

Chapter 2

In the previous chapter, we examined the formation of our sense of self, how our brain becomes our mind. Why do we have to learn? In a sense, all organisms have to learn to survive and reproduce, grass for example learns to carry out various behaviours including complex photosynthesis albeit unconsciously because the 'grass gene' directs its 'behaviour', it's in its nature. Likewise, we have to acquire behaviours so we can meet our basic needs but we do more than just follow our genes, our nature, than any other species we learn from the way we are nurtured.

Homeostasis

There is an optimum set of conditions that supports our survival and when we have achieved these conditions we are completely safe. We can be considered to be in equilibrium. However, when we are not in equilibrium, that is the conditions are not right, things are out of balance, we are in a state of disequilibrium. Somehow, the conditions in the external world are such that they no longer support us or they threaten our safety. The 'external world' includes our biological body that may fall into some disequilibrium from disease or even lack of sleep.

The self-regulation of the system was first articulated in 1926 by Walter Cannon and was used to describe the body's drive to maintain its physiology, to ensure survival. Since then the focus has been on the processes that modifies our heartbeat, blood pressure, glucose levels, etc. continually readjusted our physio/psychological status to return to equilibrium. This physical process will have an important bearing on the subsequent discussion on abuse and trauma.

There is a psychosocial equilibrium point that is not as much discussed but very significant in describing behaviour, both functional and dysfunctional. The thing is that always when you drill down on the drives of behaviour you almost always come to survival or reproduction. This is not so clear-cut when the emotional life becomes involved. At times of extreme distressed people suicide, a direct refutation to the rule of the selfish gene.

So, it is the drive that initiates the behaviour. The physical drive is relatively straightforward in comparison to the psychosocial world. The biological set points are constant and the processes to make the required physical adjustment to return to that point after deviation is relatively unconscious. The psychosocial drive is more confusing in that the specific set point is a belief and these change over time. But at any given point in a person's life there will be a set of convictions that they will defend. These fundamental beliefs have been labelled memes, ideas that defines individuals and 'cultures' and these 'social genes' can be so powerful people die for them. Unlike suicide, they are prepared to die in combat to ensure the survival of their meme be they based in religion, political dogma or the like.

Drives

Our body assumes a state of homeostatic disequilibrium when our senses detect a deviation from our 'set point', that condition that reassures our physical or psychosocial wellbeing. At that time, a complex response will occur that drives us to deal with the threat. The brain will initiate a series of coordinated physiological changes in body that is expressed as stress. Depending on the enormity of the threat the response can range from mild curiosity to an extreme state of preparedness call the General Adaptive Syndrome where the body is fully primed for flight, fight or even become frozen, unable to move. This array of aroused states is the source of a joke inflicted on all young medical students. The pun plays on our drive to survive and reproduce. These choices are described as the four 'F's', flight, fight, freeze and f... or reproduce.

The impact of stress is critical to the development of behaviours but for now we look at the drives that underpin them.

Generated Stress

We generate stress when we are in disequilibrium and this stress either drives us to protect our 'self' from an external threat, we may run away from an angry dog or to obtain something, find some food to satisfy our hunger. Either action will help us survive; assist us to return to equilibrium.

There have been many models to describe human drives; mostly under the banner of 'needs', which I guess are benign drives. The classic one is the hierarchical model put forward by Maslow. His, plus others connect certain behaviours back to particular needs. For example, we need to belong with others, either for attachment or affiliation and when we are rejected the distress will drive us to find ways to 'belong' somewhere thus satisfying that need.

If you link the types of behaviours used to satisfy human needs you inevitably trace the organization of that response to one of the three levels of the brain. When the body is under threat the neural circuitry we 'learned' to deal with the resulting stress will reside in one of these levels. If we are hungry the drive will access behaviour retained in the brain stem or midbrain. If the person is being socially rejected then the stress will access behaviours controlled by neural networks situated in the limbic system.

This association of behaviours that satisfy either physical, social or intellectual needs and their location in specific areas of the brain, the brainstem/midbrain, limbic system and cerebral cortex leads us to create a simple model to describing needs. The lack of complexity in this model eliminates the confusion found in existing models that are based more on the behaviours observed than the area of the brain that contains the controlling networks.

This model categorizes needs into three sets; primary drives that deal with the physiological world attached to the brain stem and mid brain, secondary drives those dealing with the

social world connected with the limbic system and the cerebrum and its parts dealing with tertiary drives, our intellectual efforts.

Primary Drives

The underlying premise of this book is the drive to survive and procreate underpins all behaviour. At the basic level, it is to keep the gene's host, the person's body functioning. Even in the embryonic stage the neurological systems that organize behaviours that support the body are being created. Our genetic map, along with the features of our environment create certain networks that regulate things like motor control, walking, using our limbs, all these basic physical skills are being laid down in the brain stem and the midbrain.

The activities are learned, myelinated and strengthened and become automatically and unconsciously initiated when they are needed. Because they are learned in early childhood and they are important they become very robust. This means they are quick and efficient but on the down side very difficult to change. Also, the development of new behaviours that would be controlled in this part of the brain are very difficult to learn in later life but is can be achieved. This difficulty is because of the pruning of excess neural material that occurred at the time the original development had been primed for creation and the abundant myeline is not present.

When under threat, the stress produced will provide the drive for the appropriate behaviour to deal with that danger. If the person trips the technique to regain balance will automatically prevent the fall. If hungry a baby will ask for food – they cry until they can talk but they act to satisfy the hunger. If the threat of starvation continues the intensity of the seeking behaviour increases. But if there is no food coming the child will give up. This is what we see on the news the reports of young starving children lying lifeless - they have given up.

It is clear that the area of the brain that controls the processes that deal with these primary needs lies in the brain stem and midbrain. The actions learned to satisfy these needs are developed very early in our personal evolution and are firmly locked into our behaviour patterns. That is not to say there is a very significant overlap in the development of all behaviours. So, when things threaten our physical survival the resulting stress will initiate the behaviours that deal with the cause of the stress and bring the body back to the 'set point', back to homeostatic equilibrium.

Of course, this equilibrium is really only maintained for a short time. Because we use energy to satisfy one need this produces a deficit somewhere else that requires attention and so on. The physical body is always in a synchronised adjustment around a point of balance.

Secondary Drives

These drives are for the most part connected with the limbic system and are particularly concerned with the formation of relationships; these are our 'social behaviours'. From birth the child's bonding with the mother is critical for long-term psychological health. The sensitive period is identified from six months to three years but I would argue it starts at conception and the object of attachment is clarified through the early childhood experiences.

Attachment is a well-researched topic for child development but for the sake of this work we take the position that when attachment is secure, that is the child has positively bonded with at least the primary caregiver and feels psychologically and physically safe in their care they are in equilibrium.

However, some children are not provided with such a safe environment and experience some uncertainty about the availability of the primary caregiver. There are many models that describe these less than protected connections these include insecure or anxious attachment. Despite the physical 'closeness' these inadequate efforts of parenting will have a significant impact on the creation of the child's belief systems.

Humans are herd animals and rely on other members of the community to improve their chances of survival and eventually reproduction. As with attachment this connectedness is critical for ensuing survival. So how we learn to acquire these skills happens in our childhood. When we 'grow-up' we will experience the intensity of feelings we experienced as a child when things go wrong, these are emotional memories. If we are abandoned we become extremely stressed and we will evoke the behaviours learned as a child.

The intensity of the connectedness an individual has with another varies. The caregiver has the closest connection and this means the caregiver can provide the highest amount of support. This also means that withdrawal of the support will expose to feelings of abandonment producing a large amount of stress. This intimate, powerful attachment does not remain exclusively with the parent. Eventually the drive to reproduce will see a replacement primary partner. This significant relationship has the potential to meet the person's drives but there is a significant risk of distress if this relationship fails.

Eventually the child will need a sense of belonging to more than their immediate family and this reaching out is the first step to a graduated association with the world. The next stage of development in relational skills is called affiliation which happens first with extended family, say siblings and cousins and on to kids at pre-school and school. The friendships develop with children having 'best friends' that may last for a life time but more usually last until a new 'best friend' arrives. The child has to learn the rules of these relationships with parents or teachers initially showing them the first steps and then these 'rules' are learned through play.

One of the regrettable phenomena of modern life is the intensification of organised play.

Kids are taught how to do things 'properly' and adults adjudicate play. Kids miss the opportunity to learn the real rules of association. These are complex social interactions, behaviours we must master if we are to successfully integrate with the world. We need to not only deal with close friends but we also have to associate with others on a continuum that ends with strangers. We learn these skills by trial and error not just by parental instruction – parents only have their set of rules, these may or may not match those of the rest of their community.

The need to integrate ourselves with others on an increasing level of intimacy provides us with a good deal of feedback on our sense of ourselves. The ability of a person to move between various members of the community in a confident and comfortable manner indicates a strong sense of self-worth. People who have difficulty dealing with others will find the stress that comes from their inability to integrate in a satisfactory manner very troubling.

Sexuality

There is little doubt that sex is a powerful drive, whether or not it is a primary or secondary drive is debatable. At the time of copulation, that time when there is a direct attempt to reproduce the drive will be controlled by the brain stem and midbrain, it will be a primary drive. However, in their day to day life the gender difference will influence how individuals socialize and the management these behaviours resides in the limbic system.

In early childhood, there is behavioural variances in gender-based actions. If you watch a group of boys and girls, it is not long before you do see a difference. The boys will develop rough and tumble games while girls prefer activities that are more subdued and organized. Of course, this is a huge generalisation, but there are undeniable gender differences among young children.

These differences have little significance in childhood but at the onset of puberty, the drive for sexual expression becomes very powerful. It is at this time the childhood is left and the focus on reproduction emerges.

Apart from masturbation, sexual expression cannot be experienced in isolation and the need for forming connections with others is a form of attachment or at least close affiliation to address a very specific drive.

Tertiary Drives

The emergence of the top of our brain, the cerebrum, cerebral cortex and our frontal lobes allows us to really examine the world in detail. This ability to predict probable future outcomes related to environmental conditions and therefore choose the best behaviour to deal with the threats or opportunities has allowed us to maximize our chance of getting our

needs met. The frontal lobes are where we plan and this 'planning' has not only supported our survival it has also been the cognitive development that has allowed for the spectacular success of our species.

This projection into the future does not have the same intensity as dealing with the immediate situation. If we are immediately under attack there is little time involved for cost/risk analysis and we will behave in a way that is almost unconscious; we need an answer now. Threats or opportunities in the future are not influential so the stress aroused should not be as intense.

However, this 'dealing in the future' is not so benign; because we can predict what might happen we can project menacing thoughts from the frontal lobes back onto the limbic system. This incoming information will be treated by the components of the limbic system, including the amygdala as would the same as if it was coming from external stimulation and will generate a fitting level of stress – we can worry.

This procedure underpins anxiety and that will drive our behaviour. Anxiety is not necessarily a negative experience, it may motivate us to study for an exam or engage in physical action because of health concerns. However, if our imagined fears overwhelm us we could develop a range of psychological ailments that impede our ability to maintain equilibrium.

Another problem is because the trouble is in the future the need to address it is not immediate. This deferment is the basis of apathy and failing to act in a timely manner impairs the potential long-term outcomes for the person.

The description of these three drives is very broad but makes sense when you consider how different tasks are dealt with by specific areas of the brain. The complexity is in the detail but this simplistic approach draws attention to how the control of homeostatic 'set points' relate to areas of the brain; how episodes of disequilibrium can be related to physical, social or intellectual threats that initiate stress. It is stress that now needs to be examined and this investigation is focused on children.

Stress

The manifestation of stress is in the form of an endogenous range of electro/chemical reactions, that is internally induced response that floods the brain with a complex cocktail of chemicals that prepare the bodies defence against whatever threat has been identified. Among the chemicals are epinephrine, norepinephrine, vasopressin and oxytocin but most critical are cortisol and dopamine. These chemicals get the body into a state of readiness.

The classic fight/flight response is a neural phenomenon that has obvious survival advantages. The speed in which this process initiated allows us to dodge an oncoming car, catching our balance when we trip before we are even conscious that we are under threat.

These are times when 'thinking about a behaviour' could produce a life-threatening situation.

There are times when we activate this fight/flight response to instigate a positive experience. We seek this 'positive' stress by engaging in activities like riding a roller coaster or skydiving. These events are intense but short lived and homeostatic equilibrium is soon restored and we feel good.

Another situation where stress is of value is when we want optimal performance from our bodies. By getting our stress elevated, the endogenous changes prime the body for action. This elevation of arousal is common in sporting endeavours to get the athletes ready to go 'into battle'. It is also important in learning as the raised neuron excitement facilitates new synaptic connections and new potential learning. The secret is to get the optimal level of arousal and this differs between individuals.

There are times when we are faced with threatening, chaotic conditions that are out of our control or on occasions when we are isolated without any support. At these times, we will experience a full-blown stressful response. How this impacts on children depends on the estimated nature and magnitude of the threat, their existing resilience and the protection the environment provides.

In some cases, this stress is tolerable in that the episode has a beginning and a resolution even though the intervening time may be substantial. Things like a serious injury or illness or the death of a loved one are significant assaults on our sense of safety but if confined to an event or a time period there will be recovery.

When kids are faced with this high-level threat and they have a secure and effective carer who supports them by soothing their emotional reactions they will eventually convert this external support into an internal coping mechanism. They will develop resilience. However, with the absence of such an adult the child is left to process the events with nothing more than their instinctive, uncontrollable survival system and the best they can do is surrender to the overwhelming emotional feeling of helplessness.

When the level of stress becomes overwhelming it can be referred to as toxic stress and this has lasting and destructive implications for children. Toxic stress is the result of intense, frequently occurring and prolonged danger and because of the constant presence it will have a long-term effect on the architecture of the brain. Remember the neural circuitry is assembled to deal with the conditions the environment presents and so the wiring evolves to deal with this constant, overwhelming stress.

Because survival is the prime motive the amygdala, because of its role in initiating the fight/flight response, it is in constant use. The constant focus on dealing with threat means the amygdala becomes enlarged and highly developed. This is an advantage when we face a

real hostile situation however, because it becomes so sensitive it begins to identify danger in situations that are not threatening.

To compound the damage toxic stress inflicts on the architecture of the brain is that the stress response is never really switched off. As a result, the chemical cocktail vital for valid threatening conditions continues to wash across the brain. Amongst these hormones constantly present is cortisol and this has a very toxic, erosive effect on the brain. We are constantly on guard and this has a detrimental impact on our health.

The outcome is brain impairment particularly in the hippocampus, frontal lobe and cerebrum. If this occurs in childhood the conditions for normal development are lost and so the child's cognitive capacity is limited having a negative impact on future learning. The size and density of these parts of the brain are reduced by as much as 20% in the frontal lobes, 12% in the hippocampus, the cerebellum emerging as a crucial component of cognition is also reduced in size and the cerebral is thinner. Research is finding damage all across the brain.

The result of prolonged stress is most tragic if the threat is present under the following conditions:

- Caused by human actions directed at the child.
- Continually repeated, the abuse never seems to cease.
- Unpredictable, there is no warning the attack is coming.
- Multifaceted, not the same technique of delivering the threat.
- Sadistic, there is a sense of real cruelty.

The final and perhaps the most significant cause of a child's toxic stress is that it is perpetrated by their caretaker.

There are differences in the mode of abuse children suffer. In some cases, the method the parent uses to abuse the child is consistent. It may be verbal, it may be physical but it is regular and the child has an opportunity to develop a set of behaviours that at least give them some control over their response to the abuse. If a girl is consistently sexually abused by the father they may become compliant to limit the severity of the attack. A boy who is beaten for being clumsy may limit participation in activity to minimise the chance of 'making a mistake'.

These children do develop better cognitive architecture and may appear to be more successful in school. This apparent success or control makes it harder for those working with these children to recognize their problems. However, they are still traumatized and are limited in their ability to optimize their learning.

Unlike the children described above, some children have parents who are addicted to mind altering drugs, or suffer from mental health issues that alter their perceptual awareness. The parents act in response to a set of 'believed' conditions that bear no resemblance to the current reality. Because of this, the children raised in such inconsistent conditions have no idea what abuse is coming, what it was for and how to behave to protect themselves. Without this predictable structure in their lives these children cannot plan for the future, they grow up with no idea they have any control in their lives.

If untreated toxic stress becomes post-traumatic stress disorder or PTSD that will be discussed later.

Abuse

We have been discussing the impact severe stress has on children. There are various natural sources of such stress, things like chronic illness, a serious accident or other life-events such as the death of a loved one. But, overwhelmingly the most prevalent and most damaging type of abuse that leads to dysfunctional behaviour is stress induced by adults, particularly parents or guardians. The tension is a result of the unstable parent's desire to force the child to comply with their wishes or to deny them of support for reasons children can't comprehend and at a level of severity they can't endure.

Abuse is any action that invalidates a person's worth. It is an assault on a person's physical or psychological boundaries. These boundary violations are the source of disequilibrium that drives behaviour but at a life-threatening level.

In the general literature there are three categories mentioned. These are:

Physical

This is the use of intentional force against a child's body or an unwanted invasion of their physical space. It can be:

- Hitting
- Holding Down
- Exaggerated Tickling
- Pulling Hair
- Twisting Ear
- Etc.

In historical terms hitting a child has been an acceptable form of discipline and we still hear ignorant teachers lamenting the fact that corporal punishment has disappeared in contemporary societies. It remains the point that hitting is abuse and the only lesson learned by the child is if you want to get someone to do what you require it is appropriate to hit him or her to achieve this outcome.

Psychological/Emotional Abuse

This is a form of abuse where the child's psychological boundaries are violated. This can take the form of non-accidental verbal or symbolic actions that are likely to result in significant psychological or emotional harm. Forms of emotional abuse are:

- Attacking the worth of the child by rejecting them, terrorising or isolating them.
- Telling the child that they are stupid, un-loveable or unwanted.
- Being overly harsh in criticising the child.
- Punishing the child when they become emotional – don't be a baby, etc. or when they show no emotion when it would be appropriate to do so.
- When the love of a parent is conditional on their behaviour (I will love you if ...)

This form of abuse is considered, by some to be more damaging as there is no 'evidence' it happened and abusers do not see the damage done. This is particularly so if the perpetrator is an addict or has a mental illness. They don't see the bruises.

Sexual Abuse

This abuse is when an adult or older adolescent uses the child for their sexual gratification or for financial profit of the person committing the act. This can include:

- Unwanted touching or penetration of the sexual organs.
- Adults exposing their own genitals to a child.
- Exposure to inappropriate sexual experiences or information (i.e. Pornography).

Sexual abuse is a silent destroyer of too many young children in our society especially with the easy availability of pornography on the Internet.

There are other forms of abuse that do not get the coverage in most literature but are equally likely to expose the child to toxic levels of stress. These are:

- **Intellectual Abuse** – this occurs when a child is placed in a situation where they are asked to perform a task they are developmentally incapable of successfully achieving. An example is when a child is given a glass of milk to drink before they have developed the motor skills required for this task. When they fail they are either labelled as useless by the parent or confirm to themselves the belief that they are at fault because they failed.

Education departments are loathed to acknowledge this type of abuse but it happens all the time, whenever a student is asked do an exam on work they have never been shown or are just incapable of doing they are being abused!

Intellectual abuse also occurs when a significant other compares one child's performance against another child implying one is better than the other. Education departments never like to rank their students, do they? This would be abusive.

- **Spiritual Abuse** – One type of spiritual abuse that occurs is when the parents put themselves above the child. The child must 'worship' the parent. A contrary form of spiritual abuse occurs when the parents put the child above themselves. The child becomes the focus of their devotion, they can do no wrong. These children never learn to take responsibility. In the first instance the parent knows best and you just do as you're told. In the latter form the parent will not see any faults in the child's behaviour and so they never get the natural consequences when they make a wrong choice.

This form of abuse is becoming more and more prevalent in modern society, many parents are loathed to correct their children's inappropriate behaviour possibly through advice about 'killing their spirit'. Perhaps, it is the idea that kids must 'find their own way'. Despite the reason, the lack of teaching children ethical principles has resulted in a loss of once valued traditional forms of etiquette and communal responsibility.

About one percent of the general population have been so affected by this child-centred attention they meet the criteria for a diagnosis of Narcissistic Personality Disorder, that is they display at least five of the following nine traits:

1. Has grandiose sense of self-importance.
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
3. Believes he/she is special and unique.
4. Requires excessive admiration.
5. Has strong sense of entitlement.
6. Is interpersonally exploitative.
7. Lacks empathy, is unwilling to recognise or identify with the feelings and needs of others.
8. Is often envious of others or believes others are envious of him or her.
9. Shows arrogance, haughty behaviours and attitudes.

The second form of spiritual abuse occurs when 'religions' teach that God will punish sinners and all are condemned unless they conform to some dogma. People who work with children brought up in some cults attest to the damage done through this form of abuse but it would be a brave politician who would underline the damage done when adherence to the word of any god is criticized.

Neglect

Neglect, if not an overt form of abuse it is a close cousin, it is a passive form of abuse. It is the lack of stimulation that is required to meet the child's physical, social and intellectual needs. As mentioned earlier, this neglect in a developing child will fail to construct the neural pathways that have been developmentally expected. When these genetic windows for development stages like attachment are activated, and there is no stimulation then the neurons will be pruned and the opportunity to meet the developmental threshold is lost. Forms of neglect are:

- Physical – failure to provide for physical needs such as food.
- Medical – not providing medical care when the child is sick or needs dental work.
- Emotional – lack of nurture, encouragement, love and support.
- Educational – lack of providing educational resources and ensuring regular participation in schooling.
- Abandonment – leaving the child alone for long periods of time without any support.

There are countless studies into the frequency of child abuse and these are frightening and are most likely under reported. The general view is that from 1% to 9% of the population suffer from PTSD. This means that in a school of 1000 students you could expect 10 – 90 students to suffer this syndrome. Although PTSD occurs in every socioeconomic level of society it is not equally distributed across the landscape and resource poor suburbs are reported to have level of up to 23%. So, in the school mentioned above you would have 230 students with PTSD.

Any examination of the difference in the welfare and discipline demands of school will soon confirm that the socioeconomic profile of the suburb the school is in will positively correlate. That is the poorer the community the higher the developmental harm.

There is also agreement in the impact childhood abuse has on the population with studies consistently showing that most violent crimes are committed by physically or sexually abused children. In fact, in the United States the same abuse accounts for over 80% of the following groups:

- Convicted killers
- Adolescents in special settings because of their behaviour
- Men and women in hospital with a variety of mental illnesses.

Childhood PTSD is linked to almost every behavioural illness in the diagnostic manual used in psychiatry. These include disorders in the following key areas for teachers:

- Attention Deficit

- Conduct Disorder
- Oppositional Defiance
- Dissociation
- Anxiety
- Depression

The list goes on. For the teacher, the risk is that they do not understand the dysfunctional behaviour is the expression of an illness not a deliberate, calculated act. It is easy to feel compassion for a blind child when they knock over a chair; it's not so easy to feel the same compassion when a child suffering early childhood PTSD throws that chair. This behaviour appears to be deliberate when it is just an expression of the illness.

Just how vulnerable we all are to 'jumping to conclusions' can be illustrated by an event that some may have experienced but all can understand. You are walking down the aisle of your local supermarket just pushing your trolley when all of a sudden that idiot behind you runs their trolley into the back of your heels. All fired up you swing around to give them a piece of your mind just to be confronted with a blind woman with her seeing-eye dog. For most we feel ashamed about our reaction, we understand the reason for her 'dysfunctional' behaviour but how many of us have the same response to a child who has just spat in our face? Dealing with these kids is not easy.

Post-Traumatic Stress Disorder

PTSD is a recognized disease classified as an anxiety disorder in the DSM-IV but has been re-labelled as a trauma and stressor related disorder in the updated issue. However, it remains the disorder related to stress and the diagnosis is made if a person experiences the following symptoms for a month after the traumatic event:

- Intrusive and distressing thoughts about the event, flashbacks and/or nightmares.
- Active avoidance of people or places that are reminders of the trauma, withdrawal, dissociation and emotional numbness.
- Hyper-vigilance, insomnia, agitation and anger outbursts.

Children who suffer from PTSD also have exaggerated negative beliefs about themselves and they are reluctant to participate in positive activities. They have a loss of memory and the accompanying decline in cognitive efficiency.

Because their abuse usually comes from caregivers very young children are reluctant or even unable to conceive of the thought the caregiver was at fault, that they wished to hurt them. The only conclusion is that they must have deserved the abuse. As they get older they come to realise that they are being abused but feel a sense of self-loathing because they are incapable of stopping that abuse. These faulty conclusions produce a profound sense of shame in the child.

Shame

The underlying dynamic of shame is fear of rejection and being subjected to abuse. Not all experiences of the feeling of shame is unfair we should feel shame under the following conditions:

- When we act in a way that is not true to our character.
- We make mistakes in interpersonal interactions because we are flawed and imperfect.

This is healthy shame and protects us from abusing our community and promotes our empathy for others, helps us be more tolerant of their mistakes.

However, there is a type of shame that has been put onto the child at an age where they could not comprehend their innocence in the abuse or could do nothing to stop the abuse. This rejection by a primary caregiver has a more profoundly significant outcome as they are the sole focus of that child's attempts to get positive recognition. This is toxic shame and it:

- Is a feeling of despair that is not based on any current reality.
- Is a false message that creates a false sense of the person's value.
- Is put on us by our abusers.
- Is a chronic, permanent state of personal loss.
- exaggerates our faults.

Toxic shame is not a feeling of shame about what we have done, it is a feeling of shame about what we believe we are.

Children with toxic shame:

- Discount their positive abilities; when they do something wrong it's because they are wrong.
- They don't listen to compliments, they only hear criticisms.
- They magnify their flaws.
- They know that you know they are bad and so look for confirmation about their beliefs and maybe it's all they have heard. They read their shame into other's minds.
- Judge themselves against perfection. If they make a mistake it's because they are a mistake.

Because of the emotional and cognitive damage done to these children it is little wonder they feel inadequate, flawed and just inferior; each mistake they make confirms this self-image. They feel they are un-deserving and should not expect to have any ambition to develop or succeed. In a counter intuitive way, they feel safer in their current environment because at least they know the rules and if they did try to engage with life everyone would discover just how flawed they were.

Magnitude of Childhood PTSD

The study of childhood abuse takes place in most modern societies and although numbers differ it seems to be between 15% to 43% of children will experience a traumatic event and up to 15% will develop PTSD. These numbers vary across each countries' economic landscape and across nations. One can only imagine the level of PTSD amongst the children in the war-torn nations in the world. The financial cost to conduct a war fails to comprehend the potential future intellectual benefits we could enjoy if these children were allowed to develop their minds to their true potential. War is societal abuse on children and is sanctioned by political leaders.

In the US the Child Protection agencies get around three million reports each year. This involves 5.5 million children. Of the reported cases, there is proof of abuse in about 30%. From these cases, we have an idea how often different types of abuse occur:

- 65% neglect
- 18% physical abuse
- 10% sexual abuse
- 7% psychological (mental) abuse

However, girls are more likely to be abused than boys because girls are more likely to internalize their feelings while the boys that attract the most attention because they act out their pain therefore being recognised as being damaged.

Studies show that about 15% to 43% of girls and 14% to 43% of boys go through at least one trauma. Of those children and teens who have had a trauma, 3% to 15% of girls and 1% to 6% of boys develop PTSD.

So Here We Are!

We can see from the impact severe abuse and/or neglect has on the developing brain and how the behaviours learned in this toxic environment have been geared for the survival of the child. The question we must ask is, how do we deal with these children whose behaviour is at odds with that which will allow them to successfully participate in society?

In a 'perfect world', this abuse would not happen, in a 'good world' these children would be treated at a very early age but in our world, too often it is left to schools and teachers who do their best without the training or expertise required.

This book provides an approach that can be used to best help these children and those who they associate with to succeed at school.