

RECOVERING FROM THE TRAUMAS OF BOARDING SCHOOL: IMPLICATIONS FOR THE FUTURE

Felicity de Zulueta

Emeritus Consultant Psychiatrist in
Psychotherapy in SLaM
Hon. Senior Lecturer in KCL
BOARDING CONCERN
25 April 2015

Going to private boarding school

- Separation from parents
 - At the age of 7-8
 - implications in terms of loss,
 - magical thinking,
 - what does it mean to a child when told one thing but feels the opposite?
 - At the age of 12-13 at the height of hormonal changes and sexual development and complex issues of identity to resolve.
- Impact of single sex school
- Impact of isolation from the rest of society and the way others live.

Harlow's monkeys and Bowlby's study of attachment

- ♦ Bowlby, who went to boarding school, developed the theory of attachment after World War 2 having seen the effects of separation on children in nurseries and in hospitals ie Roberts
- ♦ Infants separated from their caregiver protest, despair and "detach" – (Bowlby, 1988) and Harlow's monkeys showed that the earlier and the longer the separation the worse the damage of the infant. The same has been found in humans.

The sculpting of the brain through brain-to-brain biological regulation

Without the attachment to their caregiver infants are not capable of:

- Regulating their hormones (Hofer, 1984) or
- Regulating their positive and negative emotional arousal.

From birth to the age 3:

A birth baby's brain has 50 trillion synapses and by age 3 there are 1,000 trillion.

New synapses are formed and 'hard wired' whilst unused ones are 'pruned'.

Separation and reunion

- ♦ Children **and** adults are genetically predisposed to want access to an attachment figure when frightened! Our **need for Social Support** when in a state of **fear** and **need** betray humanity's essential attachment needs.
- ♦ "Attachment can be defined as the interactive regulation of biological synchronicity between organisms" (Schorre, 2000).
- ♦ Attachment can provide both an attunement experience and the *potential to repair* the damage brought about by the stressful experiences (Schorre,

Two fingers – experimenter

00:06:05:42





Mirror neurones and attunement and empathy

- ♦ Through **attunement** the mirror neurone system simulates the facial expression of the caregiver > insula> supra orbital cortical area producing in the child the emotion the caregiver is feeling.
- ♦ Her **empathic** interaction results in a child who can attune with others and put him/herself in the mind of another.

8

Reflective Functioning/Mentalisation

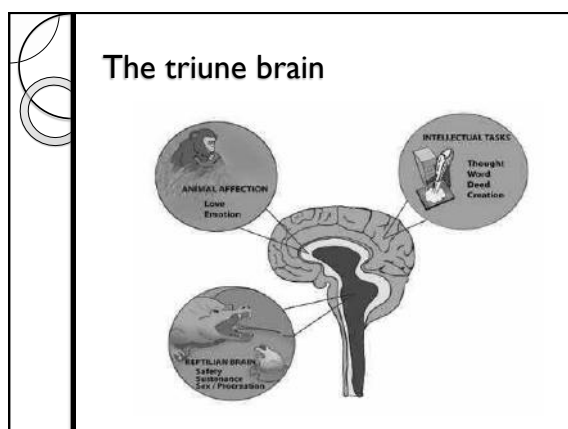
- The caregiver also induces reflective functioning in the infant by:
 - giving meaning to the infant's experiences,
 - sharing and predicting his/her behaviour

This enables people to understand each other in terms of mental states, to interact successfully with others and is key to developing a sense of agency and continuity.
(Fonagy and Target, 1997)

VIDEO

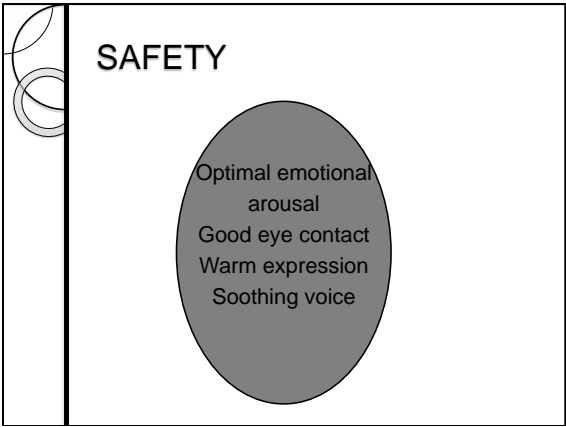
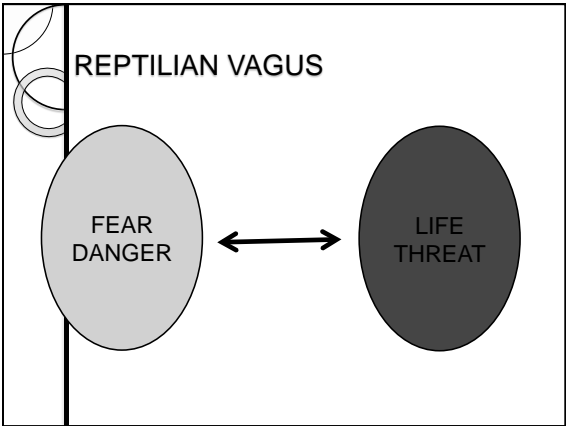
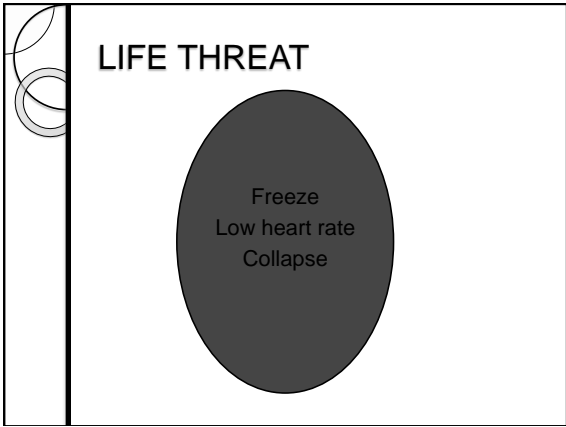
- VIDEO OF PROFESSOR COLWYN TREVARTHEN

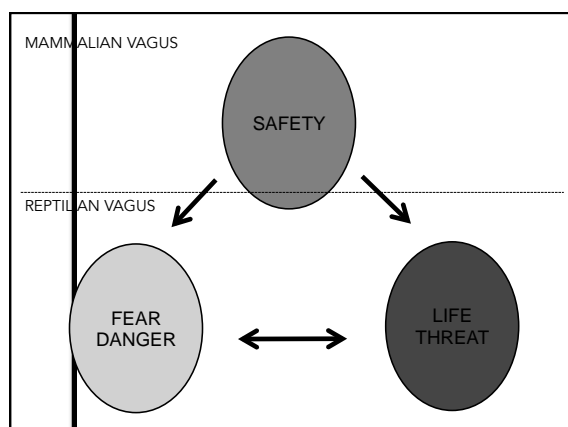
10



FEAR/DANGER

Fight/flight
Heart rate goes up
Rage and panic
Reduced thinking





The repetition of the Mother-child Internal working model (IWM)



Laying down the templates for future interactions

- The daily interactions between infant and caregiver are recorded by the mirror neurones and provide the memories that the infant's brain synthesizes into
- "internal working models" (Bowlby, 1988).
- These are internal representations or templates of how the attachment figure is likely to respond to the child's attachment behaviour in secure/insecure attachments.

Representation of the Self and Secure attachments (63%)

- A securely attached child has a mental representation of the caregiver as responsive in times of trouble.
- These children feel confident and are capable of empathy and forming good attachments.
- **The secure attachment is the primary defence against trauma induced psychopathology (Schore 1996).**

Insecure attachments

- An insecure attachment is one in which the infant does not have a mental representation of a responsive caregiver in times of need.
- These infants develop different **strategies** to gain proximity to their caregiver **in order to survive.**
- There are 3 types of attachment behaviour:
 - **Group C:** Anxious ambivalent type (12%)
 - **Group A:** Avoidant type (20-25%)
 - **Group D:** Disorganised (15%)

Avoidant Attachment & the 'Boarding school syndrome'

- *Dismissive avoidant and fearful avoidant* share a subconscious fear that caregivers are not reliable and intimacy is a dangerous thing.
- The dismissive-avoidant individuals have completed a mental transformation that says: "I am good, I don't need others, and they aren't really important to me. I am fine as I am."
- Needing others is weak, feelings of attachment are strings that hold you down, empathy and sympathy are for lesser creatures.
- While the *fearful-avoidant* are still consciously craving an intimacy which scares them when it actually happens.

What is emotional abuse or psychological maltreatment ?

- Commonly defined as a persistent chronic pattern of behaviour by parents or caregivers that can seriously interfere with a child's emotional, cognitive or social development that "erodes and corrodes a child" (Garbarino, 1994). It includes
 - Neglecting the child in terms of his or her emotional and mental health needs during the different stages of development
 - Isolating ie preventing a child from having normal social interactions with their siblings and parents, peers and adults.

Emotional abuse or neglect or psychological maltreatment (2)

Verbally assaulting ie belittling, shaming, ridiculing or verbally threatening the child.

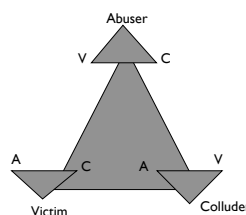
Terrorising: the parent or caregiver threatens or bullies the child **or** does not protect the child from being threatened or bullied by others. This can also include unrealistic expectations on the child with threats of harm if they are not met.

Emotional neglect

- When the child gets the feeling of not being received and understood, they get the sense that something is wrong with them and shame becomes a major issue for them.
- This can happen even if the parent did not hit or hurt them, just because their caregiver was depressed or suffered from PTSD or sent them to boarding school at a young age.

27

Triangle of abuse



Disorganised Attachment

- When terrified Infants and children show a disorganised response in relation to their caregiver (Main and Hesse 1992).
- They freeze in trance-like states as in PTSD.
- Their caregivers are frightening. This behaviour leaves the child in a state of fear without solution.
- Mentalisation is severely impaired: the more impaired, the more disturbed is the individual.

Fear without Solution and Structural Dissociation.

- The infant's psychobiological response to such states comprises 2 possible response patterns:
 - 1. **'Fight-flight' response** mediated by the sympathetic system. This blocks the reflective symbolic processing with the result that traumatic experiences are stored in the body as sensory, somatic, behavioural and affective states.
 - 2. If 'fight-flight' response is not possible, a parasympathetic dominant state takes over and the infant **'freezes'** in order to conserve energy, feign death and foster survival.
 - Vocalisation is inhibited.

Structural dissociation around the 'fulcrum' of the traumatic attachment

- Children in fear of their care-giver's rejection, hatred and violence will:
 - Need to maintain their attachment to their desperately needed caregiver: the **Traumatic attachment** becomes the fulcrum of 'structural dissociation'.
 - Resort to **splitting** ie creating different representations of themselves and their caregiver resulting in a lack of self continuity in relation to the other.
 - **Traumatic Attachment Induction Test**

Other manifestations of the traumatic attachment

- The Moral Defence: by blaming themselves for their suffering, these children retain power and control as well as hope for a better parenting future (Fairbairn 1952).
- This reinforces the identification with the the abusing caregiver through their IWM of 'child-in-relation-to abusing parent' and increases their need to **idealise** the parent or the school who replaces the parent.

Examples of the Traumatic Attachment

- The Stockholm syndrome: "Patty" Hearst
- Persistent attachment between abuser and victim in cases of domestic violence and boarding school survivors?

Developmental trauma or complex PTSD in adults (Herman, 1992, van der Kolk, 2005)

- Impaired emotional regulation
- Social withdrawal and distrust of others
- Impaired relationships with others
- Self destructive/ impulsive behaviour often re-enacting the trauma or abusing drugs and alcohol.
- Somatic complaints: fibromyalgias, irritable bowel disorder, digestive problems, allergies, chronic fatigue and pelvic pain and other gynaecological symptoms in CSA survivors
- Dissociative symptoms

Transmission of vulnerability to PTSD and the cycle of violence

- Attachment research shows a 75% correspondence between a mother's attachment and that of her infant (Van Ijzendoorn et al. 1997).
- These findings and the epigenetic studies show there is transmission of the potential for PTSD (and trauma related violence) in PTSD afflicted families and communities
- This underlies the importance of preventive therapeutic interventions in traumatised families .

35

The individual sense of self

Our sense of who we feel ourselves to be derives from:

1. Our intimate attachment experiences in the family > **"I feel - therefore I am"**, a sense of self closely intertwined with what our caregivers made us feel: lovable, special, or; if felt to be unwanted, not good enough, bad, useless, ugly.
2. The **secure attachment** is a **primary defence against trauma induced psychopathology** (Schoore 1996).

36

The social sense of self

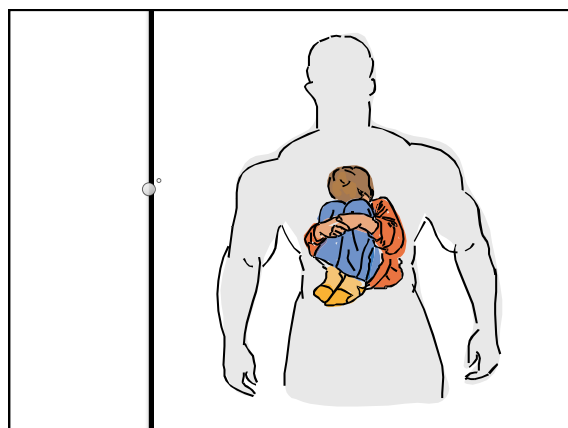
- Is 'is constituted...by an organisation of the social attitudes of the...the social group...to which he belongs' (Mead, 1934, p. 158)
- **"You are what others make you feel you are"** (Zulu proverb).
- This view of Self dominates most non Western cultures i.e. Muslim, African and Far Eastern societies where **shame** plays a major role in the development of an individual's sense of identity.
- And is perhaps increasingly prevalent in our consumer culture particularly amongst the young i.e. you are what you wear and what you own. E.g. the Barbie doll woman.
- And in the boarding school child too?

37

Wounding of the self and revenge

- **Shame:** the emotional reaction to a Self that has been totally invalidated is extremely important in triggering violent reactions in victims of chronic neglect and abuse:
- The basic cause of violent behaviour is the wish to ward off or eliminate the feeling of shame or humiliation - a feeling that is painful, and can even be intolerable and overwhelming - and replace it with its opposite, the feeling of power and pride (Gilligan, 2001, 29).
 - "Better be bad than not be at all"

38



Individual Resilience factors

- Secure attachment with all that implies.
- Empathic understanding from an outsider (teacher or relative) can compensate for effects of childhood abuse and protect against re-enactment and trauma. This continues to develop into early 20s.

40

BEFRIENDING YOUR EMOTIONAL BRAIN THROUGH MINDFULNEES

- Learning how to regulate one's emotions and remaining in a state of relative calmness even while accessing painful memories is a crucial tool for recovery.
- Many roads lead to mindfulness ie Yoga, Chi Kung etc:
 - Positive effects on numerous psychiatric, psychosomatic and stress related symptoms as well as depression and chronic pain as well as physical health such as the immune response, blood pressure.

Therapeutic modalities

- Eye movement desensitisation and reprocessing (EMDR)
- Sensorimotor therapy (Pat Ogden, 2006)
- Attunement & mentalisation based therapy ie VIG and Equine therapy
- Group work using a mixture of these techniques or dance, theatre etc
 - Nick Duffell's groups for couples specifically for men and women who were in boarding schools.

RELATIONSHIPS AND ATTUNEMENT

- TREATMENT OF THE ADULTS THROUGH THE CHILD
- Attachment can provide both an attunement experience and the *potential to repair* the damage brought about by the stressful experiences (Schore, 1996).
 - VIDEO OF Video Interaction Guidance (VIG)
 - Website: videointeractionguidance.net

The case for the treatment of trauma through the use of VIG

- It promotes attunement and empathy, emotional regulation and mentalisation and thereby heals the traumatised attachment in complex PTSD
- It maximises the release of oxytocin to assist in achieving change.
- Is evidence based, effective and cheap.
- It can be used cross culturally and across the social classes.
- It is strength based improving self esteem.

44

Potential role of Oxytocin in VIG

- Is a neuropeptide that facilitates parental caregiving and mother infant bonding
- It stimulates emotional empathy, mentalisation or mind reading, trust and in-group altruism.
- It promotes responsiveness to infant crying by reducing activation of the neural circuitry for anxiety and aversion and increasing the activity of regions involved in empathy. Riem et al. (2011)

45