

The Complex Journey of Traumatized Children: Discovering Safety in Order to Experience Comfort, Joy and Self-discovery

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The neurological, psychological, emotional and social effects of abuse do not stop when the actual abuse has stopped. These affects are likely to be significant, pervasive, and long-lasting. Children who have experienced abuse at the hands of their parents tend to mistrust both their parents as well as subsequent carers who are making efforts to keep them safe. They avoid eye contact, comforting touch, reciprocal activities and communications that might facilitate a sense of safety and the development of a secure attachment. Those caring for such children need to find ways to patiently and gently help these children to begin to experience relaxed, reciprocal interactions with them along with the more intense experiences of comfort and joy.

Finally, when children have begun to trust their carers, but are returned to those who previously abused them, only to be abused again, they are at high risk to have even greater difficulty learning to trust. These more severe symptoms secondary to repeated trauma then cause their subsequent carers much greater challenges in helping them to begin to trust once again. This places the carers at risk for developing blocked care which further compromises the child's psychological development.

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Let me begin by telling you the story of Jake – a story that represents the life of many children who experience abuse and then enter foster care. The first time Jake entered foster care he was 18 months old and he stayed with Linda for 9 months. During his infancy his parents met his basic needs for food and physical care, but did not become emotionally engaged with him. If he cried they frequently ignored him or yelled at him to be quiet. If he seemed to want to engage them, they often did not notice or, when they interacted with him, they did so without much interest or delight. The physical abuse began when he started to move around more and needed supervision. Accumulated reports to the social service office of abusive 'discipline' finally reached the point that led to his removal from his parents' care.

Barely talking and only walking poorly when he came to live with Linda, he fairly quickly learned those skills, but other skills were slower in development. Linda was taken by Jake's big brown eyes with their wary look. She approached him slowly, with her gentle voice, looking for any sign of a response to her. When she noticed his early, small initiatives, she would respond to them and he would acknowledge her, but she would step back so as not to overwhelm him. Shortly

afterwards, she would approach him again, evoke a response and withdraw, while often staying a bit longer than the last time. During the course of the first few weeks, Jake began to seem a bit less wary. Linda was hopeful. And then, one day, a few weeks after she had first touched him without his flinching, she rested her arm around his shoulder as she read him a book and he did not even seem to notice. Jake might have been beginning to trust Linda's touch, her judgment and her warmth. How fortunate he was that Linda was able to accept his need to be approached with great sensitivity and accept his frightened responses.

Linda was calm and patient when she said "no" to Jake, but this did not seem to help much. He seemed to experience each "no" as a rejection. He would run from her and find a spot to hide in the corner. Her gentle efforts to reassure him and to help him to understand that she was not angry with him seemed to go unheard. He would not look at her,

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nor did he seem to even be listening to her. He would rock a bit in the corner and when she tried to touch him, he seemed to become agitated, so she let him be. She tried to establish routines, to stay close to him, and reduce the number of times that she had to say “no” to him, but still, whenever she did, he reacted with terror and the need to become invisible. It was a number of additional months before Jake trusted that when Linda said “no”, she did so for good reasons – not because she wanted him to be unhappy or saw him as being bad. Because of her excellent, sensitive caring for Jake, Linda was able, to a great extent, help Jake begin to heal from the effects of early trauma. It took her 9 months to do so! And he was only 18 months old when she began! We will return to Jake later.

If only the effects of trauma on children ceased when the trauma stopped. If only the effects of trauma were restricted to the acts of physical abuse, sexual abuse or the absence of human companionship, no matter how horrific such events were. Unfortunately, that’s not how it works. Intrafamilial trauma, as it affects children, is comprehensive, pervasive and, if the effects are not undone, lasting. Those who traumatise their own children within their own homes are hurting their children in ways that are truly incapacitating. Such experiences undermine children’s most basic ways of relating with other people, both adults and children.

Years ago I consulted with a foster carer who had taken a 7-month-old infant into her home. The infant had experienced significant neglect and multiple caregivers. The foster carer indicated that the infant would not look at her. She arched her back when picked up, became agitated when given a bottle to drink and had difficulty calming sufficiently to drink from it. This child would not cry when she awoke in the morning and was most calm when no one was near her. Over the next 12 months she made gradual progress in being able to relax when she was held, fed or when an adult was engaged with her. At 19 months she began to show a strong preference for her foster carer and, when calm, would engage in reciprocal eye gaze with her. She was also able to engage with other members of the extended family in a similar manner. In spite of her ongoing and significant progress during that 12-month period of time, whenever she had contact with her biological mother she would return to her anxious and avoidant behaviour. She would resist being held or fed by her foster carer and, most strikingly, she was unwilling to gaze into her eyes. As her foster carer would move her face to elicit eye contact, she would persistently turn her face away.

Such traumatised children strive to attain safety – no matter how precarious it may be – through relying on themselves and mistrusting others. They have given up on trusting their parents and they have little experience that would lead them to believe that other adults will relate with them in ways that are truly different from their parents. For them, trusting adults to provide comfort, support, pleasure, sharing, exploration and the discovery of the meaning of self and

others is not likely to lead to increased safety or increased joy. Instead, trusting adults is much more likely to lead to further pain – pain consisting of terror, shame and despair. Better to rage against relationships that might promise trust; better to forsake the notion that adults are trustworthy and become resigned to the notion that safety comes through self-reliance. Or, when self-reliance is not sufficient to manage the current situation, they try an alternative plan.

They might try intimidation, manipulation or compliance, as these are crucial skills to have if they are to have any success at being self-reliant. However, if they are to begin to rely on their parents, teachers and other caregivers, they need to learn to trust them. They need to begin to feel safe enough to allow themselves to be comforted in response to their sadness, fears and shame, to begin to experience joy while relating to caring others, and to gradually begin to reveal themselves to these same individuals, so that through such self-revelations they may discover who they are beneath their challenging behaviours that developed in response to their traumas. Attaining the goal that we have for these children – that they experience comfort and joy and self-discovery – actually is best attained through relationships that are open and engaged for both child and adult. Adults who relate with these children need to perceive the spirit of the child present both now and prior to the trauma, and then ‘speak’ to this spirit until it responds.

The journey toward safety and healthy development is complex and difficult, even when the original neglect and abuse have stopped. You can see how difficult it is by noticing a child’s eyes. The child either does not look at you, or looks through you, or looks at you with a rigid stare meant to intimidate and so make you give up getting to know him or her. Such a child does not stare at you like a healthy toddler does, with a deep sense of wonder about how you experience him. These children do not want to know how you experience them, because they are certain that you experience hatred, contempt or indifference towards them. And so they do not notice that you want to provide comfort and joy. Even if they did notice, most likely your intentions to give comfort and joy would be met with fear and shame, not the strong readiness for such experiences that young, safe children feel. They need to begin to feel safe enough to feel sad and seek comfort – and safe enough to feel joy and want to share it.

It is a matter of trust. If these children are to recover from their experiences of trauma, they need to develop the experience of trust. They must learn to become engaged with a few adults in ways characterised by trust, and to discover that these adults are trust-worthy. What must they do – and what must these few adults do – to make it possible? These children must engage in those behaviours that they would have done naturally if the adults had been trustworthy. And those few adults must do what most adults naturally do with infants and young children who are seeking to engage with them. This process of trust building must occur in small steps – very small steps – and with patience, understanding

and acceptance while the child pauses to re-think and ‘re-group’ during this frightening process. These children need patient adults who will understand how hard it is to learn to trust when you are 3, or 7 or 12, and have experienced months or years of living in mistrust and striving for safety through self-reliance.

Your child must trust you in order to begin to move beyond the experience of neglect and abuse and begin to thrive! You must provide your child with new experiences if such trust in you is to build. These experiences must be provided once, twice, a dozen and, finally, countless times until the magic of, and desire for, relatedness wins through. So what is it that is most important for carers to provide?

The first experience that your young child needs is for you to just show up – showing up with a mind open to perceiving and believing that the most challenging behaviours emerge from being invisible, or from being an object of rage or sexual urges – showing up with a fully engaged heart that beats with compassion and empathy for what this child never experienced. And showing up again, and again and again. Initiating over and over, accepting your child’s lack of a response each time, but initiating again in different ways in response to the child’s initial reaction. Initiating and responding over and over, and accepting the reasons for whatever your child does or does not do, even as you set limits on troublesome behaviours. And responding with some understanding of why your child might act as she does, no matter what the behaviours look like.

If you want your child to be vulnerable and to trust you to value her joy and her pain, then you must be vulnerable to offer your mind and heart in spite of being ridiculed, sworn at or seen as having no value in her life.

Through these repeated interactions, children learn about you and your world, including your experience of them. And this is where it might get a bit tricky! What is your experience of a child like this? Are you able to see your child beneath the problems that are being created for you? Who is this child who is fighting, ignoring, defying, lying or refusing your most basic requests, expectations, gifts or initiatives? Are you able to discover the child who has been violated, betrayed, ignored and seen with disgust, contempt, indifference, or who had not been seen at all? Are you able to see her with her fears, vulnerabilities and sense of shame or rage? What are the perceptions, wishes, motives, feelings, thoughts or desires that lie beneath these behaviours? See if you are able to surprise her with the qualities of herself that you experience, that she did not know were there. See if you are able to create within her a sense of hope that she is lovable, courageous, strong and wise beyond her years. See if you are able to create within her a sense of hope that you are worthy of trust, that you are committed to what you think is best for her, that your perceptions of her are based on your view of her that may not have been shared by her parents, but which has merit and truth nonetheless.

You will be asking of these children things that are very difficult for them to learn – things like the value of wonder-

ing about life and future; the reasons why you say “no” or “yes”; how to hold back first reactions of fear, rage or shame and try to be open to your experience; how to allow feelings of safety that will lead to feeling joy and delight; and how to ask for comfort or receive it when it is offered. All of this is hard, as our neuropsychological friends will attest. Your neglected and abused child needs to unlearn so much before she can begin to learn your message for her about who she is beneath her traumas, and who she was before her traumas.

Why does your child not respond to your caring or your attention, to your discovery of her unique and delicate qualities that have barely been born after living in years of neglect or abuse? These children do not do the basics of connecting to another person any longer! They do not look at you to discover that you see them differently to how their parents did, and they do not see your empathy for their pain, your hope for their future, and your confidence in their unique possibilities. They do not listen to your voice that conveys a gentle interest, and openness to discovering their experiences and helping them to re-experience their ‘templates’ for perceiving the thoughts, feelings and intentions of others.

As infants, we learn about ourselves and the world through the experiences that our parents have of us and the world, and our experiences of them experiencing us and the world. Through these joint, or intersubjective, experiences, we learn the most fundamental personal realities about ourselves – that we are enjoyable, delightful, interesting and lovable – and about our parents – that they are loving, clever, interesting and enjoyable as well. As we share in our parents’ world, our own world begins to form. We absorb basic cultural, spiritual and community meanings, habits, rituals and perceptions that our parents experience and communicate. We also absorb more specific rituals and relational patterns particular to our own family. The child is a fundamental part of ‘we’, consisting of family, community and clan. Alongside the others, children listen to and share tales, pray, sing, experience adventure and discover new realities. As children experience themselves as being a part of ‘we’, they are able to increasingly trust that they are safe and wanted within their family and community.

The second experience that these children need is to be comforted by their carers when distressed. Comfort opens children up to the awareness that, when experiencing distress, they can safely rely on their carers and are able to deal with situations and feel safer much more deeply and quickly than when this is done alone. They begin to give up the notion that they have to rely on themselves because of lacking trust in others. They begin to trust their carers enough to feel sad, knowing that their carer will be there to provide comfort and most likely the sadness will become small or go away entirely.

Receiving comfort from a carer when in distress is a primary manner in which a child begins to form a secure attachment. Comfort gives the confidence that carers will ensure ongoing safety. Children are then free to discover new qualities in themselves, others and their world.

Empathic comfort also provides the experience of the carer's emotional strength, so that they are able to regulate their own emotions more successfully. With emotions regulated, children are then more able to reflect on the situation more openly and experience the meaning that the carer gives to it. All of these factors increase children's abilities to regulate emotions associated with past trauma, create new meanings and begin to trust carers. From there, they become increasingly resilient and able to manage much better whatever stresses may arise in the future.

The third trust-building experience is that of reciprocal joy and companionship with the few adults who also provide comfort. Shared joy and companionship enables your child to experience how you take deep delight in being with her and joining her in shared activities. Joint laughter and excitement communicates to your child how much you enjoy being with her. She has increasing confidence that you bring meaning and joy to her life, and these experiences provide her with the certainty that you would never forget her or choose to go elsewhere to be happy. Such experiences also provide a background of safety for your child to hold on to during separations or conflicts.

These experiences of shared joy also enable your child to develop her ability to regulate positive emotions, such as love, excitement and happiness. Many foster children become anxious when they begin to experience these positive emotions. This often leads to dysregulation and a swing back into negative emotions. Children are also likely to develop confidence that they have something to offer you, other children and animals, and the world. This reciprocity leads into early experiences of sharing and co-operation, qualities that will become increasingly important as they begin to interact more with their peers.

Let us now return to Jake's story. Let us think about what might happen when a child begins to trust, to experience comfort and joy, only to then lose them again.

During Jake's visits with his parents no one noticed how he interacted with them, even when they tried to play with him. He passively took what they gave him or did what they told him to do. He seldom looked at them, and when he said something to them in response to a direct question his response was short and flat. No one had noticed the one time that he did look into his father's eyes. He instantly looked away in terror when he saw a mild version of the disgust and anger that he always used to see. Yes, it is the eyes, that reach into the soul and can cause greater pain than the hand or foot whose reach often stops at the body.

And so, after the 9 months with Linda, he returned to his parents' home, as wary as ever. His parents had been functioning somewhat better – in part because they did not have the stress of caring for a young child. But they had never adequately addressed the reasons for their abuse of their son, nor their excessive drinking or rage at each other. But they were Jake's parents and the belief was that they deserved another try. Not enough thought was given to the likely

problems it would create within Jake if the try failed. There was not enough knowledge by those making this decision about how repeated traumas cause much greater psychological problems and impair resilience. For a few months, while the social worker was stopping by, things were better. He was fed better and was not hit. He was wary, but he did not have to become small and invisible as often. He was careful not to look at them when they said "no". He was good at not drawing their attention. And then things slowly returned to how it had been. Now Jake's parents were more careful about their treatment of him so that they would be less likely to be noticed.

One day, when Jake was about three and a half, about a year after his return home, the day began as did most days. He had been the first one up and quickly searched the kitchen for a bit of leftover food. He never opened the fridge or cupboard as that would break the RULES, and if caught, would mean no food for him for the whole day. Then he found his spot on the floor in the living room, by the corner, near the small table, out of the way. His big brown eyes scanned his room – when he was alone it was his room, but only then, and so he liked to be alone. His ears focused outside of his room, mostly toward his parents' room, and at times the sounds of the street. Be wary! Yes, be wary! With the first sound from his parents' room he would become smaller and express no movement or sound that would evoke attention. BE wary! He must do nothing to cause his parents – either one – to look at him. He had discovered years before never to gaze directly at them as they would sense it somehow and return his gaze with indifference or disgust. So he watched the space about 3 feet away from wherever they were, moving only his eyes when possible so as not to have to move his head while following across the room.

Jake first heard his mother scream a few moments after he heard his father swear. She must have bumped him in bed and he hit her. And she swore of course and hit him. "Why, mom! Why did you hit him?" Jake thought. His father then jumped out of bed and before he got to her side she was heading toward the doorway. He grabbed for her hair, she got loose, and he chased her into the living room. Jake became invisible but when the table bumped him he let out a cry, causing his parents to take a break from hating each other and join in their hatred of their son. After he was locked in the hall closet, they again directed their rage at each other. It was 6 in the morning and that was their mistake! Screaming later in the day or evening might be overlooked in the neighbourhood, busy with its own comings and goings. So when the police came, they were still at it. And Jake was still in the closet. And for the second time Jake was taken from his home, and brought into foster care.

Jake was fortunate – many foster children are not so fortunate – he returned to Linda. However, he was not the same boy who had first gone there almost 2 years before. Although Linda was happy to see him and approached him with the same gentle patience that she had the first time,

Jake did not gradually respond to her. He seemed to have no interest in the affectionate interactions that he had begun to accept with Linda when he was with her the first time. In fact, they seemed to only make him angry. Yes, he showed Linda a degree of anger that she had not seen before. He seemed to actively dislike her and showed no sign of beginning to trust her. Once when she approached him with a request that he give her some cookies that he had taken from the kitchen, he scratched her as he screamed and tried to kick her. He had begun to trust her when he was 18 months old but he was not likely to be so willing to do it again. He would rather rely on himself, not Linda. With her, he would resort to intimidation, control, avoidance and manipulation.

So Linda began again to teach Jake that he could trust her. But his mistrust was much larger now! And he had been hurt that much more by his parents. And he was larger. And he was angry. During his first time with Linda he had begun to trust that she and his social worker would keep him safe. Maybe they had changed their minds that time, so they most likely would again. Those committed to 'child safety' had returned him to his parents without genuine reasons for confidence that they would treat him any better this time with their second chance.

For Linda, caring for this mistrusting child who has given up on experiencing comfort and reciprocal joy with an adult committed to him, and, instead, has chosen a life of anger and control, is very, very difficult. Caring for a child who rejects and devalues your care, and may instead relate with aggression, avoidance and self-reliance, based on manipulation, deceit and trying to meet his needs at the expense of others is – yes – very, very, difficult. We tend to overlook and minimise how difficult it is. We naively assume that good carers will be able to help most children be safe and begin to trust within a few weeks or months, and that all it takes is structure, consistency and consequences.

Jon Baylin and I developed the concept of 'blocked care' to describe the frequent occurrence whereby a parent or carer begins to find great difficulty in providing the qualities of caregiving that their traumatised child desperately needs. These qualities involve wanting to be near our child, enjoying our interactions with him, being interested in his inner and outer life, and seeing meaning in routine interactions with him. They are likely to be difficult to experience over a period of weeks or months when our child is rejecting us and does not respond with reciprocal desires and actions.

If Jake is to learn successfully to trust Linda again, Linda herself needs the help of many other adults. She has brought

a child – a child who mistrusts her, does not want to be there, defies her, lies or steals, and seems to experience the little pleasure that he is capable of experiencing when he is able to make her angry, frightened, feel inadequate or feel like giving up – into her home. Into her home! The place where she needs to be able to feel safe, to relax, to engage in meaningful and satisfying activities with adults and children for whom she cares deeply, while assuming that they care deeply for her. Her home! And she is losing her sense of safety in her own home! If not her mind and heart as well. And she may be judged harshly for her failings, for her decisions that do not work, for her loss of her caring attitude (being replaced with a punitive, mistrusting attitude herself) for this vulnerable child. And now, since Jake is doing poorly in foster care, there is the danger that some will think that maybe he'd be better off with his own family. Let's give them another try! No. If Jake is ever going to have a life of comfort and joy, happiness and success, enjoyable and meaningful relationships with family and friends, he needs Linda. And if Linda is going to be able to provide Jake with the opportunity to attain such a life, she needs our assistance and support, every step of the way. We need to provide her with comfort and to help her to experience joy as a foster carer and a person who is making such a major contribution to Jake's life and to our overall community. And then, hopefully, Jake will one day begin to trust her again.

Comfort and Joy! These are magical experiences in the parent-child relationship. They so help us to discover and accept our child's strengths and vulnerabilities. They so help our child to accept the safety that we provide along with our guidance and our way of living. If we want to influence our children, we need to remember that our influence will be much greater once we establish the presence of comfort and joy than if we devote our energies in finding more effective consequences.

I would like to end with a commitment to foster children that is modelled on the teachings of a Native American community in Alaska:

I will discover the song that is in your heart, and I will sing it to you when you forget it.

For many foster children, they have never had anyone discover and sing their song to them. And they have never had anyone make the commitment to sing it to them, again and again, during the many challenges that lie ahead. Let us discover who they are, sing our discovery in their song both softly and loudly, and join with them in facing the storms and sunshine ahead.

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