this list.

**Question:** So, knowing we have been traumatized, what should we parents be aware of? **Answers** from participants.

**Discussion:** Unfortunately we can't just give you a quick and simple answer. To begin with, to what degree the parent's being traumatized will affect her/his children will depend on
a. The degree to which the parent has been traumatized and
b. How it affects the parent's parenting.

**Question:** Wait a minute. Why does all this matter? Don't children and adults react to trauma with the same reactions no matter what the trauma is? Don't they all react with anxiety, or depression, or sleep problems and nightmares, and things like that? Can't you just try to stop all these problems? Isn't that what doctors do? And can't you just do that with medicines? **Answers** from participants.

**Discussion:** Doctors can make the problems less intense with medications. We have really good medicines to make people less anxious, less depressed, that can help them sleep better and all that. And we often need to use them. But bear in mind that these symptoms are "reactions" to having been traumatized. Dealing with these reactions is important.
But we have found that doing only this doesn't change what the trauma means to us, what the trauma has "done" to us. Making these symptoms less doesn't make us have less vulnerability to being terribly hurt by even lesser traumas, or have less intolerance for certain things, or have less prejudices about some types of people, or over-protect or over-demand things from our kids, etc. **The good medicines don't lessen what the trauma means to us, nor what it has done to us, and they don't help us learn how to cope and deal better with such traumas or other traumas. And ultimately, they don't help us not let the trauma lead to our hurting our own children.**

Facilitator: see if there are more questions about this. Some participants may be made very anxious by not having a simple way of dealing with all this. It's best to take time to address their disappointment and doubts. But then, we have to hold our position and continue:

So, let's take up how having been traumatized may affect how a parent rears her/his child. We said that the degree to which the parent's being traumatized will affect the children the parent rears depends on

1. The degree to which the parent was traumatized and
2. How this may affect the parent's parenting. Let's take them one at a time.

**Question:** What would affect the degree to which the parent was traumatized?

**Answers** from participants.

**Discussion:** Here is one way to consider what factors would combine to make the traumatic experience more or less traumatic.

1. Was it something the parent experienced alone or were other people hurt then too?
2. What was the trauma?
3. What was the state of the parent's development (ability to cope, to think, to solve problems and more) at the time the trauma occurred?
4. What was the quality of relationships the individual has before and during the traumatic experience?
5. And what impact did it have on the individual then and there?

**Question:** What about "Was it something you experienced alone or were other people hurt then too?"

**Answers** from participants.

**Discussion:** Was it an individual experience or was it a group experience? It matters. First, if it was a group experience you didn't go through it alone. Being alone when one is being hurt badly makes the event feel much more painful than when it is shared. The idea that "misery loves company" has to do with this. Commonly, it's that we not only feel much pain due to the traumatic thing going on but in addition one feels more vulnerable when one feels "all alone". In addition, when it's an individual experience many people tend to feel "others won't understand what I went through". This may make it more difficult to talk about with another or to lean on another for support and reasonable sympathy.

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If it was a group experience, you can turn to others who went through the same thing and you can lean on each other. Having had the same experience seems to usually bring people closer to each other. They have a common bond. "We went through this together; in this way we're brothers and sisters or we're one of a kind". This makes the suffering more bearable.

**Question:** What did those of you who were traumatized alone feel? And what about those who were traumatized by events that affected your group or community? **Answers** from participants. **Facilitator**, here the idea is to focus on the effects of being alone or in a group, not yet on the specific type of trauma; that will be talked about shortly. But if the participants go that way, you can take up both issues at the same time—the type of trauma and being alone/in a group.

**Discussion:** If the trauma that most left its mark on someone happened to that person when she/he was alone, there is a good chance that when that person's child gives the parent a hard time, that parent may feel helpless to deal with her/his child effectively. For instance, when the child doesn't do something the parent wants him to do or the child gets angry with the parent, that parent may feel helpless and vulnerable and be unable to take hold and tell the child to not act that way and to cut it out! And the parent is then likely to feel all alone in his/her distressed state; that parent may not be able to turn to his/her mate with a feeling of trust that she/he can and will help the parent deal effectively with their child.

There's a chance that if the trauma you experienced occurred in a group, you'll turn to your mate and commiserate about your child's rotten (a significant exaggeration) behavior. It will help to not feel alone.

**Question:** What about "What was the trauma?" What is the difference? **Answers** from participants.

**Discussion:** First of all, by definition to be traumatized means that something was done to us that we experienced as painfully overwhelming and that we felt helpless to protect ourselves against it. Whether the trauma was physical, sexual, or other, every trauma is emotionally overwhelming. Once we are so emotionally overwhelmed, whether we are aware of it or not, we continue to make efforts to master the experience of having been overwhelmed by this event or series of events. Some of the things we do to achieve a feeling of mastery over the trauma can cause us to do things to our children that may not only not be in their best interest but that can in fact harm them. But what we do differs because different traumas affect us differently. They have a different impact, they mean different things to us, and they bring about different reactions.

First of all, if a trauma is a one-time event, its impact on us may not creep into our personality, into our ways of coping and adjusting as will a trauma that occurs over years. A trauma that is long-term will most likely affect the way we cope with life on a daily basis. The way(s) we cope is (are) then much more likely to become part of our personality.

The severity of the traumatic events would of course matter too. The more severe it is the more the strain on us emotionally, the more overwhelmed our abilities to cope.
In addition as we said, the **type of trauma** makes a difference. Having been traumatized or currently being traumatized by events caused from outside the family affects us very differently than if it is something caused by your own mother, father, or an uncle or aunt. Being the **victim of malignant prejudice** or of **war** affects us differently than if the trauma was a serious car **accident resulting in significant injury**, or, while walking home from school, being **struck by a stray bullet** during a neighborhood gang fight. And all of these are different than being **physically abused** which in turn affects us differently than if we were **sexually abused** or **emotionally abused**.

Let's talk a little more about these differences.

**Question:** How do you think having been traumatized by **acts of malignant prejudice** might lead to your doing things that could negatively affect your children? *(Facilitator, who the participants you're talking with are, is crucial. You no doubt have a good idea what they have been and maybe still are being traumatized by. Use their experience to frame your contribution to the discussions.)*

**Answers** by participants.

**Discussion:** *(Facilitator, similar but also unique features prevail in all situations of malignant prejudice. This is so whether we are talking about the African-American experience in the U.S., the Balkans (Bosnia), the Israeli- Palestinian, the Hindi-Muslim (India), and other sites where people are and have been traumatized by on-going prejudice-based conflicts. Perhaps one of the oldest malignant prejudice problems is the Christian-Judaic one, anti-Semitism. Of course, at this date, one of the most studied malignant prejudice events of the Twentieth Century is the Holocaust perpetrated by the Nazis against the Jews of Europe.)*

Common to all prejudice-based traumas, it is unavoidable that being terribly hurt by acts of violence as well as the constant put-downs, depreciation and insults, by the persecutors, much hate and much mistrust are generated in us. This hate and mistrust do a number of things to us that creep into our parenting.

First, this hate in particular is what makes us develop our own counter-feelings of malignant prejudice against those who persecute us. It's quite natural to then develop our own mistrust of, and our own put-downs, depreciation, and insults of our persecutors. This is very likely to be shared, if not outright taught by us to our own children. Our perpetrators are evil people, they all beat their wives, they eat raw flesh, they steal from each other, they never bathe, etc. It leads to our teaching our children to develop mistrust of and malignant prejudice against "our persecutors". We are then teaching our children to continue to perpetrate the malignant prejudice that has caused our own families and friends, our own communities to suffer terribly.

Unfortunately, in our own communities we experience acts of violence against our persecutors as heroic, as honorable. We honor the attackers of those who cause us terrible suffering. We value violence because it is for the right reason. And with this then, we may rear our children to perpetuate malignant prejudice and violence and to continue to live in a world of danger and pain.
Facilitator, think and see if you want to go into the following piece with your participants.

**Question:** But we have to defend our honor, our people. What would you have us do?

**Answers** from participants.

**Discussion:** Of course we have to defend our honor and our people. But do we really do this when we teach our own children to mistrust and hate "all" Whites/Blacks, Christians/Jews/Muslims, Israeli/Palestinians, etc.? Have acts of malignant prejudice driven violence and terrorism really been repaid by our becoming the perpetrators of the same malignant driven violence and terrorism? To be sure, we have to defend our honor and our people. But we have to find ways to do this while we also make life safer and more fair for our children. Making other people out to be evil and distorting what they are like is now well known to be lying about them. In fact, one major effort being made now to decrease malignant prejudice is to have children of different cultures, for instance in Israel, to get Arab and Israeli children to get to know each other personally, to get adult professionals to work with each other, dialogue with each other, etc. In some communities they grow up in the same neighborhoods and go to the same schools. They learn that they are very much like one another. This increases the chance that they will know that they may differ in important ways but that they are not evil, not wife beaters, don't eat raw flesh, etc. These young people will not believe the distortions that commonly facilitate malignant prejudice.

But there are other things the mistrust and hate we feel toward those who hurt us can do to us as parents.

**Question:** What would be some of the things we might do that come from such mistrust and hate of others?

**Answers** from participants.

**Discussion:** It's quite likely that the mistrust and the hate we feel will lead many of us to do some of the things we listed before:

1. Many of us will **make generalizations** about those who have hurt us, as we said before, like "All Jews are greedy!" "All Palestinians are terrorists", or "All Black men are violent", or "All Muslims beat their wives", etc. As we said, very few generalizations hold.
2. It may make us **very anxious** about our child doing some things we disapprove of or that our child is endangering himself/herself and something terrible will happen?
3. Some of us will become **very, very protective** of our kids.
4. Some of us will be convinced that **there's only one way of doing things right**, that the only right way is the way "we"—Christians or Jews or Muslims or Hindi or Blacks or Whites, etc.—do it?
5. Often with that we may become **rigid in our thinking** about things. "The only way to discipline a kid is the way my father did it. Your kids are bad? You scolded them, and send them to their bed without supper! These new ways of disciplining kids are just pandering to them".
6. When our children challenge us, as all children do, we may feel that our children are against us? We may be ascribing to our child some of the characteristics of the person/persons who traumatized us.
WORKSHOP # 12

HOW PARENTS WHO HAVE BEEN TRAUMATIZED CAN PROTECT THEIR CHILDREN'S DEVELOPMENT
(Continued)

Here's another problem we have found that commonly affects traumatized parents that really impacts on their children. This cuts across the types of trauma.

**Question:** Do you know parents who have been through awful traumas and never tell their children about it? What might some of the consequences of this be?

**Answers** from participants.

**Discussion:** It is unavoidable that having been traumatized will affect the way we are, the way we react to things, to life events, to our children's behaviors. Some parents will show the signs of post-traumatic stress disorder—which we talk about in Workshop #10 "On Helping Children Cope with Trauma." Their children will wonder, "Why is Mom so worried all the time?" Or, "Why does Dad get so angry at the least little thing I do?" Or, "Why does Mom get to feel so sad all the time?" Or, "Why does Dad scream at night?"

Parents who never let their children know that they were traumatized, who never talk about the painful things that happened to them, leave their children in the dark. It leaves their children with no explanation for their troubling reactions and behaviors. Children then tend to hold themselves accountable for what their parents are feeling, blaming themselves for causing their parent pain and distress. "I'm really causing my Dad/Mom a lot of pain" they are likely to feel when, actually, it's the past trauma that's causing the pain that at this moment is being activated by the child's behavior.

Yes, it's hard to talk to our children about the more or less awful things that happened to us. And it's natural to think that if we don't tell them about these things we'll spare them pain and distress. But it really turns out not to be so. Children are better off knowing that we have been traumatized, how we were traumatized, by whom, when, how we dealt with it, and how we continue to try to deal with it, etc. Any questions they ask once they learn about it should be answered. As best as we can, we should answer their questions honestly and sufficiently, depending on the child's age and ability to understand. We should not underestimate what young children can understand. But at the same time, we have to be sensitive to their tolerances and take our cues from their reactions to what we tell them.

It is better for our children to talk about our traumas with them than to try to protect them with silence. Of course, how we do it matters.

**Facilitator,** here, if time permits, you may want to do some "role play" of parents telling a child of various ages how they were traumatized. You might do this here or later.
**Question:** Have any of you seen parents who were so terribly hurt by some awful acts of malignant prejudice that they carry with them the feeling of danger that it will happen again, any time? Have they at times behaved as though they need their children to protect them, to take care of them? Have you seen some parents who were or are not able to let their quite capable growing children go their own way?

**Answers from participants.**

**Discussion:** Studies of Holocaust survivors have shown that quite a large number of those who were in death camps and underwent terrible abuses were seriously traumatized. Among these were some whose abilities to cope with even minor stresses were seriously damaged. Some of these individuals, when they were rearing their children in fact relied heavily on their kids taking care of them. If their teenager went out with friends, the parent felt abandoned. Or they might fear their teenager might get seriously hurt or killed. If a girl became interested in a boy or a boy became interested in a girl, the parent might feel betrayed. Or the parent might feel their teenager might get taken advantage of or led into some serious trouble. These parents would be frequently depressed, often overly anxious and irrational in their fears, predicting all kinds of dangers that could befall their growing kids if they didn't stay within the restrictive limits the parent felt necessary to survive. There were other ways too that their being traumatized led them to hurt their own children. These were terribly hurt parents. Some could be helped by psychiatric treatment; some could not; and others never even tried to get treatment.

The restrictions and the burdens they imposed on their growing children and later adult children were very large. In consequence some of their children became quite troubled themselves, suffering especially from anxieties, depression, guilt and shame. The guilt in some was so heavy that they could not let themselves have good and successful lives. Some did make good enough lives for themselves, but at the cost of much guilt-derived pain and occasional depressions. Quite a number of these children of survivors sought mental health treatment.

These are only some of the things severe traumatization led some parents to visit on their own children. These are some of the things being severely traumatized can do to us that may come out when we are parents.

**Question:** But it's not just bad things that come from suffering. Doesn't it sometimes make some people more understanding, wise, and stuff like that? When you see a child hurt, doesn't it make you wanna do something to help him or her?

**Answers from participants.**

**Discussion:** Absolutely right. Many of us, when we suffer, we gain in our understanding of what pain does to others. In many it has led people to becoming more altruistic, more empathic (understanding of what someone who is hurting may be feeling), sympathetic, helpful.

Let's make this clear. **It is not advisable to make our children feel hurt, suffer, or feel deprived, in order to make them become better people.** That doesn't work; when it's planned for this purpose, it only creates resentment. Kids can tell when we
make them feel pain unnecessarily. It's when pain and suffering can't be prevented or stopped in spite of our parents' best efforts to protect us from it, that's when pain and suffering may bring some good, better understanding, truer sympathy, commitment to helping others, etc.

Yes, we need to emphasize that many parents who underwent death camp and other abusive and life threatening experiences came out of these experiences with the determination to do some good in life. Some even became determined to do all they can/could to stop such abuses, to stand up against malignant prejudice, to do something to help people suffer less, cope better with whatever life has in store for them. Many of them went into "helping" professions. And many of them reared their children in loving, respecting, and growth-promoting ways; not perfectly to be sure, but quite well. And their children developed quite well, not without some occasional depression, sadness and guilt for what their parent(s) went through—due to complicated psychological reasons we won't take up here. (Facilitator, if you feel it wise, give a quick explanation that the unavoidable hostility all children feel from time to time toward even loving parents leads to guilt and from there, linking the guilt to the parent's trauma, feeling he/she [the child] was responsible for the parent's suffering).

Facilitator, if you will not be covering the Workshop on Malignant Prejudice and the Workshop on Hate Crimes with these participants, you may find some of the things we address there pertinent and useful here.

Question: What might having been in a war do to us as parents? What harmful things could we end up doing to our children? What good things could it help us do?

Answers from participants.

Discussion: We'll start with the good that may come from being subject to the dangers, hurts, losses, displacements, tragedies of war. Seeing these horrors, being close to them and even subjected to them makes us know first hand all the terrible things it does. Like with malignant prejudice and being subjected to hate crimes, it makes many commit themselves to preventing those things that lead to war. It also makes many commit themselves to decreasing suffering, to helping others--especially victims of traumatic events—, to learning about and to developing ways for people to resolve whatever conflicts they have by peaceful means, and more. It has led to the League of Nations, then to the United Nations, to the formation of a United Europe, to the World Tribunal, etc. As parents it has pushed many of us to foster in our children the need to find peaceful ways for conflict resolution with their own siblings and with their peers. And we have pushed them to abide by the principles and rules of school and the community.

Much like what may happen to us as parents when we have been subjected to hate crimes and malignant prejudice, destruction caused by war, dangers, losses, displacements, etc. these events may make us excessively anxious, overly worry about terrible things happening to our kids, and all the rest.

But let's look at some of the specific things war may bring.

1. Destruction caused by bombs, fire, catastrophic events, may make us overly sensitive to things our children do that is well within limits of normal behavior. For instance, we may find intolerable the noises our kids make, or the games their natural
interests lead them to like to play with toy pistols and guns to fight against evil, or we are terrified by thunder and lightning, all of these may make us overly-restrictive and make our children feel insecure. A mother's prohibiting her child's play with toy guns to fight evil is more likely to convey to the child that aggression is bad, that the child is bad, than to help the child learn to deal with his/her aggression in constructive ways.

**Question:** But if we want to help our kids not like war, and to not fight all the time, shouldn't we prohibit their playing with toy guns?

**Answers** from participants.

**Discussion:** If you feel uncomfortable with your child playing with toy guns—we all know how terrible guns can be—tell your child you really don't like his playing with guns. But you should know that playing with toy guns is not what will make a child become violent. What makes a child violent is if he/she walks around with a load of hate he has accumulated by being hurt painfully, over and over, and especially so at home.

The point we want to make is that aggression is a normal feeling and reaction every healthy, normal child has. The problem with focusing only on prohibiting the child from playing with toy guns or the like is that it tends to convey to the child that all aggression is bad. This is not true. Healthy aggression is needed in life for at least three general purposes:

a. To survive against dangers. For instance, you may need to push away a man or a woman who reaches down to grab your child in a way that to you immediately feels and looks threatening. Or, your 10 year-old may need to hold on tightly and push aside a 13 year-old who, after telling your son he likes his bike and wants to take it, is on the verge of grabbing it. No doubt you all know that there is a time when you may need to protect your loved ones and your property that may require even hostile aggression, let alone non-destructive aggression (assertiveness, standing up for your rights).

b. We need healthy, non-destructive aggression (part of which we know as assertiveness) to achieve our goals, to overcome the obstacles in our way to them. And,

c. Some child developmentalists have found that the "macho" type of aggression we see in some men—especially in those men who exaggerate it—is needed for a boy's normal masculinization process. This becomes most apparent in 3 to 6 year-old boys but it will go on through adolescence when the boy's identity as a boy consolidates. **Facilitator,** there is a great deal more on aggression in children in the *Workshops on Aggression* (10 Workshops in fact).

But our point here is this. We don't want our anxiety about guns and hostility to lead to our failing to help our children deal with their aggression in ways that will promote the child's healthy growth. We want our children to learn how to deal with their aggression constructively. And that is not achieved simply by prohibiting aggressive behaviors. It is achieved by talking with the child, helping the child understand the need to learn to have some reasonable control over his aggressive behavior, especially his hostile-destructive feelings. It is achieved by guiding him/her in ways to do this, and staying with this guiding process till the child does achieve a reasonable degree of control over his/her aggression.
Question: What other things may our experiencing (past or present) war bring into our parenting that might not be good for our children?

Answers from participants.

Discussion: Here are some other things war may bring. Facilitator, take one at a time with discussion of each.

2. Seeing people get terribly injured, being burned, bleeding, losing a leg or an eye, could easily make many of us squeamish about any event that could lead to such an outcome. A parent might overly react to a young child wanting to light a candle, or a 10-year-old cutting himself on a piece of glass, or using a saw and predict dire consequences. A child may then react with fear in lighting a candle or using a saw, etc. An overly-frightened reaction to the sight of blood could lead to a child's developing an excessive fear in seeing a doctor and resist doing so when he really needs to, or be terrified of getting a vaccine booster shot, and even come to hate seeing doctors when an adult.

A father's terror on seeing an amputee would easily be communicated to his child. This then may lead the child to experience anxiety on seeing an amputee. This in turn would lead him to fail to react with sympathy to someone who is disabled.

3. Losing a member of the family or someone else very close is of course very painful. Individuals who have experienced such losses may, when they become parents, become overly worried that they will lose a child. This may lead to unnecessary restrictions being imposed on a child, or threats flying of impending disaster if the child rides his bicycle on the street, or wants to play some contact sport, or go mountain climbing, etc. The fear of loss is also experienced on separations. The child may then fear to go to a friend's for a sleep-over, or to camp during the summer. Or the parent may have large difficulty dealing with helping her/his growing adolescent prepare to go away to college because the parent experiences it as the death of the child, as abandonment by the child.

4. Having to leave one's home due to the war, being displaced brings with it not only a feeling of loss but also the need to adjust to a new home, environment and all that comes with this. This may lead the parent to be very anxious then, when the time comes for a grown child to go to college. Here by identifying with the departing child, the dread the parent may feel that comes from the experience of being displaced could lead the college-bound adolescent to feel awful anxiety about leaving home. Moving to another house for this family might be experienced as a life-threatening uprooting.

If the parent had been displaced to another country, the additional challenges of emigration come into play, with all their hardships both for the parents and for the children.

Facilitator, what other problems has war caused these participants?

Facilitator, if your group of participants is focused on having been traumatized by hate crimes or war or malignant prejudice you may not feel it appropriate to go into traumas that arise from within the family, such as familial physical abuse, sexual abuse, emotional abuse, etc. However of course, physical abuse, emotional abuse, and sexual
abuse (including rape) may well occur as a result of malignant prejudice, and especially of hate crimes and war. Therefore, some of what follows would apply but not the large factor of its happening "by the actions of someone within the family"

**Question:** Let's say you had been physically abused by one of your parents, most commonly, by your father. What would having been physically abused most likely do to you that would have serious bearing on how you may parent your children?  

**Answers** from participants. **Facilitator,** don't push for true self-revelation of familial childhood physical abuse. Try to get participants to respond to their **imagining** they had been so abused. Of course, if someone reveals she/he had been physically abused, go with it (with due consideration).  

**Discussion:** (Facilitator, how much of this you feel you need to cover will depend on the extent to which your group did the other Workshops. If your group did not do the other Workshops, you may find it useful to supplement what we are saying here with additional useful information from these other Workshops. Those Workshops do contain pertinent material we will not be repeating here.)

Here, we need to look at 2 factors in particular:
1. The fact that being so abused causes us emotional problems that affect us as human beings and therefore will most likely affect our parenting; and
2. The specific vulnerabilities the type of abuse causes in us. Let's look at this.

Most of us know that rearing a child is full of pleasure and gratification. But we also know that it's full of challenges. It's unavoidable that kids who are healthy, normal and decent will at times challenge what we say, what we do, and what we prescribe for them. They'll challenge our expectations and hopes for them. This, even when we have no doubt our aims are in their best interest. Fine!

But there'll also be times when these normal, decent kids are likely to be obnoxious and annoying. Fine too. But then there will be times when they will be outright infuriating.

**Question:** Have you ever found your child to be so impossible that you'd like to do to him/her something you know you would seriously regret?  

**Answers** from participants.  

**Discussion:** All parents sooner or later experience this with their children, even very good kids! These are probably most challenging times. And this is when having been traumatized may replay itself very painfully. We may feel like we're being traumatized again, and we may even experience our own child like the perpetrator who traumatized us.

But in addition, we will experience with our child a repetition of the past trauma. A parent who was **physically abused** by his/her father may experience his/her child's behavior like an abusive kid who beats you. This will elicit in the parent the rage the parent felt as a child when abused by her/his father and this may then lead the parent to now become violent and abusive with her/his own child. It is well known that 50% of
people who were abused as children will become abusing parents! And though it is a bit more complicated* said simply as we just did, that's how it happens. What was done to you when you were a child, you now do to your child as a parent! This by the way, goes for the good and the bad. If you were treated well, you will very likely treat your children well.

(*Facilitator, identification with the aggressor—acting like the person who terrifies you in order to lessen your fear; "In order to not be afraid of ghosts, I'll act like or pretend I'm a ghost" (Anna Freud, 1936)—plays a part in this transmission of traumatization too.)

**Question:** What do you think you might experience if you had been sexually abused as a child or young adolescent?

**Answers** from participants. **Facilitator,** don't push for revelation. If a participant volunteers such information we just try to facilitate verbalization.

**Discussion:** **Facilitator,** this is a very sensitive issue. It causes much anxiety in people and may be very difficult for many a good parent to talk about. As facilitators we have to proceed with this topic. But we then do so gently and monitor and be constructively responsive to the participants reactions.

This trauma too will find its way into our parenting. But it will affect us differently than physical abuse. We may experience a child's annoying, irritating behavior as being teased (sexually or simply personally) by the child. A child's infuriating behavior may make us feel we are being violated (sexually or simply personally).

It may lead a parent to do to his/her own child what was done to the parent when she/he was a child. We at times come across an individual who was severely traumatized by sexual abuse who may, in turn, sexually abuse her/his own child. Several factors contribute to this. The abused parent may be driven by some difficult to control inner pressure to molest his/her child. The pressure may come from "identifying with the aggressor", that is to act like the person who terrified you in order to not be so terrified. If you're afraid of ghosts, pretend you're a ghost, then you won't be afraid! Or it's the need to repeat the trauma, but this time you're not suffering. Obviously, much emotional disturbance is what leads a parent to molest his/her own child. People who do this need psychiatric help. Fortunately this is not as common as is the transmission of physical abuse from parent to child, from generation to generation.

We more commonly find that individuals who were taken advantage of sexually in childhood, whether by their father, mother, older sibling, or another adult, that such persons may abuse children other than their own. It is very likely that a person who sexually abuses a child was himself/herself abused as a child.

Another thing having been sexually abused as a child or young adolescent may do is make the parent have great difficulty dealing with any child rearing issue having to do with sex. This could show itself in the parent conveying to the child that sex is bad, that children who have sexual thoughts and feelings or masturbate are bad. With an older child or teenager, a mother or father may become very critical of any interest the child/teenager expresses in a person of the other sex. Or the parent may be overly
frightened that her/his child will be hurt and forewarn of terrible things to happen. Or the parent made very anxious by her/his young teenager's interest in lipstick or perfume may rage at the teenager that she's a slut!

And on the other hand, any sexual behavior on the part of the child or the teenager may more or less arouse in the parent who was sexually abused as a child a powerful sexual excitement that may be very difficult for the parent to handle without causing harm. A parent who recognizes this in himself/herself is much less likely to do something hurtful to his/her child or teenager. Such a parent may wisely try to get professional help with the aim of controlling his/her behavior and get rid of this problem.

**Question:** What about having been emotionally abused? How would that affect us as parents?

**Answers** from participants.

**Discussion:** As we said before, two things stand out that result from family-caused abuses:

1. The fact that being so abused causes us emotional problems that affect us as human beings and then affect our parenting; and

2. The specific vulnerabilities the type of abuse causes in us. As we just discussed, for instance, the father (or mother) who was physically abused may have adopted the low tolerance for disobedience in his child that he experienced with his parent and now, like his parent, resorts to physical punishment to get compliance out of his own kids. As we said, 50% of abused children become abusing parents. Or, the parent who was sexually abused as a child or adolescent may be overly prohibitive with her children about sexual matters, questions and behaviors.

The same goes for having been emotionally abused as a child. Of course, by emotional abuse we mean saying things to a child, doing things to a child, and relating to a child, in ways that excessively put the child down, hurt the child's feelings, painfully humiliate and make the child feel shame. Emotional abuse also includes emotional neglect, like seldom expressing affection, rarely being supportive, encouraging, guiding, seldom paying enough attention to the child. A number of problems comes from this, including a lot of hostility and hate, low self-esteem, feeling worthless, and being very vulnerable to disapproval and failure.

**Question:** How do you think having been emotionally abused by one's own parents might affect people's parenting?

**Answers** from participants.

**Discussion:** One of the major by-products of being emotionally abused is that it generates a large load of hostility and hate in us that accumulates over years of abuse. This overload of hostility we feel gets into the way we react to and deal with others, including our families, friends, anybody we come across. It also makes us feel hostility and hate toward ourselves. Studies of juvenile delinquents over decades have uniformly shown that these young people came from homes that were seriously abusive of them physically and emotionally. In his study of Death-Row inmates, James Gilligan found
that each of these inmates was severely humiliated and shamed as a growing child, for years.

Emotional abuse also leads to that awful cluster of low self-esteem which leads to feeling worthless, being overly hurt by even slight rejection, disapproval, and failure in anything the individual tries to do. This comes especially from not feeling valued by the parent(s). Children need to feel valued by their parents to support and confirm their own built-in feeling of being valuable. They need affection and tenderness to reciprocate and maintain the affection children are primed—by built-in, inborn mechanisms—to feel for their parent(s).

When we as parents don't feel good about ourselves and feel worthless this comes across to the child and may make the child feel shame, or pain, or anger or all of these toward the parent for feeling so. This in itself causes the child to feel anger, even hate, toward the parent. But perhaps even more so, this anger or hate comes from the fact that the child identifies with the parent the child loves. Taking in the parent's feeling of low self-esteem and worthlessness makes the child reject part of himself, hate part of himself, and link this feeling with this parent. He/she may end up hating both the parent and himself/herself. Feeling this way, the child now too gets easily hurt even by slight rejections, disapproval, and minor failures.

In addition to other vulnerabilities it creates in us, abuse always leads to our having a very troubled relationship with the abusing parent. It often also brings with it a poor relationship with the other parent because the other parent did not protect the child sufficiently against the abusing parent.

All this gets into our parenting.

Question: We said that the state of the parent's development (ability to cope, to think, to solve problems and more) at the time the trauma occurred is important. What do we mean by that?

Answers from participants.

Discussion: How old we were when the trauma happened to us is important. This is because how it impacted on us depends on where we were in the process of our development. The younger we were the more likely it is to have impacted more heavily. This is because in general our abilities to cope develop progressively. Thus the younger we were, the less we were able to cope with it ourselves. This means that in general, the younger we were the more vulnerable we were to being traumatized.

But we have to bear in mind that psychological-emotional development isn't a smooth progression. Our physical development is continuous, progresses in spurts usually, but it is continuous until we reach full maturity. But our psychological-emotional development occurs "three steps forward; one step backward". If the trauma was a one-time or two-time event rather than continuous, "the younger the more vulnerable" may not always hold. If the trauma was continuous, like war or family-based abuses, "the younger the more vulnerable" is likely to hold.

(Facilitator, in Workshop #9, On War, we talk about the impact of war traumas on the child according to the child's age. Because this speaks to what we want to share with the participants here, you may find it useful to give some illustrations from there.)
The key factor here is that the ability to cope is highly age-dependent. But this principle tends to be limited to the years of childhood. Once we get into adulthood, our ability to cope becomes more complex. Here's what we have in mind. From middle adulthood on, our abilities to cope become highly dependent on **how we age** and on our **health**. Obviously, assuming we are in good health, during the years we rear our children we tend to be at the height of our abilities to cope.

Therefore, if as parents we are dealing with having been traumatized in childhood rather than in adulthood, we are likely to be more affected by the trauma and its effects will creep into our child-rearing more. Again though, like with all other generalizations we are making in these Workshops, there are times when any given generalization does not apply. For instance, studies of Holocaust survivors have revealed that many who were in their mid-adolescent to young adult years during their victimization coped better with the horrific abuses they were subjected to than did many "mature" adults. A variety of factors have been suggested to explain why this seems to have been the case.

**Question:** What about the quality of relationships the individual has before and during the traumatic experience? Why and how does that matter?

**Answers** from participants.

**Discussion:** This factor, we think, is every bit as important as the age of development when the trauma occurred. In fact, it may be even more important. Here is why.

It is now well known in Mental Health—Psychiatry, Psychology, Social Work, etc.—that the relationships we have in the course of growing up and throughout life centrally affect how we feel about ourselves, others and life. In child development research and in clinical work with children, it has been amply observed, found, and documented that the child's family relationships are profoundly determining of how the child develops. Whatever the child's inborn givens, the development of the child's potentials will be better if the relationships are better and are likely to develop less well and less fully if the child's relationships are troubled.

The same basic principle applies, in childhood and in adulthood, with our abilities to cope with stresses and with trauma. Allowing for variations in built-in (inborn) factors, the child who has good relationships with her mother and father is likely to cope psychologically-emotionally better with traumas than a child who has troubled relationships. A child who has had and continues to have generally loving, respecting, adoring parents is much more likely to tolerate traumatizing events better than one who does not have such family relationships. This is because the child with better relationships is likely to have better ways of coping, with more resilience in adapting, with optimism and hope, and with better emotional "inner-sustainment". This was found to be the case with Holocaust survivors. By the way, this is the case even in families with just one parent. And, it is even believed that if one has just one good sustaining relationship one is highly advantaged over a child who does not.

One other crucial factor is of course predictable. If the child has the good fortune of having good relationships, if the parents love, respect, and are considerate toward the child, these parents will not do things that blatantly traumatize their child. They will not physically abuse, nor sexually abuse, nor emotionally abuse their children. This of itself puts the child at great advantage.
**Question:** Are you saying that having had good relationships in childhood, which you say affects the way we cope with trauma, also affects the way we parent?

**Answers** from participants.

**Discussion:** Yes. When the child with good family relationships becomes a parent, he/she not only has developed more favorably and has coped with the trauma better but this parent will carry into her/his parenting the models of good relationships. This will surely come into the way such parents rear their children. They are likely to be emotionally pretty healthy in spite of traumas, and are most likely to bring the good models of relationship they carry with them come into action in their own parenting.

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**Question:** What about our saying that the impact the trauma had on the individual at the time it occurred matters? How?

**Answers** from the participants.

**Discussion:** What we have in mind here is that, as we said before, the severity of the trauma, the degree to which it overwhelmed the individual, what meaning it had for the individual, these all contribute to the mark the trauma leaves on us. This then will influence how we react to our kids. Obviously, the more severe, the more we felt overwhelmed, the more the event had a hurtful meaning to us, the more likely it is to creep into how we parent our kids. For this reason, it is important that we acknowledge honestly—at least to ourselves—how the trauma impacted on us. Bear in mind again, that in terms of ourselves as individuals and as parents, this may be for the good as well as for the bad.

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**Question:** What can we do then to not hurt our children because what was done to us is causing us such problems? What can we do to protect them from feeling too upset that we were so traumatized?

**Answers** from participants.

**Discussion:** Doing these Workshops will help. This is because being aware of what being traumatized may make us do that may hurt our kids is the first step toward not doing these things. Understanding that we human beings react like this to trauma warns us of what we may do. This is a big step toward not automatically doing such things.

Being able to acknowledge to our children when we act toward them in a hurtful manner is much appreciated by children, even very young ones. This is whether we are being too anxious, depressed, being irritable because we had a bad night of disturbing dreams and nightmares, and any and all of the parenting behaviors we talked about. To acknowledge that our behavior is difficult will help the child repair whatever hurt we may have briefly caused them. Apologizing to one's child is always appreciated by the child and, unless it's excessive, always leads the child to feeling positive toward the parent, to feeling respect for the parent.

And then to talk to the child about the trauma we experienced will help the child understand the parent's behavior better. Of course, this all has to be done in such a way...
that the child can take it in, doesn't get too upset by what the parent is revealing. We
have to take our time, and do it in doses the child can tolerate.

Facilitator, if you have not done Workshops #9 and #10, know that in these Workshops
we talk about how to help children cope with trauma; you may find these useful here.