

What Happened to You?
By Anastasia S. Najarian



Abstract

How do we help children become moral people when they live in morally impoverished situations? In this chapter we will guide you away from asking a child, “What is wrong with you?” and instead ask “What happened to you?” You will learn to develop an ability to see through the eyes of children whose behaviors such as bullying, lying, cheating, and stealing may be an adaptive response to a child’s abnormal experience. Through this compassionate lens we will discuss practical steps to change a child’s worldview that will help them adjust their moral beliefs, how they see themselves in the world, and foster resilience, empathy, and compassion.

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"I spent an hour with Laughter
We chatted all the way,
But I barely remember a single thing
From what she had to say.

I then spent an hour with Sorrow
And ne'er a word said she,
But, O, the things I learned the day
That Sorrow walked with me."

- Anonymous

Do you remember an early fall morning when you walked to school, and just as you rounded the corner from your house there was ‘that boy’ who was always lurking in the shadows, waiting to jump out, scare you, and steal your lunch money? Perhaps he followed you to school and taunted you all the way, throwing rocks or his gum in your hair, then he grabbed your backpack and refused to give it back to you. At recess you saw him picking on another innocent victim and you wanted to do something, but he was much bigger and stronger than you. In class he was constantly clowning around and talking back to the teacher. He made it very hard to concentrate and you quietly hoped he would get punished with detention again, so you would not have to see him on the way home from school.

You have grown up now and are a parent and teacher. Each year a version of “that boy” enters your classroom. Do you treat him like a disposable annoyance and see him a little differently than the rest of the class? Do you wonder why his parents do not discipline him, make him take a shower, or show up to parent teacher conference? Does it make you uncomfortable to be around him? Do you secretly look forward to the days he does not show up because he is so

different from the other children and you do not feel like dealing with him? Do you ever look at him with disdain and think, “What is *wrong* with you?”

Was “that boy” or “that girl” you? Through a compassionate view we begin to realize that destructive behaviors are not moral failings, but unbalanced coping mechanisms for excruciating emotional and psychological pain. This is not an excuse for these behaviors, but a means by which we find solutions to curb the tide of violence toward others and ourselves. Conflict within ourselves is often projected onto others. Conflict begets trauma, and trauma begets conflict. History reveals that conflict can be passed on through generations permeating families, communities, and nations until the moral fiber of a healthy society is weakened by morally bankrupt norms that have been adopted culturally.

Often children grow up believing that they are not enough, wanted, or loved. These children may not come from environments surrounded by poverty or war. They may be your neighbor, co-worker, or friend. These beliefs of not being enough become their identity, or how they see themselves, and are the filters through which they interpret all of their experiences. These core beliefs strongly affect their moral development. Their identity influences their ideology, which is how they see the world and their place in it. They often act out with irritability, aggression, insecurity, and defensiveness. They may sabotage themselves for no apparent reason or have deep feelings of despair. They may carry these patterns into adulthood drowning their feelings in work, substances, food, pornography, and other addictions. When we are honest with ourselves we come to realize that *they* are no different than *us*. The truth is we all wrestle with identity and ideology; this dilemma is an essential aspect of our human experience.

In 1990 there was a study conducted by a group of researchers and the Centers for Disease Control (CDC) with 17,000+ participants from Kaiser Permanente Insurance (Feletti, et al., 1990). The participants were educated adults, with middle to higher incomes, and full insurance coverage. The study was then replicated with 500,000+ participants. The participants were asked about adverse childhood experiences (ACEs) that included their experiences of immoral actions such as abandonment, abuse, and neglect. Questions also included qualifiers such as trauma caused by the incarceration or death of their parent(s). The researchers were shocked to discover that 40% of the adults studied had experienced two or more ACEs (traumatic experiences) as children. Another 12.5% had experienced at least four ACEs. They were amazed to realize that ACEs are more common than anyone had known. As more than half of the population have endured two or more traumatic experiences as children. The researchers then analyzed the health of the adults being studied and found that many of them were experiencing chronic health conditions. They found a direct correlation between trauma induced toxic stress, which is when stress hormones are too high and cause damage to organs and tissues, and chronic health conditions such as heart disease, obesity, diabetes, cancer, asthma, and autoimmune disorders (Feletti, et al., 1990).

They found that children who have experienced four or more ACEs are 460% more likely to experience depression as an adult. With an ACE score of six they are 700x more likely to struggle with alcoholism, 4,600% more likely to use intravenous (IV) drugs (males), and 1,200x more likely to die by suicide. The World Health Organization reports more than 800,000 suicides internationally each year and around 13,000,000 attempts (WHO, 2017, 2018). The landmark research on ACEs has helped us better understand why we are experiencing pandemic levels of

suicide of body and soul, with addiction being part of the statistics, as it is a gradual form of intentional death. With a better understanding of ties between complex (repeated) childhood trauma, addiction, and suicide we are better able to see that these are not moral issues, but unhealthy coping strategies for terrible emotional and psychological suffering.

Experiencing stress is a necessary part of life. Stress can be a motivator when taking a test or playing a sport. However, toxic stress can be debilitating and affects the frontal lobe (thinking part of the brain), and limbic system (instinct and mood). The limbic system controls basic emotions like fear, pleasure, and anger. It also drives hunger, sex, dominance, and care of offspring. Within the limbic system are the amygdala, the emotion center of the brain, and the hippocampus, which plays an essential role in the formation of new memories about past experiences. When these parts of the brain are bathed in the neurochemicals of toxic stress a child's ability to learn, concentrate, or manage their emotions can dramatically diminish. Their brain is on fire with neurochemicals where they experience a constant state of survival: fight, flight, or freeze.

These children are desperate to communicate their experiences, but often do not have the words or a safe place to share openly. They hide their feelings, which harms their ability to cope and regulate their emotions. This neurobiological and neurophysiological wildfire is fueled by a modification of gene expression (epigenetics) transforming their bodies and minds and creating DIS-EASE. Children are re-traumatized when parents or teachers, who may be suffering from their own childhood experiences, form a skewed perception about them. Children are profoundly affected by our moral condemnation and judgmental attitudes toward them.

Another interesting study explored “the ghosts in the nursery” (Fraiburg, et al., 1975). This study revealed how the bonds between children and their mothers are influenced based on the mother’s past experiences. “Ghosts” of previous generations haunt the nursery as the actions of grandparents and great grandparents play out on the unsuspecting child. A child may be traumatized because of their parents’ inability to effectively communicate love, safety, and empathy. If a child’s parents experienced abandonment or other forms of abuse, the child will absorb overt and subtle feelings coming from their parents. They may not feel a strong attachment to their mother or feel that their parents are attuned to them, like music that does not harmonize. These discordant feelings of estrangement from self and others are amplified when a child enters the world and a classroom, lacking a sense of safety where they can express themselves.

If the home or community environment is tumultuous or violent, the child is desperate to feel a sense of normalcy and may act out their feelings through bullying, lying, or stealing. They are then judged and labeled because of their seeming lack of morality, which are actually adaptive responses to abnormal experiences. They may feel frightened into lying, steal because they are hungry, and tease or bully to reenact their story in a way of “telling” what is happening to them. They are clearly communicating their experience. When we intently listen, we can hear their cries for help.

When their cries are not heard, children often turn to substances or other addictions to ease their overwhelming pain. It is like salt is poured into their wounds when they are chastised for lacking moral fortitude as they seek a way to cope. This is much like running a race without legs, having to drag yourself by your arms, on your stomach, up hill, and having people run by

yelling “loser” because you cannot move as fast as they can. Children believe they are “good” or “bad” based on others’ expectations. These children must instead be supported so they can learn how to grow emotional and psychological legs, otherwise known as habilitation. When you have legs and you break one you go through a process of rehabilitation. Before you reprimand children, stop and ask yourself, “Is it harder to heal a leg you have broken or to grow them in the first place?” Growing legs takes time and patience. Many adults are still learning to grow legs.

When we let go of moral labels and are kind, showing genuine interest in a child’s potential, she will learn she has value *simply because she exists*. My four-year-old son, Alijah, beautifully illustrated this idea. Once I asked him, “Alijah, are you a good boy?” he giggled and said, “No, I’m not a *good* boy.” So I asked, “Are you a bad boy?” He scoffed and responded, “No, I’m not a *bad* boy.” I was curious about what he might say next so I inquired, “What are you then?” He responded with the simple wisdom of a child, “I am Alijah. I am just myself.” He taught me a valuable lesson that I will always remember.

Children begin to believe they are bad in unexpected ways. Let us say you tell your four-year-old daughter to clean her room. She spends a few minutes and comes out of her room exuberantly asking you to come see how well she cleaned. You enter her room to see her toys thrown in the corner and her covers draped over rumpled sheets. You are frustrated to see that she has not carefully made her bed with military corners and her toys are not in alphabetical order on the shelves, like you taught her to do last Saturday. What is the first thing you say? Is it, “You missed a spot?” Maybe you are more easy going and aren’t that heartless. Instead, you show her sympathy by saying, “good girl” then come in later to clean it “properly.”

Children are very sensitive and internalize these not so gentle messages. They are often literal in the way they interpret the world. In her mind if she is a “good girl” when she lives up to your expectations and her teacher’s expectations, what is she when she *does not*? If you criticize her or secretly perfect her work she may believe she is bad, not capable, or not enough. She may convey her feelings of inadequacy by stepping on anyone who stands between her and ever elusive perfection. Her moral development is being fostered by how she sees herself (identity) and how she views her world and her place in the world (ideology). What does she learn to believe about “that boy” in her classroom who does not live up to expectations? Based on your unintentional example, she may justify her right to judge that “bad boy” by ostracizing and treating him disrespectfully with her peers. “That boy” who believes he is “bad” thinks it does not matter what he does to be “good” so he acts in ways that harm himself or others because nobody cares or notices anyway, and everyone doubts his moral judgment. Now think about this scenario for children, who have been raised in abusive, violent, and morally impoverished environments, or who have been continuously bullied and shunned by their peers because they have a different sexual orientation or way of expressing themselves. If this was you, would you want to drink, use drugs, and be promiscuous to fit in, as a feeble attempt to numb your feelings of worthlessness?

The most important and effective way to ease the pain of these children is surprisingly simple. Research shows that beyond all forms of mental health treatment, the one thing that can shift the direction of a child’s life and how they feel about themselves is an adult who genuinely cares about their physical safety, and emotional and psychological wellbeing. This allows children to have connection with themselves and relationships with others. Trauma breaks

connection with self and others. Relationships with self and others heals trauma. This connection only happens when we are fully invested. Beware of sympathy; it is just another word for pity. Instead show children empathy, which engenders a flourishing connection to their true identity. Your compassion will help children avoid suicide, addiction, and chronic mental and physical illness, which are often symptoms of the wounds from unresolved trauma (Feletti, et al., 1990).

We do not condone or ignore behaviors that are destructive. This is another way of neglecting or abandoning them. Rather than criticizing children or sending other messages of inadequacy, confirm their identity by telling them they are responsible, capable, disciplined, and worthy of respect. Say, “You know how to... make your bed, clean your room, etc.” Children will rise to the occasion. Their greatest desire is to please the people they feel love them. *Feel* is a keyword. Love may be shown in many ways that they may not recognize as love. Tune in to *who they are* and harmonize with them, then they will *feel* loved.

Without this affirmation of their identity they will often subconsciously sabotage everything they care about in order to support what they believe about themselves. If they believe they are not enough, they will sometimes sabotage themselves in order to be *right*. This self-sabotaging pattern of behavior changes their brain via neural pathways, neurobiology, and neurophysiology. The sabotage cycle (beliefs, thoughts, emotions, actions, and consequences) is the same as the success cycle. The only difference is the belief (lies or truths) that drives their behavior. A child can learn to become a drug addict through the same patterns that she learns to be a virtuoso. Drug addiction takes a lot of practice. Healthy patterns of moral behavior, like all behaviors, are a habitual combination of beliefs and actions.

Being able to see through the eyes of the child is what it means to be trauma-informed. Figure out where the child is coming from, view them differently, and be open to their story. Their stories can be shared in constructive ways through writing, acting, dance, yoga, play, and storytelling. “Seek first to understand, then to be understood” (Covey, 2004). Children only “care how much you know, when they know how much you care” (Covey, 2004). Children who have worked through this process with the careful scaffolding of an empathetic adult are strengthened by their experience and often become leaders and mentors for their peers. They have a unique ability to encourage resilience and moral strength in others *because* of what they have suffered. These children are our greatest resource to change the social justice issues with which our society struggles, and are a wellspring for sustainable solutions.

They are excited to move toward progress and emulate empathy as they connect with other children who have similar stories. They have the ability to teach us how to move from a place of being punitive and into a space of moral sensitivity. There is no one size fits all. When they learn to save themselves and pay it forward through helping a buddy, they are laying the foundation of a society that is based on moral ethics. This is like an oxygen mask in an airplane. The directions are to place the mask on yourself first so you can then help those around you. This morally based perspective creates a safe place where an ordinary child with serious everyday problems, can act in a way that supports the rights of those around them and also abide by the laws that govern us all.

There are three evidence-informed tools that have been developed and promoted through a trauma-informed program called Save SomeBuddy ©, which is being implemented in schools to help children “save themselves and help a buddy.” Students are taught how to regulate their

emotions, strengthen their moral character, and create a sense of community so they can learn how to treat themselves and those around them with kindness. The children work with adult community mentors from their own culture who are committed to the moral development of the children they serve. Mentors teach the children how to better support their peers who are dealing with difficult circumstances.

The tools are based on neuropsychology, neurobiology, neurophysiology, and community to address trauma. They include The Sabotage Cycle ©, which teaches children how to reframe their negative beliefs about themselves and show consideration of others, Trauma Tapping Technique ©, which helps them calm down when they are feeling stress so they express themselves in ways that avoid harm, and My3 App ©, which is a suicide prevention tool that helps children reach out when they or their peers are feeling despair.

The program works as a moral ecosystem scaffolding an empathetic construct for parents and teachers to have conversations with children about moral problems, and how to be sensitive to others. Mentors from the community encourage this moral structure with other adults who support the children in their efforts to create a trauma-sensitive school and community. Researchers and teachers, in individual classrooms, supervise the program. All of the tools are free to the public as donations and volunteer effort drives the process and offsets the time in class.

Teachers are ideal emissaries for moral development because they have the privilege of seeing children in their community from an aerial perspective. Rather than being blinded by a narrow view, teachers can see how different experiences at home and school affect the various children they guide and how these experiences influence their interaction with each other. Their

classroom is a microcosm of their community and with this knowledge they can slowly and safely help children move from reenacting their trauma to a place of healing. Sorrow is the greatest of teachers.

References

Covey, S. R. (2004). *The 7 habits of highly effective people: [powerful lessons in personal change]*. London: Pocket Books.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., Marks, J. S. (1998). Relationship of Child Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Child Experiences (ACE) Study, *American Journal of Preventative Medicine* 14. No. 4; 1998: 253-65 doi:10.1016/S0749-3797(98)00017-8.

Fraiberg, S., Adelson, E., & Shapiro, V. (June 01, 1975). Ghosts in the Nursery. *Journal of the American Academy of Child Psychiatry*, 14, 3, 387-421.

My3 App (www.my3app.org)

Redford, J. (2017). *Resilience: The biology of stress & the science of hope*.

Save SomeBuddy (www.savesomebuddy.org)

The Sabotage Cycle (www.savesomebuddy.org)

Trauma Tapping Technique (www.selfhelpfortrauma.org)

World Health Organization. (2017) Retrieved from http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

World Health Organization. (2018). Suicide prevention (SUPRE) Retrieved from <http://www.who.int/>