

# **Bearing the Trauma:**

Ongoing School-based Interventions with Students  
Affected by Traumatic Events

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**Preface by Hana Shadmi and Dr. Rami Sulimani**

This is the fifth year that the education system is dealing with the detrimental effects of the Israeli-Palestinian conflict, and ongoing terrorism whose goal is to erode the social fabric, to sow fear, and to bring about demoralization. During these difficult years over 150 Israeli children were killed in terror attacks, and hundreds injured. Even when adults are the primary victims who are killed or injured, there are always children connected to them through family or acquaintanceship, causing an outward radiation of the devastation into countless realms.

As educators and mental health workers, we are aware that it is difficult to measure the many ways in which trauma affects children and young people. While few exhibit clear symptoms of PTSD, many others have subtle reactions that weighs on their daily living, returning in occasional flashbacks and affecting their ability to engage in various social and academic tasks. There is an expectation from professionals – teachers, counselors and psychologists – to provide the requisite support, but often, the burden of "cases" also creates a need in the professionals for such support, in order to enable them to contain themselves and others.

The ongoing threat of one's safety has a detrimental effect on the proper development of many children; indeed, we see how trauma creates a wide range of related symptoms, from various risk-taking behaviors, to various patterns of avoidance, and with some students, to a presentation of post-traumatic disorder. It is precisely during this period that the education system has a unique job, since leadership and social support are both very important factors in restoring the sense of safety that is needed after the disruption caused by the traumatic incidents. Professionals have the ability and the opportunity not only to limit the damage, but also to build resiliency and turn the school into a meaningful place for students. At the present time, although it presents many challenges, following the trauma the school has an opportunity to create a meaningful connection of another sort with children, a relationship of containment, of compassion – a relationship that addresses and heals the pain.

In recent years, many resources have been invested in the realm of preparing for, and coping with, disasters in Israel. Psychological and counseling staffs have participated

in trainings and professional conferences, and professionals have developed programs, all as a direct result of the need to cope with a new reality. In addition, the collaboration between SHEFI - The Psychological Counseling Service of the Israel Ministry of Education, the Joint Distribution Committee (JDC), and Ashalim – the Association for Planning and Developing Services for Children at Risk and their Families, founded by the JDC, has yielded the publication of a number of professional publications, including the booklet "Children in Stressful and Emergency Situations," as well as a kit for pre-school teachers and staff for coping with stressful situations.

The present volume is based on the vast experience accumulated during the development and operation of programs by SHEFI, JDC Israel, and Ashalim, with the support of the government of Israel and the New York Federation, aimed at advancing the ability of professionals in education, mental health and the welfare system to cope with victims of trauma, abuse and neglect. Among the materials developed are system-wide programs for turning schools into institutions that nurture resistance and resiliency among students at risk, institutions that effectively treat student victims of violence, abuse, neglect and trauma. These programs have made it possible to develop applied knowledge that significantly contributes to the increased efficiency of education and welfare workers in treating at-risk students. The book presents a "psychosocial educational working perspective," based on knowledge and professional experience that has accumulated among experts who have gained experience in meaningful work with educational systems. The accompanying case descriptions and analysis constitute an important source of knowledge from which one can learn how to help many others who deal with this very complex and sensitive issue in Israeli society.

In the realm of counselor training, a two-year training program was developed for educational counselors, which has now completed over ten cycles, on the topic of in-school treatment of children and adolescents at risk (Mor and Lurie, 2006, Mor, 2005, Mor and Mendelson, 2006; Flashman and Avnet, 2005; Rosenthal, 2005). Despite the intensive nature of the program, almost 100% of the participants persisted in their studies, due to the high suitability of the learning to the acute needs of the school counselors. In these groups, less attention was given to theoretical knowledge, and instead, a greater emphasis was placed on work with the inner world of the counselor,

and on the importance of the school's ongoing treatment of trauma victims and risk in general. Parallel programs are operated today for principals of educational institutions and educational and clinical psychologists. The accumulated experience shows the unique contribution of these programs in turning the school into an institution that nurtures resiliency and resistance among at-risk students.

The partnership between SHEFI and Ashalim is a welcome alliance that only grows deeper. We joined together in the belief that the essence of the training is in developing the professional presence and capacities of counselors and other professionals who intervene in schools, and that the main therapy tool is the therapist's personality at every level: his personal and professional experience, his beliefs, his values, theoretical knowledge, etc. The professional's access to his inner world is a necessary condition for his ability to influence individuals and systems.

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**Dr. Rami Sulimani**

**Director, Ashalim**

**Hanna Shadmi**

**Director, The Psychological Counseling Service of the Israel Ministry of Education,**

## **Introduction**

In recent years, members of the education system have been exposed to ongoing situations of stress and trauma of great intensity. Dealing with traumatic situations and meeting the needs of traumatized students and staff members is complicated and taxing. We have seen, time and again, that the greatest difficulty of the Israeli schools, is not with the immediate affects of the trauma, but rather in being able to support a traumatized child in the long recovery and readjustment process that follows the event. Stressful situations, disasters and traumatic events such as exposure to violence and terrorism are part of life for children in Israel and elsewhere. The child who suffered a personal trauma, also needs, according to our view, school-based assistance over time. We concern ourselves in this book, with the personal and professional aspects of counselors' ability to intervene effectively with traumatized students. We also discuss the specific needs that traumatized children have. These needs are viewed with a special focus on the role that the school can take in the recovery process.

This book addresses coping over time with trauma of any kind, whether due to national conflict, or to disasters at the personal, familial or social levels. The examples chosen in the first part of the book describe trauma caused by terrorist attacks inside the state of Israel. In the latter part of the book, the examples are drawn from traumatic experiences that were caused by sources that are unrelated to national conflict.

Since the outbreak of the Second Intifada in September 2000, the lives of civilians in both sides of the Israeli-Palestinian conflict were radically affected by the ensuing violence. In Israel, many schools have confronted difficult events, and the members of the school community became, against their will, "experts" in the field of coping with trauma. It is rare to find a school community that was not affected by traumatic events and personal losses due to terrorism. Many students who live in certain risk areas are exposed to threats on a daily basis, and as a result their basic sense of safety is undermined. In addition, the difficult sights on television following every violent assault intensify the feeling of fear even among children and adolescents who are not

affected directly, and accordingly are labeled “indirect exposure”. This situation poses many challenges to the school staff and the school counselor. It is difficult to identify the students in need, as some students manifest their difficulties in a masked way. Also, proximity and physical exposure to the event is related to difficulties in the post traumatic period, yet affective factors such as the emotional ties to victims, and past personal trauma may also be central in determining the strength of the post traumatic reaction.

The counselor has a leading role in identifying students in need and in finding an appropriate school based intervention that can assist the traumatized student’s recovery process. Counselors face the personal challenge of being emotionally available to meet students in distress and in despair. One of the difficulties that counselors face involves the wish to avoid difficult emotions that are evoked by the close work with trauma and loss. The counselors’ sensitivities, past losses, and personal traumas may bring to the surface inner experiences from which they would like to take distance. As we will show, counselors’ personal reaction can facilitate and deepen the intervention. This internal task of the counselor is a prerequisite for effective intervention with traumatized youth since it exemplifies the psychological work that other members of the school staff needs to go through in order to work with affected students. We discuss some of the central difficulties in the opening chapter.

As in other crisis situations, in states of emergency and trauma school involvement is usually rapid and intensive in the first days, but with time, it fades and disappears. The initial experience of community support is replaced by neglect and oversight. Within few days of the traumatic event, the school returns to its routine, and the affected students are often left to deal with their difficulties on their own. It is important to note that for 5-10% of the students exposed to a traumatic event, the feelings of distress do not disappear over time, but rather persist. These students often find themselves struggling over time with the strong feelings of distress (referring to reactions that do not meet the criteria for PTSD), and some suffer from the debilitating symptoms of post-traumatic stress disorder (PTSD).

Traumatic events are painful and they scar the souls of students who are affected by it. We have seen how different schools reacted and developed in the face of dealing with



such events. The existence of crises in the school can create an opportunity for growth and development, for both staff and students. This becomes possible where the staff and its leadership hone on the students' educational and personal needs, and construct a sense of community that offers support and commitment to its members. For the leadership of the school the crisis serve as a critical period to offer direction. For the staff members, meeting traumatized students can strengthen the capacity to enter an empathic dialogue, preserve students' educational and personal goals, and consider what educational approach can best fit the student's specific needs. These processes are greatly aided by the counselors' interventions prior and during the crisis. The counselors' professional leadership, ability to see the needs of students and staff, and their ability to see what the school can do for the traumatized child, assist the professional and personal development of counselors and their educational staff.

This book is based on ongoing experience in dealing with situations involving crisis, trauma and risk within the school context. Over recent years, we were involved in trauma in the educational systems through direct involvement with students, parents and staff members, through supervision of school counselors and school principals, and through training groups that we conducted regarding trauma and youth-at-risk. We have met over the years with hundreds of school counselors and mental health workers who have dealt with traumatic events. On the one hand, these counselors and mental health workers demonstrated their great expertise in their work with students with traumatic events. On the other hand, accompanying these counselors pointed out that as the crisis recedes, avoidant tendencies become more dominant and interfere with meeting the students' needs.

The supervisory and support groups that were created for the counselors served to widen the counselors' awareness of their personal reactions to the work with trauma. These groups proved to be helpful to the counselors, who used the group support in order to carry on interventions with affected students. The nature of these groups is reflected in the examples that we bring later on. There were common issues that arose in the various supervisory groups: What happens to me when I am confronted with a difficult event? What is my place and job within the school staff? How do my personality and past experiences influence the way I cope? Where do I 'get stuck' in

the encounter with a particular student? Etc. The exploration of these questions proved to be personally and professionally meaningful, often touching on painful areas, and often bringing forth an appreciation of the great human effort that is involved in coping and healing oneself from traumatic experiences. Sometimes, the contact with various cases caused tremendous pain, frustration and despair to surface. And yet, the gratification from meaningful interventions, and the sense that one's own needs are recognized, led the counselors to seek those students that they tended to avoid and leave untreated.

There are two central principles that are central in the present book:

1. The tremendous importance of the inner world of the counselor in coping with traumatic events both in aiding students in need, and in assisting staff members to intervene.
2. The important role of the school setting in caring for the academic and personal development and growth of all students. When dealing with traumatized youngsters, the school has the unique potential to identify students' needs and to engage in valuable school-based interventions.

In Israel, many received specialized training in crisis intervention and in intervention in traumatic events. The emphasis of these training is on interventional skills and in relevant psychological findings regarding trauma and its aftermath. Perhaps the long years of repeated exposure to crisis situations, led to the gradual recognition that the psychological variables that relate to the person of the counselor are critical in determining his ability to intervene effectively in times of crisis and with students affected by traumatic events. The omission of the counselors' inner world may have stemmed from a latent assumption that the school counselor and other clinicians receive regular supervision that attends to the professionals' needs. Unfortunately, the reality is different. There is an absence of fixed support system for educational staff and counselors, and they are often left alone in coping with the most difficult situations that are professionally and personally taxing. We believe that there is insufficient emphasis in current training programs on the internal development of the therapist and counselors. We suggest that training in the area of trauma focuses on the

psychological processes in the person who intervenes, as well as, on the relevant professional content and theoretical knowledge

This book is specifically addressed to school counselors, but we see its relevance to other mental health professional that works in the schools. The school-based orientation that is proposed here, can serve as a basis for fruitful collaboration between various clinicians who are involved with the school system, including educational psychologists, social workers, branches of the public welfare system, and others.

Integrated into the book are case descriptions that emphasize the centrality of the inner world of the educator and clinician in dealing with traumatic events. All the examples are based on real cases, but names and identifying details have been altered to maintain confidentiality. Some of the examples are heartwarming and describe successful interventions, while others raise difficult questions. It is not our intention to criticize the functioning of one clinician or another, but rather to examine real situations and decipher what were the needs of the student or adult in the case, and in what way did the intervention meet or miss these needs.

This book is divided into three chapters:

**Chapter One** focuses on organizational and personal processes that hamper effective intervention in schools following a traumatic event. We focus on two types of obstacles:

- a. **Organizational obstacles:** This section discusses the following topics: staff avoidance and burnout, organizational process that limit the counselor's efficacy, difficulties in the interaction between authority figures and the school counselor. In the latter, we include the counselor's difficulty in relating to the professional and emotional needs of authority figures in the school.
- b. **Personal-emotional obstacles:** This section examines emotional factors within the counselor that interfere with the intervention processes. These emotional processes cause avoidance of the student's pain. Among the topics discussed: The post-traumatic counselor, the conscious and unconscious fear of meeting traumatic and

painful experiences, the tendency to avoid vague situations, and over-identification with the affected student.

**Chapter Two** centers on two important perspectives that accompany school intervention with trauma victims:

- 1 Promoting resilience among at-risk children and youth who have experienced situations of stress and trauma. This section discusses the concept of resilience, and suggests that the school environment and the staff-students interactions can strengthen psychological factors that promote resilience among the victims of trauma.
- 2 Clarifying the central difficulties that affect the particular student and devising school-based focused intervention. In the service of creating a suitable focused intervention we created a “typology” – a diagnostic tool that presents main categories that are relevant for basing the intervention in the school. Stated briefly, we suggest three foci that need to be re-evaluated through the intervention: (a) learning difficulties and on-going academic failure, (b) emotional-existential crisis, (c) defiance of rules and authority figures and antisocial behavior.

We present case examples where we discuss problematic as well as successful growth-promoting interventions by the school counselor and staff. These examples serve also to clarify the use of our typology, and to show how resiliency in the post-traumatic phase can be facilitated.

**Chapter Three** discusses issues that are in central in constructing effective interventions. The examples in this chapter focus on trauma that is unrelated to national conflict. We divided the discussion into two sections:

1. Psychological processes affecting survivors of trauma. Here we discuss the following topics: the loss of a parent and the resulting loss of the sense of safety; catastrophes and the loss of self efficacy and control; the close link between trauma and loneliness; and the long term affective and cognitive effects of trauma.
2. Key considerations in intervention planning. In this section we discuss: attunement to students' subjective needs; issues related to the qualities of adult involvement that facilitate recovery; and key elements in the art of intervention with students who experienced trauma.

## CHAPTER ONE

### **Trauma, the Inner World of the School Counselor and the School Setting**

#### **Abstract**

The present chapter discusses the effects of continued exposure among children and adolescents to traumatic events, and considers the main factors that compromise the school counselor's ability to respond effectively. The chapter is divided into three sections. The first examines the systemic-organizational obstacles related to the school counselor's identity and role in the school. This section sets out to show that the difficulties of the counselor stems from his/her attempt to lighten the staff's burden, to deal with the staff's avoidance of traumatic situations, and his/her problems in working together with authority figures in the school. The second section explores the range of personal-emotional issues arising from the counselor's inner world that interfere with the handling of traumatic events. This section focuses on the post-traumatic counselor who avoids contact with post-traumatic students, on the threat posed by emotionally charged situations to the counselor's sense of professional competence, and on the counselor's sense that he/she is facing the traumatic situation alone. The third section considers the counselor's unique role in enhancing the school's ability to encourage normal growth and development in the traumatized child.

#### **Introduction**

In emergency situations, a school is meant to serve as a setting that both acknowledges the traumatic situation and serves as a buffer zone vis-à-vis feelings of loss of control and insecurity. The counselor and the principal have a leading role in processing the traumatic events for the school community and in assisting both adults and children in coping with the unsettling impact of such events. (Kleinman 1990; Chen-Gal, 2003).

When a series of traumatic events occurs in succession, the question arises as to how the principal and the counselor can maintain an appropriate level of professionalism;

how can they create for themselves an optimal psychological space for enabling better handling of the situation, even when they themselves are experiencing stress, and confusion Preparation and preemptive planning for dealing with a traumatic event are undoubtedly essential.

Normative crisis-intervention protocols often fail to take into account both factors relating to the person who intervenes and the victims, and the specific problems that are relevant to a given traumatic situation. Our book calls for self-reflection and invites mental health professionals to construct modes of response that would be more attentive to the complexities of the child's needs in such moments of crisis.

The school community's encounter with traumatic losses poses an emotional and functional challenge to all members of the school system, including faculty, students and parents. In such a situation, the counselor and clinical staff at the school are called upon to take a leading role. The counselor's leadership is required at many levels, among them: guiding the activity of the school at the systemic level, providing supervision and support for staff and homeroom teachers, identifying students whose response arouses concern, and providing assistance to their parents.

Recent studies on catastrophic events in educational settings (Klingman, Raviv and Stein, 2000; Chen-Gal, 2003 , Ayalon and Lahad, 200; Klingman and Cohen, 2004) have shed much light on crisis intervention strategies but have not gone far enough, we believe, in exploring ways to improve the counselor's impact under such circumstances.

#### **A. Systemic-Organizational Obstacles: Difficulties for Counselor and the School in Providing Ongoing Treatment for Students following a Traumatic Event**

The effect of traumatic events is ongoing and deep. Studies point to significant rates of emotional dysfunction and post-traumatic disturbance among students exposed to such events. And yet, the overwhelming majority of these students do not receive

follow-up treatment in any framework, for a number of reasons: students' desire to resume normal functioning; difficulties in expressing the need for help; sense of isolation and hopelessly inescapable traumatic scars; the school's difficulty in coping over time with ongoing hardship; absence of professional assistance for each of the various stages of coping with trauma; and emotional unavailability of the staff and other relevant adults which "turns off" students who yearn for emotional support.

It is common for the educational staff to avoid dealing with affected students, leaving the counselor, often against his will, the solely responsible for treatment of traumatized students. Yet even the counselor himself, for various reasons discussed below, can experience difficulty in providing long-term care for students undergoing hardship.

### **B. Personal-Emotional Obstacles: The Effect of the Counselor's Inner World on His Functioning**

The demand on the counselor coping with events involving loss and trauma is extremely draining emotionally, and often touches on internal wounds that were processed only in part or not at all. The internal work done by the counselor serves other staff members as well. It enables the counselor to tackle his own difficulties, it enables him to empathically relate to difficulties of other staff members, and identify the deeper needs of the traumatized student.

The counselor's coping with his own responses to the loss and trauma experienced by his clients is critical to his ability to intervene meaningfully (Dalenberg, 200; Pearlman & Saalvital, 1995). Sometimes, there are internal factors that motivate the counselor to avoid affected students: For example, a counselor with a post-traumatic condition, who himself experienced difficult events, is likely to try and block out any contact with experiences of loss and trauma in his clients. Some professionals tend to avoid processes of mourning or ambiguous situations that threaten their feeling of professional competence. Some counselors find themselves in a process of over-identification with staff members, students and their families. All of these situations can lead the counselor to avoidant patterns. The avoidance of contact is often not



discerned by the counselor, because it may be masked either by many worthy activities (coordinating interventions of various professionals, organizing data, etc.) accompanied by emotional withdrawal, or by forming dialogues that circumvent the emotional pain.

The cutting-off of painful emotional parts from the self in the work process leads to a reduction in the personal and internal resources available to the counselor in his personal-professional contacts. Often, we find that the same feelings that the counselor tries to avoid are the very much reflect the most essential feelings and needs of the students and the school system. The possibility of broadening the counselor's professional ability to process his inner reactions is related to his willingness to listen, identify and intervene in the turmoil caused by the trauma.

### **C. Hidden Opportunities in the Role of the Educational Counselor**

Given the lack of therapeutic attention outside the school, and the reluctance of traumatized youth to seek help from mental health professionals, the school has critical significance in caring for students exposed to traumatic events. Moreover, there are a number of unique therapeutic advantages inherent in the school context. The counselor and educational staff have the relative advantage of viewing student and in a range of social, educational and emotional situations. Familiarity with various aspects of the students functioning and needs is critical to providing responses tailored to the individual. Interventions in the school can be implemented in a number of settings – in the classroom, in counseling sessions with the school counselor, through the peer group, and by involving parents.

The present chapter therefore focuses chiefly on the encounter between two worlds: the internal world of the school counselor, and the world of the school. The chapter considers how this meeting of worlds relates intricately to the school's response to traumatic events, and exemplifies the salient aspects of this encounter through carefully selected case descriptions. The case descriptions very much reflect the way they were told to us by counselors that we supervised or trained. We present them with minor alterations in order to protect the confidentiality of the participants. We

believe that these descriptions persuasively highlight how the inner world of the counselor may enhance or block interventions with traumatized students.

## **Systemic-Organizational Obstacles Limiting the Work of the Counselor and the School**

Due to the broad definition of his role, the school counselor often encounters a wide range of expectations harbored by the actors in his immediate environment (principal, teaching staff, students, superintendents, parents, and the like). These expectations may hinder the counselor's work if they are not clarified and formulated. Preferably the clarification process is done through a dialogue with the relevant parties. Still, we have found that the counselor's awareness can allow him to identify the manner in which others prompt his acts so he could exercise larger degrees of professional freedom.

When the school is affected by a traumatic event, the administration tends to relate to the counselor as the professional figure responsible for coping with the event, with the expectation that he will apply his knowledge and skills to help restore normalcy to the school with maximum speed. The educational staff, for its part, refers to the counselor those students and parents who appear to suffering emotionally often unconsciously wishing to direct to the mental health professional their students' anguish. In parallel, the counselor himself works within his own system of expectations and values, which affect his daily work and may limit his interventional repertoire.

Due to the multiplicity of expectations of one kind or another conveyed to the counselors from a variety of sources, counselors are often forced to cope with contradictory expectations. It often occurs that counselors internalize positions that limit their functioning and role due to an error in their interpretation the system's expectations of them. From our experience with school counselors and education systems, one can point to a number of types of self-limiting positions in the counselor's perception of his role:

### **1. Counselor Takes on Role of Lightening Others' Burdens**

Many school counselors, who perceive it as their role to offer interventions in order to lessen the burden of other staff members, limit the effectiveness of their work and bring about the compartmentalization of the counseling work by reducing it to the

confines of their office. In such situations, the counselor is faced with the challenge of helping troubled students on his own, but without enlisting the staff's aid in the intervention process, missing out critical diagnostic data and the engagement of other significant educators in the student's healing process. This compartmentalized role is likely to exact a heavy price, both in terms of the treatment the students receive, and in the counselor's contribution to the development of the school's resilience and endurance in coping with difficult events.

We would like to list three organizational-systemic processes that limit the counselor's effectiveness:

**a. Over-Professionalization**

Many schools have an unspoken cultural norm that narrows the roles of the professional staff, limiting the responsibility of the counselors and creating a practical split between teaching staff and counseling staff. This school culture emphasizes the responsibility of the teachers for "knowledge of subject matter" and leaves the emotional world of the student to the counselor and to a lesser extent to the homeroom teacher. Often accompanying this approach is an expectation on the part of the teachers that the treatment provided by the experts at some distance, including the counselor, will enable the traumatized student to quickly return to routine life. This "over-professionalization" neutralizes the significant involvement of the teacher the recovery process, an involvement that we see as critical in preventing maladaptive processes.

**b. Educational Staff: Avoidance and Burnout**

Processes of burnout and loss of motivation affect precisely those staff members who are highly motivated and aspire to provide help. In the wake of traumatic events, members of the educational staff are usually pushed by necessity to treat a relatively large number of students. In addition, they are forced to deal with students in crisis, and these encounters are demanding both emotionally and cognitively. If the coping process is not sufficiently effective, or if the counselor's inner resources are un-replenished, a gradual depletion of the therapists' coping resources is likely to occur.

The characterizing features of depletion correspond to the characteristics of burnout as described by Maslach (1982). Maslach (Ibid) notes that burnout has three components: emotional exhaustion defined in terms of fatigue, lack of energy and a feeling of excessive burden at work; a negative-critical rather than empathic relation to others; and lack of a feeling of personal accomplishment at work.

The process of burnout affects motivated staff members that turn avoidant. In addition, there are many staff members who attempt to disengage, wish to refrain from taxing involvement with the students. Counselors, often shy away from dealing with the avoidant processes. In the period that follows the crisis situation, staff's avoidance blocks the counselors' ability to identify students' needs as basis for ongoing evaluation. We suggest that counselors should deal with staff avoidance as part of the intervention process.

The cycle of avoidance by the educational staff, which ostensibly preserves time and energy resources in the short run, serves, over time, to intensify the burnout, helplessness, bureaucratic impediments, and frustration of staff members. In other words, in the short term, there is an apparent benefit derived from preserving the energy of the educational staff. Over the long term, however, this very avoidance leads to a decrease in the teachers' involvement in the emotional lives of students, severely curtailing the potential beneficial effect of the educational staff on the student.

For example:

In one school, one of the female students was involved in a serious terror attack that occurred on the bus on her way to school. The student herself was uninjured, but a close friend of hers was killed, and she herself saw horrific sights. Following the event, the girl stopped functioning almost completely in school: she was frequently late, did not prepare homework assignments, failed tests, arrived poorly groomed and exhibited great apathy. Initially, the homeroom teacher responded to this behavior with forgiveness and understanding. But as time passed, the homeroom teacher became progressively angrier over the student's lack of functioning, and began

accusing her of laziness and lack of motivation. The teacher's anger continued to increase, and the counselor realized that the teacher was completely unable to connect with or understand the student's emotional state. The counselor, who knew the teacher to be a very dominant educational figure, understood that if she could succeed in arousing her empathy towards the student's situation, then the teacher would turn to be an important resource for the student. On one occasion, after the teacher again complained about the student, the counselor approached her and told the homeroom teacher that she was the most significant figure for this student in the school. She described the student's emotional distress, and her difficulties at home. The counselor used her familiarity with the student's difficulties and described how the student feels overwhelmed since the trauma, with no resources to care for her own interests without assistance... The counselor succeeded in arousing the teacher's empathy. The teacher became determined to intervene herself, and to prevent further deterioration. She began sitting with the student during recess periods in order to help her with homework, she offered encouragement and support, assigned her various tasks, called her during after-school hours, and the like. The teacher's massive presence and support, which was accompanied by consultations with the counselor, ultimately enabled the student to gradually return to full functioning.

This example places in a concrete context the importance and potential contribution of a process by which the counselor offers the teacher consolation which is passed on to the student: the counselor, identifying that the homeroom teacher was experiencing burnout and a sense of helplessness, and as a result was unable to find the strength to try and understand and help the student, succeeded in neutralizing the teacher's accumulated anger at the student, and ultimately, in recruiting her to support the student and respond empathically to the student's emotional crisis. Often, we find that an informed description of the emotional state of affected students, intended to arouse empathy, succeeds in mobilizing the educational staff to come to the student's aid.

### **c. Compartmentalizing by the Counselor**

Protection of confidentiality and discretion constitutes one of the central ethical principles in the work of the mental health professional. At the same time, the preservation of confidentiality sometimes counteracts the work towards therapeutic goals. How can confidentiality be maintained while allowing the school to act, when needed, as a synchronized system that aims to responsibly care for the students? We suggest that confidentiality should be maintained within the school, with a continuous examination of the cooperative work of the school's staff. Cooperative work may suffer from negative instances of compartmentalization. Compartmentalization refers to the delegation of different tasks and emotions to different compartments, where the contents are separated from each other. In the individual, experiences and emotions can be kept apart from each other in order to reduce psychic pain. In the school as an organization these boundaries clarify roles and minimize cooperation between staff members.

Three processes contribute to the counselor's need for compartmentalization:

- a. Lack of faith in staff members and a fear that they will use information about students in a hurtful and insensitive manner.
- b. Conflict of loyalties where the counselor senses that loyalty to the student entails viewing the adults in the school as standing in opposition to the student. This confusion involves an over-identification with the student as one who suffers at the hands of adults (parents and teachers) and a difficulty in maintaining a nurturing stance.
- c. Counselor's protection of his professional territory from critique. Preservation of the secrecy and mystery surrounding the counseling work is a defense against possible criticism, and often occurs in tandem with an avoidance of collaborating with staff members regarding the therapeutic goals. A common secondary result is a reduction in the counselor's expectations regarding his own contribution.

The following case illustrates the problematic outcome that can result when the counselor compartmentalizes in an extreme manner:

In a particular school there was a counselor known for her talent in creating intimate ties with the students, including those who usually had difficulty relying on adults and trusting them. She believed the warm therapeutic alliance that she created with young people enabled her to cause them to take greater responsibility to act on their own behalf. The counselor invested a tremendous effort in individual sessions with students in crisis, but was very strict about maintaining absolute confidentiality and not sharing her work with other staff members. The change in her position occurred surrounding a student who dropped out of school abruptly. In one of the staff meetings, the counselor made clear to those present that she had been working with the young female student, but for reasons of confidentiality, she could not share with the staff details regarding the student's suffering, which began following her exposure to horrific scenes at a terror attack in the mall. Lacking treatment tools for working with the student – whose academic and physical withdrawal from the school had increased – the educational staff had resorted to a system of contracts and ultimatums in their effort to induce her to function. Staff members also approached the counselor charging that the girl was being manipulative, lying, and fabricating stories and demanded a real change in the student's functioning. The counselor ignored the teachers' recurring demands to share with them her process with the student, and continued supporting the student in her office, all the while under the impression that her work was beneficial and paying off. When the student was informed at the end of the school year that she was being expelled, the counselor was confronted with the missed opportunity, and understood the price exacted by the compartmentalization of her work and her failure to protect the interests of the young woman, who had all but dropped out of school in the period prior to her expulsion.

There is no doubt that preservation of confidentiality and discretion, grounded even in the laws of professional ethics, constitutes one of the bases of therapeutic work. And yet, even rules of professional ethics (such as the Rights of the Patient, 1996) stipulate that information can be reported to another professional in cases in which the primary caregiver deems it therapeutically expedient. Most often, when the counselor is convinced of the benefit of involving other staff members in the situation, the student



also finds merit in sharing particular data with relevant staff. The ability to form a dialogue about opening the circle of informed staff is especially important in the follow-up care of traumatized students. This process should be done openly, and attempt to clarify the kind of information that is shared between the people involved in caring for the student. We maintain that preservation of confidentiality notwithstanding, there are cases in which the counselor must try to find a way to partially or completely involve other staff members in the overall picture, based on the informed belief that collaboration constitutes part of the student's treatment.

In the above example, the counselor could probably have involved the other staff members in a general manner aimed at recruiting them to the cause. For example, she could have said: "As you know, the student was exposed to horrific sights at the terror attack in the mall. You can surely imagine how hard it is for her to handle with the difficult things that she saw. Since the terror attack, it has been hard for her to deal with various situations, and as you know, she is having a rough time coping in school. In addition, she is also suffering from signs characteristic of people who have witnessed horrific sites, such as difficulties in concentrating, sleep disturbances, a low tolerance level, and the like. Since the attack, we have been meeting once a week with the goal of helping her cope and return to a routine. It's not a simple process. We have some very difficult sessions. But I believe that ultimately, she will succeed in overcoming. I need your patience, assistance and understanding of her situation, because without your understanding and help, it will be very difficult for her to recover." In addition, the counselor could have tried to obtain the student's consent to fully share relevant information with the other staff members by explaining to her why the involvement of the rest of the staff was important, and to show her what she stood to gain from this sharing (understanding, consideration of her situation, enlisting support, and the like).

In the above case, the counselor did not think to rally the other members of the educational staff around the young student's cause, and instead acted unilaterally. When a counselor acts in isolation from other authority figures in the school, he is often left with strong feelings of loneliness and the burden of bearing the memory of the loss and the pain alone. In such a situation, the student in need senses alienation

from all the staff members who fail to recognize or recall the trauma that occupies the student's daily existence.

A counselor from northern Israel, who adds her efforts of combating compartmentalization in none-crisis times in order to deal more optimally with stressful times, discusses these themes:

That year the incidents came on one after another: There was a chain of terror attacks in which teenagers were killed, foremost among them a terrible attack in Tel Aviv at 'The Dolphinarium' nightclub. In addition, one of the students at the school tried to commit suicide, and I felt how the presence of potential death became part of the school's atmosphere. It was as if we were anticipating a catastrophe with victims from among the students or staff. Towards the end of the year, in the last week of school, it really happened. There was a terrible attack on a bus. One student from the school was killed and two were injured. The student who was killed was very well loved and accepted. She had many friends, and the students took her death very hard. During the first days, the entire school came together and supported the family and the students. We followed all the emergency procedures that we prepared in advance. But as the days went by, I felt that I was coping with the event alone. The student's homeroom teacher really "ran away" from coping or from any activity associated with the incident. It is hard for me to blame her. I know that her husband was killed in the Lebanon war and she was unable to deal with the incident at an emotional level. But the rest of the educational staff also disappeared. It was at the end of the year, and it was very difficult to deal with the student's death. Faculty members preferred to go on vacation and not be involved with follow-up activity with the students. I felt that I was alone in the battle. People ran away because it was very upsetting for them. They felt that they didn't know what to do, that they didn't have the skills to cope... that they didn't want to get involved. The administrative staff, although physically present at school, avoided anything that had to do with the event. The underlying message was: You're the school counselor. You have to deal with this. This is your job, it belongs to you. It was very difficult. I felt that I had to be at school every day, and to speak with the students who came by. I knew

that no one would do it unless I did, and I couldn't leave the students on their own.

As time passed, I felt how I was drowning in the event. I was spending all my time dealing with what was going on - I couldn't think about anything else. My husband and children told me that they felt that I was investing too much, and that even when I was home, I wasn't really with them.

I knew that they were right, but I felt that I had no choice. I felt how all the weight of the responsibility of the suffering and distress of affect students and their families was falling on me. After approximately one month, most of the students succeeded in recovering and returning to their routine, but I felt that I was unable to go on. I was angry with the school, which had left me to cope alone, and I decided to take an unpaid leave. From my point of view at that moment, that was the only thing that could contribute to stopping me from being preoccupied by the event – to totally disengage from the school.

Only during my break from the school did I manage to process what had happened – the feelings of loneliness that had led to my anger at the educational staff, which had opted for the easy solution and left me to cope on my own. In retrospect, I understand that at a certain level, the specter of loneliness was always present at school. There was no sense of staff cohesion – many of the teachers felt that they were alone. There was no sense of faith in one another, no mutual support or containment on the part of the school all year long. My loneliness and that of other staff members did not originate in the event – but it did become dramatically worse. There is no doubt that if there is no containment of the school staff, the staff is in turn unable to contain the students' distress. It's a kind of a chain reaction. Ultimately, I decided to return to the school. After I returned, the first thing I did was to make sure that the staff felt contained and supported. Today, the staff meets regularly once every two weeks to raise different topics. There is a feeling of a shared undertaking. I have personal meetings with the principal in which we raise professional and personal topics. We have even developed a friendship. None of this existed previously.

Togetherness and support on the part of the educational staff is a critical condition in my view for proper coping with difficult events. Looking back on all my activity during the past year towards team-building and creating support and a sense of staff cohesion, I know today that should there be another traumatic event, I will not have to cope alone. After everything that I have been through, my sense is that without this feeling of support, I would be unable to continue working in the school.

## **2. Detracting from the Counselor's Standing vis-à-vis Authority Figures in the School**

The school is fundamentally a hierarchical institution. A principal, together with an administrative staff and other officers, runs it. In some cases the counselor's role is circumscribed due to his view of the authority figures, their influence on his functioning in the system. We see the joint work of counselors and authority figures particularly important in periods of crisis. The demands on the leadership of the authority figures are taxing, as the school community is in dire need for the full presence of its leaders. The counselor potentially serves to support, encourage and facilitate the authority figures' work during the traumatic period and in the recovery process that ensues. We would like to discuss in depth two of the most common psychological obstacles that depend solely on the counselor:

### **a. Difficulty in maintaining an open dialogue with authority figures.**

In order to create a climate that leaves room for growth and development in the school, the counselor must be capable of speaking openly and comfortably with the school's authority figures, whose influence trickles down to the entire educational staff. A counselor's avoidance of open dialogue with members of the staff compromises the school's ability to form a coherent and consistent involvement in the student's recovery process. A wide variety of internal experiences, on the part of the counselor, can limit his openness to dialogue, such as feelings of inferiority and hostility when confronted with authority, or a perception that any independent thinking challenges and threatens the authority figures. These difficulties are likely to

impinge on any interventional approach that makes use of the natural relationships between educators, and students and their parents. Staff members who are unsupported by the counselors and left out of the intervention process are more likely to avoid contact with students affected by stress and trauma. This leaves children unprotected, isolated and less likely to receive help from adults whom they encounter on a daily basis.

In what follows, an experienced counselor from a city in central Israel describes the difficulty she encountered in creating open dialogue with the authority figures in the school:

In the most recent terror attack, I again encountered difficulty in holding on to my beliefs when the principal challenged me. On the way to the school, I heard about the terror attack, which was not far from the area of the school, and then the 'automatic pilot' went into effect: locating the injured, prioritizing interventions based on risk assessment, – all of the standard autonomic actions. But when I arrived at the school, the administrative staff did not want to have anything to do with what had happened, to deal with it, to be in touch with the pain. The principal approached me and said to me: don't mention that there was a terror attack. I don't want you to do anything special – business as usual – and that was despite the fact that the attack had been very close to the school, and I know that it would touch all of us and affect us. I wanted to tell her that it wasn't a regular day - that something had happened, but she and the entire environment wanted to suppress it and to go on as usual. I didn't know what to do. I felt hopeless when confronting her: she's the principal and she's the one who makes the decisions, and I didn't feel that I had the space to explain what I believed and to stick with it. I feel that I need a magical fountain of authority-potion so I can function in this situation.. Not professional authority - that's not enough. That I should have enough self-assurance to say: guys, we can't just go about the day as if nothing happened, it's not OK. We have to relate to it. That I should have the strength to stick with what I believe even if everyone around me wants to go on with the usual routine and ignore things... I feel sometimes that the system is tired of accepting our professional statements. Sometimes I get sick of being the one

who always says: We have to stop and say that this isn't a regular day, that it needs special attention. And the principal, from her perspective, wants to carry on with the routine... I feel like a 'bad guy' who destroys the pastoral atmosphere at the school... I am the 'bearer of bad news,' I am the disturbing element in the system, compelled by my professional viewpoint to call the system to order and not to go along with the routine...

The above example makes clear how important it is to create a climate in the school based on cooperation and openness between the counselor and authority figures in the school. In the above example, where there was an explosion next to the school, clearly audible, but without casualties from the school community, the principal's responsibility is to define the nature of the event for the school. Here the decision to ignore the bombing did not take into account the professional considerations of the counselor. It is possible that students who are vulnerable due to past personal trauma, or students who were concerned whether their family members were hurt by the explosion, were left unattended during the school hours. In the present example, it is likely that an open conversation between the counselor and the principal would have created an atmosphere of cooperation between them. In other words, true dialogue can create a climate where there is room to clarify and expand the professional roles of all actors, in order to enable growth and development.

**b. Difficulty in relating to the professional and personal needs of the school leaders.**

Part of the school counselor's role is to support members of the educational staff and help them to communicate with their students. One aspect of this role requires the counselor to develop an intimate acquaintance with the leading figures in the school, in order to attend to their professional and personal needs. In situations in which the counselor does not readily see himself in a helping role vis-a-vis individuals who constitute authority figures for him, he will find it difficult to fulfill this aspect of his job.

Sometimes, the counselor finds it difficult to maintain a "bifocal angle" on the leading figure, where the leading figure is both a competent authority figure, as well as one

who himself needs help and support. Often, authority figures tend to obscure their own needs. The gap between the authoritative appearance and the authority figure's need for help and support, leaves many counselors with a sense that it is not their role to approach the leader's vulnerable side. We have found in practice, that most school principals welcome the counselors' involvement in their work. Obviously, the basis for crisis-time cooperation is optimally founded on cooperation during non-crisis periods.

In other words, in his work with authority figures, the counselor is faced with a particularly difficult task: on the one hand, he is subordinate to the principal, the vice principal, and the grade level coordinators, but at the same time, he must develop a wide therapeutic view that takes into account the needs of all the relevant individuals and their contribution to the advancement of struggling students; this even includes figures who constitute authority figures for the counselor himself.

For example:

In one of the cases, the principal instructed the counselor to immediately conduct a simulated workshop on the topic of coping with a terror attack within the school, since in recent months there had been a wave of terror attacks that had affected a number of students in neighboring schools. Usually, such decisions were made in consultation and collaboration with the counselor and the administrative staff. In this case, the principal made the decision unilaterally, without any consultation. The authoritative and rigid tone the principal used, and her attempt to dictate the content of the workshop, angered the counselor who responded, like the other staff members, with a lack of enthusiasm. In this case, the counselor responded to the principal's manifest and authoritative message, rather than to the latent and unspoken message that had motivated her to assume this rigid position, namely, the tremendous anxiety she was experiencing as the principal of a school facing a threatening wave of terror, her inability to protect the students from such assaults, and her need to work towards feeling prepared in face of this situation. The counselor did not succeed in creating a space for thinking together with the principal, and lost the ability to view the principal as a person acting and directing the

school ("doing" mode), and at the same time, as a person struggling to find a place for her feelings and her anxiety ("being" mode). Ultimately, after consulting with a colleague, the counselor succeeded in seeing the principal's emotional distress and her state of anxiety. This position enabled the counselor to initiate a conversation in which she related to the principal's feelings and emotional state. Over time, these encounters allowed the principal to consult with her staff and to create innovative educational plans for dealing with the threat of terrorism. The change in reference initiated by the counselor led to a different understanding of the principal's motives and to the creation of a more collaborative atmosphere.

Many principals step in with full force to lead initiatives and activities in the school, but few allow themselves to be in touch with their doubts, fears and anxieties. The counselor can help expand the principal's emotional awareness as long as he is attentive to the professional and functional needs of the leading figures of the school and the central impact of emotions on their decision making process (Sulimani, 2003). The counselor must legitimize feelings of fear and anxiety, realizing that as long as these feelings remain guarded and unprocessed, they can impede on the school's responses and ability to cope. In the above example, by attending to the principal's feelings and emotional state, the counselor created an opportunity for cooperative decision-making processes in the school.

### **Personal-Emotional Obstacles: Influence of the Counselor's Inner World on His Functioning**

The counselor's activity focuses entirely on human factors. The business of coping with loss and trauma challenges all the personal resources of both victims and helpers- it is emotionally demanding and touches on internal wounds. While the avoidance of direct coping with painful feelings is almost impossible during the crisis period itself, we have repeatedly witnessed that within few days or weeks, avoidance becomes the natural response in the case of most staff members. This avoidance



usually leaves young people alone with their difficulties and dependent on the internal emotional resources they have, i.e. students use their ego-resiliency in order to cope.

Paradoxically, we find that the feelings that the counselor tries to avoid are the same feelings that are germane to his ability to understand the needs of the students and the school, and to respond more appropriately to the situation at hand (Dalenberg, 2000). The expansion of the counselor's professional ability to cope with trauma and loss depends on his willingness to expand his internal space and to be in contact with his own vulnerabilities. Avoidance on the counselor's part is sometimes an expression of anxiety towards the encounter with feelings he may experience should he allow himself to enter realms that threaten his emotional stability.

There are a number of characteristic obstacles on the personal-emotional plane that are likely to detract from the effectiveness of the counselor's coping or contribute to his avoidance during situations of recurring acute trauma and ongoing treatment of traumatic symptoms:

**1. The post traumatic counselor avoids emotional contact with the post-traumatic student.**

Many counselors experienced themselves traumatic events that weigh on them and make it difficult to come close to the traumatic experiences of students. Avoidance of contact is sometimes not discerned by the counselor himself, and can be masked by being overly functional and active while being emotionally detached.(Steele, Van der Hart & Nijenhuis, 2001).

An experienced counselor managed to avoid emotional involvement by moving through the intervention followed a traumatic event which involved the loss of lives in the school by "not missing a beat- like clockwork". He efficiently set goals, directed the staff, and the like, while he himself avoided any close emotional contact with the significance of the events he is confronting. This process of functioning while neutralizing emotion includes defensive characteristics such as intellectualization and internal isolation. The cutting off of painful emotional aspects of the self during the work process leads to a reduction of the personal and internal resources available to

the counselor in his personal-professional contacts. It should be noted that this occurs not only among post-traumatic counselors, but also among clinicians who have not experienced trauma and are threatened by the inner turmoil of those who are suffering.

Emotional withdrawal often presents in school faculty who have experienced multiple traumatic events, as in the following example:

One of the schools in central Israel was exposed to a most difficult terror attack: two students were killed, a number of students were critically injured, and one teacher suffered light injuries. The school had experienced a serious terror attack in the past, in which a student and a member of the educational staff, who was very close to the principal, were killed. During the initial period of coping with the second incident, the principal described how he was handling the event mechanically operating according to all of the instructions and emergency plans, assigning tasks and at the same time trying to maintain control, with a certain distance. The principal was rigid in his adherence to the emergency plan, and avoided any attempt to relate to his emotional world and his feelings. When one of the staff members asked him how he felt, he answered: "I don't have time for feelings. They only get in the way. I have work to do." This avoidance by the principal of contact with emotional aspects of the situation persisted even after the acute-crisis period.

The counselor, on the other hand, was preoccupied with the event, as it was the first time she had to deal with such a massive loss of lives and injuries of people she knew. She realized that the school as a community was in the midst of a traumatic experience. She assessed the situation by comparing the incident with the previous attack involving members of the school community, referred to the emergency files that she had prepared during the first attack, and operated accordingly. In general, it appeared that the counselor did almost everything she could. But from an emotional standpoint, she felt that she was unable to create a space for herself and to experience her painful feelings following the attack. The first incident had been so traumatic for her that relating now to her emotions was simply not an option. The counselor had

broad theoretical knowledge regarding coping with disaster and had acted according to all the plans and instructions, but during the entire period of dealing with the event, she was emotionally withdrawn and defensive. As a result, she felt that it was difficult for her to be emotionally available for affected students. Only during her participation in a professional peer support group did she share with those present that a year earlier, in a separate incident, her only daughter had been spared by a miracle from an attack carried by a suicide-bomber. The counselor told the group that her daughter came home from school every day by bus. One day, she got off the bus one stop early in order to continue talking with her schoolmates. After she descended, the bus continued traveling, and twenty seconds later; a suicide bomber blew himself up on the bus. The bomb was particularly large and every passenger on the bus was injured; some were killed. The counselor endured hours of terrible anxiety before determining with certainty that her daughter was not on the bus. She related that coping with two attacks involving student victims from the school reawakened in her the feeling of anxiety and terror that she had felt with such intensity surrounding the incident with her daughter. She began feeling overwhelmed by a wave of emotions that she feared could debilitate her. She recalled deciding that she is not going to panic, and from now on will try to cut herself off and not make a place for these feelings. In the discussion with her peers, she realized that she had consistently avoided painful and difficult feelings since the incident when her daughter was spared from the attack, but in dealing with the most recent terror attack at the school, her avoidance had reached a peak. She sadly added that she did not realize that in fact she herself has some post-traumatic reactions. Returning to her functioning during the second attack, the counselor saw that while neutralization of her emotional world made it ostensibly easier for her during the initial period of coping, it impaired her ability to connect with the students in need and to be with them during their time of distress. During the group meetings, the counselor processed her difficult feelings, received much support from participants, and gradually increased her emotional availability and her ability to relate to difficult feelings.

Coping with a traumatic event often evokes events from the past in which we were personally involved, and this influences our behavior. Sometimes, difficult events that we experienced and the difficult, unprocessed feelings surrounding them, leave us with a scar that interferes with the way we relate to the emotional aspects of similar events. There are, however, situations where it is important to preserve a certain level of emotional distance in order to facilitate the coping effort and gain a sense of control. At the same time, particularly in the case of a therapeutic interaction with students, emotional withdrawal can exact a very high price.

Another way of avoiding emotional contact is by unconscious rejection of the student in need. For the post-traumatic professional, the student-in-need poses an immediate emotional threat, and as a result, he acts unconsciously to distance the student from his environment. Distancing can assume the form of silent acceptance of the student's attrition process, and rationalization of the avoidance of intervention.

For example:

One of the counselors, who participated in the peer-support group that was mentioned in the previous example, was troubled by one of his students who seemed withdrawn and detached. He told of a high school student, an attractive young man, who was afraid of taking the bus to school. This student had been through an attack during which – among other things – shots were fired at the bus he was riding. Following the event, the student became fearful of riding the bus, and began skipping school. In one of the conversations the counselor, who thought that he was joking with the student, said to him, "You can go with a spoon in your school bag, and if the bus blows up, you can scrape up the [body] parts." From that point on, the student began avoiding his meetings with the counselor, using the excuse that his parents objected to them. The spontaneous, harsh statement he had made to the student disturbed the counselor. The counselor understood, after carefully looking into the matter, that it was difficult for him to talk with the student due to a trauma that he had undergone himself, when he was the victim of a terror attack that occurred in similar circumstances, and that had left a still open and painful wound. The counselor's inappropriate statement stemmed, it appeared from

two separate experiences. It related to the work of a volunteer of a religious organization that collects body parts in order to bring them to burial- a scene he witnessed in the past. And it also echoed the dark-humor of injured soldiers in rehabilitation centers. Only through the supervision process did the counselor succeed in getting in touch with these unresolved parts of himself, later enabling him to come into a true, more direct and sincere relationship with students suffering from post-traumatic distress.

**2. Fear of painful contact with parts of the inner world causing the counselor to constrict and limit his professional contacts.**

Professional contact with loss and trauma touches, naturally, on painful places in the person carrying out the intervention, such as difficulty in bearing pain, experiences of loneliness, feelings of uncertainty, lack of control, and lack of confidence in one's very being. The avoidance of these unprocessed emotional components and emotional barriers makes it difficult to approach feelings of hardship and distress in others. This inner response comes into play every time one truly comes close to the experience of distress. Herman (1994), who recognized this phenomenon, explicitly recommended that mental health professional dealing with trauma and losses receive support in order to deal also with internal difficulties that are evoked when dealing with the pain and loss of others.

For example:

One of the counselors in group-supervision shared the difficulty she had in coping with the feeling of being rejected by a female student. The counselor related that the sister of this student was killed in an attack by a Palestinian gunman, and since then, the student had trouble functioning at school. The girl, who had admired her sister, became a very avoidant student who cut classes while remaining in the school's confines, and was very cut-off and disconnected socially and academically. Despite all of the counselor's efforts and attempts to get close to her, the girl refused to accept help and rejected anyone intent on offering her support.

The counselor related that she herself felt stuck and paralyzed in face of the feeling that her help was being rejected. The tears that appeared surprised her in her eyes. She said she could not explain this wave of feelings. She knew that she was frustrated that the child did not let her come near her, hurt by the girl's rejection, and wondered whether her work really helps those in need. When the facilitator of the supervisory group asked her if she could try to remember events in the past relating to her coping with feelings of rejection, the counselor burst into tears, and told the following story:

"When I was in the 9<sup>th</sup> grade, they told me that my sister had given birth. I wanted to go to the circumcision ceremony. I got ready, put on a new dress, and then, just before I went out, I was told that my mother was in the hospital and that I wasn't going to the ceremony, but rather to my mother. I was very upset and worried. I didn't know what the matter was with my mother – they didn't tell me. And so I went. I bought my mother flowers and a present to make her happy. I entered the room, full of emotion. But my mother, the moment she saw me, turned to me quickly and said to me 'Why on earth have you come here? What are you doing here? I don't want you here! Who told you to come? Leave the room immediately.' She showed so much anger to me, and rejection of my visit. I think now that she didn't want me to see her weak in bed. I dared to ask her how is she. She flatly told me that don't want to tell me, that these are issues that adults are concerned with, and that I should worry about things that concern me. And so I returned home on the bus, crying all the way. I felt confused and hurt; I didn't know what had happened to mother. But the worst feeling was that mother didn't trust me to be worthy enough to hear of her distress. Later, I learned that mother was sick with a life-threatening disease. That event stayed with me for many years. Well into my adult years, I felt that I was not relevant. This is a difficult experience that is closely related to that place of rejection."

Supervisor: "You might look at it as an open wound. The rejection of your offers of help by the student whose sister was killed touches you on that open wound. The story you told about how you're traveling with the present and the

desire to make your mother happy is very moving. What also stands out is that already as a young girl, you had a soul that wanted to do good. There's something in that story that teaches much about your therapeutic soul as a child... the concept of the wounded healer... the sensitivity that helps you so much in understanding the pain of people close to you also leaves you vulnerable. The sensitive heart is easily hurt... But if that place and the experience of it become accessible and processed, then it can follow the path that a poet takes with her poem: the poem turns the experience of pain into something else, that articulates and perhaps transform hurtful experiences and perceptions, but her poetry also has the power to enrich us. The child who makes the effort and shows up, but whose mother doesn't see her – and all her various coping experiences throughout her life from that point on arouse the feeling of initial rejection – it's so human. And I think that for you it becomes risky to insist despite the rejection that your place is in the hospital room, or next to the student you told us about..."

The notion of the "wounded healer" is particularly relevant for those who work with traumatized people, since the experience of some trauma is, unfortunately, part of the human condition. The "wounded healer" may have a deeper perspective into the experience of trauma. As a veteran of his own journey, he may be able to appreciate, support and empathize with trauma victims in a way that can be beneficial to their recovery process. At the same time, helpers often carry emotional scars and painful experiences that unconsciously influenced their motivation to help others. Our awareness of sensitivities and experiences from our past is particularly important when they interfere with our professional presence.

In providing supervision for counselors and the education system, we have encountered two prominent difficulties relating to the unconscious fear of painful contact with parts of one's inner world: avoidance of one's own mourning processes and the avoidance of ambiguous situations that threaten professional competence.

## **2a. The Impact of Counselor's Avoidance of his own Mourning Processes.**

Many counselors themselves have undergone traumatic experiences including the loss of someone close to them. A natural and rather common reaction is to avoid situations that evoke one's own loss. And yet, since a central part of the counselor's role following a disaster is to help and support students experiencing difficult losses, such avoidance may interfere with the counselor's ability to truly 'connect' with those who need him most.

For example:

A counselor described her difficulty in approaching a student in the school who had closed himself off into his own world and rejected any help that others offered him. This young man had lost his brother in a terrorist attack approximately one year earlier, and the school staff viewed his lack of functioning as a temporary and expectable part of his mourning processes. A deeper look into the matter revealed that even prior to his brother's death, this young man had experienced difficulty in his educational and social functioning, and soon after the tragedy he was abandoned, both by the friends who had supported him during the initial period following the loss, and by his parents, who were immersed in their own grief. The counselor was able to identify that she avoided the student. He, on his own part, ceased functioning both in his studies and socially. She was concerned about her passive approach towards the student. When asked about the internal sources of her passive behavior, she related that a year ago, her mother-in-law, with whom she had a very close relationship, passed away. Her husband, who was very close to his mother, found it difficult to deal with the loss, and pressured her not to dwell on it and to go on with life as usual. The counselor honored the request, even though she felt that it denied her the possibility of mourning, and she felt that she was paying a high emotional price for blocking off her feelings. She saw her passivity with the student as connected with her selfless loyal vow to her husband not to express any signs of grief at home. Keeping this unspoken vow was possible, in her mind, only if she restricts her emotional world.. Working through these unresolved mourning processes enabled the counselor, ultimately, to truly get close to the student and help him cope in a meaningful way with his difficulties.



Following the process that she went through, the counselor shared her feelings with us: "It is impossible to be present for a person in his mourning if you are running away from your own mourning. It is critical for me to understand what goes on here for me. You cannot give up on yourself. You must try to understand, despite all the difficulty and aversion... otherwise, you cannot really get close and help."

An additional example:

In another case, a counselor avoided close contact with a young woman who had lost her mother in an attack by a suicide bomber, even though prior to the disaster, the student found the counselor helpful and they had several meetings on the student's academic and personal difficulties. The counselor shared with a group of colleagues that the student was now avoiding her "stretched-out hand". At the same time, during the description, there was a growing feeling among those listening that in the encounter between the counselor and the young woman, the counselor was unconsciously pushing the student away. The counselor was covertly signaling to the student that she could not tolerate her misfortune and suffering, and that she was unable to help her deal with the loss and the pain. The unconscious message conveyed to the young woman caused her to keep a distance out of a distrust of the counselor's ability and willingness to help her. A look into the internal sources of this behavior revealed that the counselor was engulfed by strong emotions. She said that she realized that she has pent up grief inside her over the loss of her husband in a car accident many years ago. She noted that she did not receive permission at the time from her relatives to focus on her personal misfortune. Rather, she was required to quickly adjust to her situation as a widow; and indeed, she remarried shortly after the loss. The counselor's ability to get in touch with her difficult memories of loss, brought forth a new ability to work with the young woman in a way that enabled the student to rely on her.

**2b. The Impact of Avoiding Ambiguous and Vague Situations that Threaten the Sense of Professional Competence.**

The fear that one will be exposed as personally and professionally incompetent can lead to avoidance where intervention is required. The counselor who needs to feel in control and knowledgeable is likely to avoid the unknown and the undefined. In some cases, counselors seek certainty by pursuing a course of action according to some pre-conceived protocol, or haphazardly designed and then rigidly adhered to. While this approach may help the counselor to feel able and skilled, it is also an expression of unacknowledged fears. This approach becomes problematic when the anxiety of meeting challenging new data, blinds the counselors vision. In this case, along side the intervention-process, many unmet needs surface. These needs tend to threaten the counselor who yearns for control over the intervention. The reality, hence, can become threatening, and the intervention becomes irrelevant to many of the needs that surface in the school. We have encountered two salient aspects of this phenomenon:

**Feeling of insecurity in the quality of professional training** – this feeling is often related to the fact that counselors are exposed to a wide variety of treatment realms, and find it difficult to solidify an intervention plan. To a large degree, the heterogeneous training of school counselors can leave them confused when confronted by multiple needs, without having the experience of prioritizing needs in emergency situations. Some complain of being "jack of all trades and master of none". The counselor is called upon to intervene at the level of the individual, the system and the family. In each of these realms, he acquires knowledge and tools, but may feel that he lacks the combination of breadth and depth necessary for operating confidently in any one of these realms. Some counselors feel that they have insufficient knowledge in therapeutic contact with children and their families. Paradoxically, many a time, the more the counselor learns, the less qualified he feels. When called upon to intervene in emergency situations involving trauma, the threat to his sense of competency is exacerbated in light of the complexity, ambiguity and incomprehensible injustices inherent in these situations.

For example:

One school counselor who had students who were injured in a serious attack by a gunman, related that her initial feeling was that she was unable to deal

with the event, that she lacked the necessary skills, that she was not an expert in the field of trauma, and that other professionals were urgently needed to come to the school to handle the matter. The counselor experienced herself as helpless and incapable to the point that she believed that she had no significant contribution to offer the school in this state of emergency. This counselor had attended a number of trainings on dealing with emergency situations and was considered an experienced and skilled counselor who had been at the forefront of many highly esteemed projects in the school. Those projects were well defined, were at her initiative and each related to her areas of proved competence. The school after the attack had multiple needs- staff, students, leadership figures, those close to the victims, vulnerable pupils etc. She was afraid to decide where to intervene. It was unclear what was "the right thing to do". Although the counselor's response was partly a result of the initial confusion characteristic of the period immediately following a difficult event, this insecurity teamed up with pre-existing feelings of professional insecurity. Only after a conversation with a supervisor did the counselor succeed in restoring her sense of professional competence, and most importantly, in her significant and unique role in the lives of the students. As the coping process continued, the counselor took upon herself a leadership role and became a key resource for the staff and students, who felt that they could depend on her.

### **Existential threat resulting from the encounter with the unknown and the incomprehensible**

Traumatic events force one to confront painful, unclear, and sometimes unknown realms of human experience. Simply venturing near the victim's experience can be threatening. Ogden (1980) addresses the intensity of this threat, describing the depth of the existential fear that arises from the lack of control and the inability to create meaning out of the experience.

The threat posed by the incomprehensible not only undermines the possibility of true dialogue, but also impairs the counselor's ability to adapt the therapeutic intervention both to the student's individual characteristics, and to the characteristics of the entire school environment. This difficulty is more pronounced in protracted situations

involving loss and trauma, since at the systemic level, the staff, having learned the emergency procedures by rote, copes with the trauma by simply 'going through the motions.' The identification of unique, individual needs of particular students and specific circumstances is perhaps the greatest challenge, requiring close contact with the students and staff. It also requires the ability to think flexibly during stressful hours.

For example:

One counselor, who dealt in supervision with his difficulty in individual work with students, related the following conflict he had with the principal. Following a serious attack that had occurred in the area, the principal wanted to hold classroom discussions on the topic even though it appeared at the time that none of the casualties in the incident were related to the student body and school staff. The counselor's position was that the school was suffering from over-involvement with trauma and loss, and in fact needed to work on the goal of maintaining the routine. A deeper look into the matter revealed that the principal was acting on his belief that such an event resonates deeply in the inner world of each child, and that maintaining an ongoing dialogue about difficult events fosters growth and development, as well as resilience in the face of the ongoing threat. The counselor said that he felt comfortable in a leadership role during an initial period following a traumatic event, such as discussions involving cognitive and emotional reconstruction, but that he felt less comfortable in intimate encounters touching on the pain felt by students. In the course of the supervision, it became increasingly clear that the counselor's difficulty with the principal's policy arose from the principal's demand for an ongoing and personal dialogue. The counselor looked into his inner world to try to discover the root of his position that 'life must go on' without exception, that acknowledging pain and loss openly is weakening and better be avoided. He related that his family had dealt with the very difficult losses, including the loss of most of the family in the Holocaust. His childhood was marked by a feeling of existential terror sensing that one has to be strong and alert in order to survive. His parents educated him to 'look straight ahead and not give in to weakness and self-pity.' This biographical information was

seen as extremely relevant in understanding the counselor's tendency to shun away from troubling feelings, and to emphasize the need to resume routine functioning. He excelled at his practical approach and constant equanimity, which were valued by the school staff, but felt helpless and threatened when called upon to confront pain and fear. In our view, the support he received in supervision, focused also on his personal development. His association to his family's Holocaust experiences was unconsciously tied to his avoidance of painful affects. Often, as it occurred in this situation, the willingness to openly examine personal dynamics reflects a wish to broaden the counselor's professional presence. Here, following the discussion in supervision, he was able to see how the students and staff are threatened by their fears and losses. This newfound empathic ability, made him seek out those students who seemed to avoid help. He realized that the experience he had in supervision could be similar to many counseling sessions: i.e. opening fears regarding affective reactions to losses may not result in a flood of overwhelming emotions. Rather, someone's willingness to listen and support, can open an emotional area that seemed closed. His own history now assisted him in understanding and supporting affected students. With the same spirit, the dialogues he had with the principal were focused on the school's needs and were not bound by the old need to adhere to a doctrine of "when the going gets tough the tough get going.

The lack of confidence in the adequacy of one's professional training and the existential threat imposed by the unknown, threaten the coherence and the efficacy of the counselor's intervention, since his efforts may be misplaced or unable to counter the anxieties that surface.. It should be noted that the desire to carry on with routine is not always detrimental to clinical work. The regular setting of the school provides a sense of safety for the students and staff. In this section we stress that it is important to be aware of the internal process of the leading figures in the school, since unprocessed experienced may lead to decisions that are insensitive to the school's needs.

### **3. Over-identification with the student and his family**

In approaching the pain and losses of another person, difficult emotions and troubling thoughts tend to surface in the person who intervenes. We understand this process as an inevitable part of the containing function of the intervention. In containing we refer to the process in which "undigested" emotional and cognitive elements of the student in need are processed within the person who intervenes. Through this process the counselor can articulate and define experiences that the traumatized person is unable to do. This inner work is taxing and is done unconsciously. In this process, resonance of the counselor's internal world with that of the student, teacher or principal is a necessary part of the intervention process. The intimate resonance of the traumatized experience may sometimes expose the counselor to over-identification with the students and their families.

The following account was described by an experienced counselor who dealt with an adolescent boy who lost his mother:

I keep thinking about how two days ago at school I was with an adolescent boy who said to me: 'Tell me, why go on living?' He had lost his mother when he was three, and this week he lost two good friends in a terrorist attack. When a child goes through that, he doesn't have perspective on the life cycle. He's young, and I felt that I was holding him like a baby. I asked myself – where does the strength come from? The helplessness I felt was very powerful. The level of my identification upsets me. I've never experienced anything like this before – my identification with him is tremendous. It disturbs me that I wasn't able to answer his question 'why go on living?' I felt that he was right, that there really isn't any reason to live. I wasn't able to move on from where I was and to answer him, to calm him...it frightened me. I thought about my children, how they would get along without me or without their father... if there would be a purpose to life... I felt paralyzed... my strong identification with the student left me despondent and I couldn't find any way that I could give him hope.

Over-identification carries the emotional world of the clinician over into the experience of the client in a manner that restricts his view. In this process, there is a good chance that the counselor will lose the professional and objective perspective so important to his ability to provide help in dealing with difficult events.

The strong emotional responses of the counselor relate to **past personal and professional experiences**, and/or **current fears for oneself and one's family**:

### **Traumatic Resonance of Past Personal and Professional Experiences in the Present**

Many counselors are negatively affected by certain work experiences. We have encountered several instances where counselors felt emotionally scarred in a way that is similar to traumatic scars, i.e. having avoidant behaviors that can alternate with detailed reliving of the experiences, and threatening "fissures" in the sense of personal and professional confidence. As we have seen, difficult emotional experiences over the years can create a cautious internal stance that functions to decrease one's degree of presence and personal involvement. One example is a counselor whose world was shaken by working with a student with a terminal illness, who subsequently reduced her involvement with students with emotional pain.

In some instances, counselors who work with great dedication and assume great professional responsibility end up feeling disappointed, exposed and hurt. In one situation the counselor decided to speak with the student's parents regarding an escalation of their son's anti-social behaviors. The parents became irate with the counselor for "pushing her nose into things that shouldn't concern her". They yelled at her and at one point she feared that the father might physically assault her. This counselor felt later that the school did not back her up, did not join in setting limits with the parents and their son, and felt she was (in her words) "a sacrificial lamb". Both examples cited describe a situation in which lack of containment of the counselor by the school depletes the personal resources in future difficult situations. A supportive and containing space for the professional himself is thus an important condition for deep and ongoing work.

## **Fear for Oneself and One's Family**

A disaster that touches us in an intimate way arouses existential fears regarding our loved ones and ourselves. The similarity between the details of the disaster and our lives – the place, age of those affected, and the way in which they were affected – influences the intensity of the anxiety and the vulnerability we feel for ourselves or those close to us. When danger becomes tangible, the arousing fears and anxieties can limit one's ability to make room in us for the pain of the other. These situations often evade our awareness, reducing our ability to be attentive to the needs of others.

The following excerpt was presented by one of the counselors in supervision:

I want to talk about the process of separating from difficult situations from the past. Is there something subjective that I carry with me that complicates my reaction? Why am I always thinking about what happened? The attack in the restaurant where the parents of my student were murdered – to this day I feel that I haven't put it behind me. I feel that I'm still there. I always think – how are the orphaned children getting along? What are they going through? It percolates inside me. I feel that the two parents who were murdered were a personal loss and trauma for me. I didn't know them so intimately, yet, their death constantly goes with me, and I'm always relating to it. I'm always thinking about how to separate from it.

I promised myself that one Saturday every month I'd sent the children a dish that I cooked. And I've been doing this for a year and a half now. The children asked me why I bother – I told them that this is my way to show them that I'm still in it, still with them. And through the dish, I talk to them. This wasn't my first encounter with a difficult event. But most difficult for me is the loss of both parents. I found myself thinking what my children would do if such a thing happened to me. That same day, I came home and was on the phone all the time dealing with the emergency. And then my children asked – Mom, who would raise us if this happened to us? How can children bear such a thing? I feel that in order to stay sane, I need someone to tell me with certainty that I'm going to live until my children grow up, get married, and stand on



their own feet. As long as there is no one who can reassure me, I can't deal with all the concerns that trouble me inside. These kinds of events remind us of our children – how could they survive? In what ways would they be damaged? What would help them? ... You know, many times I find myself organizing the house before going out to school in the morning, and the thought motivating me is the thought that should something happen to me, I don't want someone to come and find the house a mess...

Sometimes, I feel like going out into the street and screaming... I don't understand how we talk about everything calmly... rationally... sometimes I feel like I'm going crazy from so much fear... the distinction between the personal and the professional has really been eroded... I feel that we need to get up and scream. How could it be that so many terrible things are happening and we remain silent: children dying, entire families destroyed, injuries, so much suffering... how can we stay silent and accept this?... I don't understand... I'm afraid...

The anxiety and fears that the counselor has for her family and herself are understandable and realistic in the context of her life in a terror-inflicted area. She described how these concerns compromise her emotional availability in her counseling work: she does what is necessary, but tries to stay untouched. When she had the opportunity to reflect on her experiences, she identified how frightful it was for her to be re-exposed to personal tragedies. Her ability to articulate these fears and anxieties, in a safe supervisory context, proved very important in allowing her to process her own feelings and to find emotional strength to subsequently work with affected students.

### **Hidden Opportunities in the Role of the Educational Counselor**

### **What Makes the Educational Counselor a Central Figure in the Treatment of Adolescents Suffering from Distress Due to Exposure to Traumatic Events?**

The school constitutes one of the main resources available to adolescents as part of their natural path of development. The school counselor, as a member of the school staff, is part of a teenager's natural environment. The counselor's office is the place where the young person's educational and personal needs are personally attended to.

Youth at-risk who experienced traumatic events are likely both to respond more strongly to the trauma, and to avoid available help offered. Often there is a gradual process of withdrawal from, and dropping-out of, normative frameworks. This makes it difficult for relevant professionals to reach them and to provide them with the appropriate assistance. The educational school counselor is in a position that gives him greater access to these young people, both due to his physical proximity to the student, and to his being part of the same school community. The counselor, and possibly, other members of the school staff as well, can identify and approach students in need, and take a significant role in the recovery process.

Sometimes, children who experienced traumatic events are likely to act-out or create for themselves acute situations of risk, necessitating an immediate response. Adult intervention counteracts the youngster's sense that he faces his difficulties alone, without relevant assistance. Often, there is the conscious realization of emotional needs, and the adults are perceived as neglectful and irrelevant. The concerned presence of the counselor or a staff member is important in establishing the possibility that there can be outside assistance during this period of turmoil. The counselor's immediate response following the event increases the willingness of the student to receive psychotherapeutic intervention later on. In other words, the close relationship with an adult in the school environment can create a basis for a future connection with therapeutic figures in the wider community.

Delay of intervention leaves the youngster alone with his difficulties. There is the risk that the inner resources are insufficient in facing the destabilizing impact of the trauma. The difficulties may be expressed externally or be internalized through apathy, withdrawal and depression. Adolescents may be particular at risk because:

- The emotional ability of adolescents to tolerate frustration and hardship and to deal with the increasing and developing life challenges decreases under stress.

- The adolescent rejects help by adults due to earlier disappointments from them, and tests them in ways that easily undermine the assistance.
- The adolescent has difficulty in maintaining hope about the future in the face of immediate distress and cumulative failure.

Work with adolescents in a therapeutic framework enables the counselor to foster a nurturing relationship with the adolescent while involving additional persons and organizations both inside and outside the school that know the young person, his family, and his behavioral patterns. As a result, processes of intervention are often combined with the intake process already in the first session. This mode of crisis intervention can enlist the relevant support system of the pupil while aiming to address his internal distress. This may enable the child to have a sense that he is cared for, giving room for other forms of intervention.

Providing therapeutic guidance for the parents to help their child is a legitimate and expected intervention within the school context, and can be significant in meeting and understanding the students' needs. This dialogue typically stays focused on the student's functioning, and does not turn into ordinary family therapy. On the other hand, it does not preclude the possibility that the parents may engage in significant and deep personal processes that are relevant to their functioning as parents within this situation. The educational counselor can help parents go through such processes, or prepare them for receiving help from other mental health professionals.

The contact with the counselor is often the only ongoing therapeutic experience that most young people who experienced trauma will have. The counselor's intervention is more effective when it is based on the recognition of the uniqueness of this encounter in the student's life.

Dropping out of therapy – whether in a hidden or manifest way – is particularly typical of adolescents undergoing emotional turmoil, and can have short and long term detrimental effects. A skilled school counselor can help decrease the chances of dropping out. The needs of young people in stressful situations are numerous and varied, and are not limited to the trauma-related needs. The stressful situation

activates and highlights other needs that surface and can be overwhelming. The educational counselor has a mandate to advocate within the school for the unique personal needs of students that at present impede them in realizing personal and educational goals. This act of advocacy also involves educating the staff regarding the needs of the traumatized child and the role of the school in the recovery process. The counselor encourage early identification of students in needs in order to intervene immediately in order to gradually get the student 'back on track,' so his difficulties are attended to prior to a deterioration in functioning.

The expectations from the counselor change as the school changes its perception of its role in attending to students if distress and trauma. The traditional counseling model maintained, for the most part and for good reasons, that the counselor should recognize his limitations, both in terms of his therapeutic training and in terms of his ability to deal with a large number of students for whom he is responsible. He should identify the boundaries of his professional responsibility, and beyond those boundaries, he should refer students out for therapy. The psychosocial educational approach relates to this question in a slightly different manner. According to this approach, few young people, if any, receive the privilege of a therapeutic relationship with a counselor, and most youth in need do not follow a recommendation to meet a therapist in the community. Given this, the counselor is expected to view the school-based intervention as critical and as probably the only treatment that youngster will receive. In order to meet this challenge it is important to identify the young person's needs and to ensure that additional 'forces' within the school or in the community treat him. The bond between a student and an involved staff member is the best basis for a referral to a professional in the community. However, the role of the counselor and the school should not end with recruiting the therapists. He continues to be a significant figure for the student, accompanying him and ensuring that he indeed receives the treatment that he needs, and that the decisions made in his regard continue to be valid.

## **Summary**

In this chapter, we touched upon a number of key difficulties in the role of the school counselor coping with ongoing and recurring situations of stress and trauma. We attempted to bring into focus issues that until now have not received much attention,

and that, in our opinion constitute key points in the counselor's ability to cope with ongoing traumas. They include: the school's view of its ongoing role in assisting traumatized students and children at risk, the counselor's ability to work with the leading figures in the school, the effect of the counselor's inner world on his functioning including the fear of painful contact with unprocessed parts of his inner world, and over-identification with the student and his family.

The school has the potential to assist children who experienced traumatic events. This potential can be realized if the school and its educators become mindful of, and involved in, the long process of readjustment and recovery following trauma. Overcoming obstacles that block the involvement of counselors, principals and educators is critical in becoming available and open to meet and help these distressed students.

A close examination of the examples presented points conclusively to the great importance of supervision and support for counselors and educators dealing with terrorist attacks and traumatic incidents. In addition, we have found that "peer supervision," working groups, or personal can offer the supervision and support needed. In recent years, a number of publications relating to this question were published. Ayalon and Shaham (2000) describe a health promoting approach for helping therapists deal with trauma from war; Chen-Gal (2003) suggests a number of characteristics and guidelines for running support groups for clinicians who have experienced secondary traumatization; and Klingman (2002) describes a short-term intervention model used with Israeli school counselors during the Intifada aimed at reducing burnout and reinforcing the feeling of capability. All of these publications come up with the assertions that it is vital that the counselor does not cope alone, but rather receive the assistance, support and supervision necessary for effective coping with these difficult situations. We believe that by addressing the possible difficulties discussed in the present chapter and attempting to respond to them in some way, the counselor and the school environment can improve their ability to respond effectively to the needs of children who underwent traumatic experiences.

## CHAPTER TWO

### **The Role of the School in Promoting Resilience in Situations of Ongoing Stress and Trauma**

#### **Abstract**

The present chapter examines how school interventions can be suited to the developmental needs of children coping with traumatic experiences. The first section discusses risk factors and resilience, with special attention to characteristics of the educational environment. The second section analyzes case descriptions from the school setting. We claim that the efficacy of the post-traumatic intervention is dependent upon the degree of personal attention and attunement to students' needs prior to and following the event. The third section presents a typology (Mor, 1997; 2005) that distinguishes between three risk-causing factors: ongoing educational difficulties; emotional and relational difficulties; and anti-social behavioral patterns. The typology enables the staff to tailor meaningful interventions that are suited for each case.

Children exposed to traumatic events are at risk for developing various degrees of post-traumatic reaction. Klingman & Cohen (2004) noted that events involving intentional violence have a more damaging impact than those caused by a natural disaster or accident, eliciting more intensive feelings of insecurity and lack of control. A traumatic reaction can also occur following indirect exposure to the traumatic event through connection with family members or friends who were affected, or from exposure to the events through the media.

The reaction of a given child or young adult to a traumatic event cannot be predicted with certainty based on personal characteristics or the intensity of the event. At the same time, it is agreed that certain personal, familial and social variables correlate positively the kind of adaptive reaction the person might have to stressful conditions (Yehuda & McFarlane, 1993). In our discussion we will repeatedly relate to the terms of risk, protective factors and resilience. We first succinctly present the way we use these terms:

## **Risk, Protective Factors and Resilience**

The concept of risk relates to the probability of a significant threat to hamper a person's proper development and functioning. There are many studies in the educational literature dealing with the concepts of "risk," "defense" and "resilience." These studies are based on the assumption that a better understanding of both risk factors and protective factors facilitates the development of efficient ways of assisting at-risk children and adults (Werner & Smith, 1992; Werner, 2000).

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**Risk factors** – For our purposes, this term refers to factors that are likely to interfere with normal developmental processes. These include: on the personal level – difficulties in modulating affects,, developmental problems, difficulty in forming social relationships; in the familial sphere– poverty, deficient parenting, emotional problems of parents; and in the community context – failure in school, attrition, drug use, alienation in school or in the community.

**Protective factors** – Under 'good enough" developmental circumstances, one's adaptive and functional abilities are strengthened. Intra-personal factors such as flexible adaptive strategies, ability to problem solve, capacity for modulation of strong affects in novel situations, all develop during the various stages of childhood. Also associated with protective factors are personal resources such as positive self-perception and a strong communicative ability; family resources such as a supportive extended family; and the conditions and resources in the in the school setting, including the child's sense of affiliation with the school and the personal connection to staff and students (Rutter, 1987; 1991).

**Resilience** – The concept of resilience is borrowed from the realm of physics, and describes the ability of a material to return to its original state after it has been subjected to stress. For example, a spring coils under stress, and has the resilience to return to its original state after the stress is removed. Resilience in its psychological sense relates to the ability of the individual to deal with changing conditions that are potentially stress provoking by using effective problem solving behaviors that enables

the person to function optimally. Resilience does not imply the existence of a single trait. Rather, it might be perceived as a synthesis of a several factors that ultimately assist the individual in adjusting to society and pursue personal goals, despite exposure to situations of stress and trauma (Brooks, 1994, Rutter, 1991; Werner, 2000).

### **Characteristics of Resilient Individuals**

In the 1960s, Block & Block coined the concept of "ego resiliency." Ego resiliency (to which we will refer as 'resilience') represents the capacity to form a creative and functional goodness of fit between the demands of a situation and a person's behavior (Wolin & Wolin, 1995). A person with good ego resiliency has a rich repertoire of strategies for solving social, personal and cognitive problems, and an ability to use this repertoire in a flexible manner. At the other end of the continuum is the concept of ego brittleness, namely a difficulty in coping with anxiety-inducing problems due to rigidity in ego functioning and inflexible problem solving (Klohn, 1996; Block & Kremen, 1996). Ego resiliency enables a person, at various periods of life, to successfully cope with adversity, and to adjust in a sound and effective manner to the environment despite the existence of difficult or threatening circumstances.

The main goal of an intervention program in an educational environment is to enhance the staff's ability to hone in on the educational and personal needs of the students in order to provide the students with the appropriate conditions for developing resilience. In what follows, we would like to examine the ways in which the work of the school can promote resilience and support the proper development of students.



## **Resilience among Children and Adolescents Growing Up in Conflict Zones**

In their book, No Place to be a Child: Growing Up in a War Zone, Garbarino et al. (1991) discuss coping among children who live in a number of conflict-ridden zones around the world: Cambodia, Mozambique, Nicaragua, Chicago, and the Gaza Strip. The authors examine, through interviews with children the psychological mechanisms involved in coping with such circumstances. Garbarino et. al. observed a number of factors that promote resilience and lead to pro-social behaviors and healthy adaptation among children who live in conflict zones:

**Active Coping** - In emergency and crisis situations, active coping strategies that combine efficient problem-solving with social engagement proved particularly helpful to the individual's adjustment. In contrast, less helpful are passive tendencies that lead to disengagement and withdrawal. Those who despair experience a heightened psychological vulnerability, while those who continue to struggle in order to preserve a sense of purpose, and who tend to others' needs, are more resilient. Differences in temperament are likely to have an effect. Some children are born more active and extroverted than others. Many studies have found that children, who managed to survive by adapting, had unique endowments that enabled them to find the sources of social and personal assistance that they needed. It is suggested that active coping styles can be learned and adopted by children who are not born with such endowments.

**Ability to Understand the Reality and Positive Sense of Self** – Here we relate to the ability to understand, to 'read' situations and people, and to see alternatives. For a child who lives in a war zone, every ounce of intelligence increases his chances for survival. Intelligence, as manifested in deciphering significant environmental cues, constructing effective understanding social situations, and the speed of executing these operations, helps the child to establish the minimal sense of order in order to make the best possible decisions for the circumstances. This sense of self volition and cognitive understanding leads to a feeling of self-efficacy and self-confidence that counters the ongoing erosion of the sense of competence that is affected by the lack of personal control over the situation.

**Stable emotional ties with a parent or another person** are an important for the child's coping with difficult circumstances. Children who benefited from warm and positive relations with their parents develop an internal blueprint of what it means to "be a person," on which they rely in difficult times. Recent studies demonstrate both physiological and psychological evidence that secure parent-child attachment promotes resilience. Feldman & Halleq (2005) who studied "mother-child synchrony" in mothers and children, who experienced trauma together, noted that the quality of synchrony determines how the child experiences the traumatic event. A similar result was found in a psycho-neurological study by Schore (2001) citing evidence suggesting that secure mother-child attachment is critical in forming the ability to process both novel events and stressful situations.

**Open and supportive educational climate** – The school context serves as a significant protective factor. A child who grows up under difficult circumstances is in greater need for the social support and care that is provided by the school environment. An education system that is tuned to the child's needs provides a path for personal and normative achievements, and strengthens active coping skills.

**Support from individuals outside the family** – Children are not just part of a family; they are also part of the community. The way in which the community offers a child and his parents help and guidance plays a decisive role in his adjustment. Community agencies, such as the particular religious community and the youth movement, have multiple ways to be of help to a child who experienced trauma. For the purposes of our present discussion, it is important to recognize that these agencies have difficulty in approaching trauma survivors who withdraw or refrain from community settings. Perhaps the community's role is the clearest in dealing with orphans and children whose parents are unable to assume the full parental role (e.g. due to emotional handicaps, involvement in demanding post-injury physical rehabilitation, etc.). Here the community has a role in offering orphans and abandoned children a second chance through substitute providers of care (adoptive and foster families, appropriate group homes, etc.). It is important to preserve the understanding that appropriate placement of a child is not enough, since at the child needs an opportunity to process his multiple losses- the loss of his parents, and of the home and social environment.

## **The School Environment and the Promotion of Resilience**

Studies on resilience and effective education have spawned an examination of the school environment as potentially contributing to protective factors. Garbarino (Garbarino & Kostelny) found that despite environmental pressures, 75-80% of the children in their study were able to benefit from school activity aimed at healthy adaptation when the schools were sensitive to them and their difficulties. Bernard (1997) claims that successful development is a function of the quality of the personal relationships and the opportunities that these relationships offer for self-actualization.

A number of characteristics were found to be common to environmental systems supporting growth and development. The central ones are:

- a. **Caring relationships – support, regular and stable presence of the adult mentor for the child or adolescent** based on trust and unconditional care, arising from the adult's ability to see what underlies the external behavior. The adult recognizes the underlying emotions and needs, such as, confusion, guilt, loss of confidence, sorrow, and mourning, which account for the child's actions. Stated in existential terms, Bernard (1997) states that the helping adult's approach to the child should be authentic accompanied by personal involvement, recognition of the child as a person, active listening, shared discovery and affirmation of his strengths and talents, and the joint construction of the child's life narrative (Bernard, 1997). In Israel, Tahel Ran staged an autobiographical play entitled "Ishonim Medabrim", 1998 (Pupils Speak). In this play she describes experiences of sexual and physical abuse. She depicts how the presence of a caring and involved adult was critical for her in preventing self destructive behaviors, in being able to get support during hard times, and in moving on to explore creative venues.
- b. **An adult who takes an interest in, and recognizes the child's difficult experience.** Alice Miller (1990), studied resilient children who had undergone trauma and abuse, and demonstrated the healing power of the adult who believes in the coping ability of children, and who is willing to listen openly to the child's personal story. She found that in every case of successful outcome, there was a significant adult who helped affirm the child's perceptions, and in

so doing enabled him to recognize the fact that he had been wronged. The significant adult has a role in helping the child make sense of overwhelming experiences. At times the child assumes responsibility for occurrences that were beyond his control. The child needs the recognition and the articulation of his inner experience by the adult on whom he relies upon in the recovery process. In addition, the adult's role is strengthened by the capacity to identify potential positive outcomes for the child in the future. Ogden (2004) in very similar words describes Winnicott's concept of parental holding. Parental holding assures the child of his continuity, of a hopeful resolution, of an end to overwhelming anxiety. This kind of presence may be present also in the school setting. A teacher, a counselor, or another staff member may be able to recognize the child's hidden potential, and understand that the current status quo is not an immutable reality.

- c. **Expectations of achievement and optimal functioning, while providing appropriate support.** Conveying expectations and demands for achievement while maintaining clear boundaries in the educational framework, creates a feeling of security and makes it possible to look ahead. A similar effect is achieved by introducing rituals. These serve as significant milestones in the child's educational process helping the child to organize the internal confusion and uncertainty that accompany situations of risk and exposure to ongoing states of emergency. Children who were exposed to traumatic events are particularly in need for a reliable guiding hand. They long for adults who can assist them in comprehending themselves and their environment, adults whose caring eye gives a sense of belonging.
  
- d. **Opportunities for active participation** – Proper development of children and adolescents is facilitated by opportunities for taking responsibility and experiencing one's own volition. A framework that provides a young person with a genuine opportunity to be active and productive encourages development and growth. Interventions that are helpful for children at risk are those that enable children to develop at their own pace, encourage them to ask questions, encourage critical thinking and learning by experimentation and experience. Such interventions are characterized by a particularly high level of student participation. They include real choices, allow participants to

determine the content, and enable each student to determine for himself the behavioral norms (Johnson & Johnson, 1989, Slavin, 1990).

A comprehensive study regarding the characteristics of resilience-promoting educational activity among at-risk students (Mor, 2003), suggests that there are recurring aspects that characterize educational systems that nurture resilience and resistance:

1. Educational systems that place the person in the center – According to Glasser (1998) the teacher himself in his personal beliefs, involvement, and pedagogic stance, is the "main educational tool" for creating positive developments in students who face situations involving risk. Glasser maintains that teachers, in order to advance their at-risk students, need not only educational training, but also expertise in processes of development. In understanding child development they can identify the particular child's needs. In their willingness to learn about themselves, their personalities, and their behavioral and thought patterns they avail themselves in a fuller way to respond to the child's needs. Accordingly, self-awareness is vitally important to teachers as they work to 'reach' the souls of young people.

Growth-enhancing processes for students exposed to risk (including trauma) are made possible when educators and therapists know how to learn from their own relevant personal experience. Educators can learn from their lives about failures and successes, their adolescent experiences, the risk factors and protective factors in their lives, and about the way they deal with risk, distress, and trauma, including the various paths that enable development and growth. The awareness of educators and therapists regarding their own coping processes enables them to understand more deeply the tools necessary for fostering growth and development among students exposed to risk. The effective utilization of parallel processes between teacher and student and the adults' ability to recognize the affective echo of the student's experience in their own internal world are seen by us as critical for promoting growth. Being in tune to one's own internal experience, allows for a more accurate use of the relevant theories and intervention techniques. It affects all aspects of the intervention: the understanding of the student, an appreciation of his experience through the adult's self examination, the

selection of the intervention, and an interpersonal presence that communicates a deeper understanding and a personal connection.

Cohen (1999) emphasizes that the developmental path of teachers expands as their social and emotional abilities expand. Self-knowledge makes a significant difference. It augments teachers' teaching tools, and impacts everything they do with students. It is important that teachers immersed in understanding the emotional and social lives of their students give the time to do the same process for themselves. Social-emotional learning can be viewed as an essential aspect in the education of children, and as a vital characteristic of all successful educational reforms, particularly in the case of students at risk. The more an educator focuses on developmental changes in his students, the more supportive and empathic he can be. As we have noted, teachers' empathy and understanding, are broadened in a corresponding way by self study.

2. Education systems that cultivate optimal relationships between teachers and students – the importance of interpersonal relationships in the school context are particularly critical in allowing teachers to take a mentoring function. In times of crisis and acute need, students often seek an adult mentoring figure that recognizes their subjective experience, helps in offering an optimistic coping course of action, and gives meaning and order to an incomprehensible situation.

A sense appropriate closeness is that which enables the teacher or therapist to recognize his students personally and from up close, and at the same time, enables the students to relate to him as a significant adult who is able attend to their needs while relating to their entire world –personal, educational, social and familial. Optimally, such closeness is based on a holistic perspective that reflects a broad view of the entire person of the student. It seeks out the subjective viewpoint based on an assumption that the closer the teacher is able to approximate the actual experience of the student, the greater the therapeutic potential of the interaction between them, and the greater the student's experience of "being understood and contained." Staff collaboration increases the likelihood that staff members would enter the subjective world of the student, since it forms an integrating context for the unique potential contribution of various staff members who see different aspects of the same student.

Bernard (1996; 1997) notes the determinative effect of a supportive, trust-based mentor-student relationship in cultivating resilience among at-risk children and adolescents. She claims that this can be achieved when the adult's interest in the young person is authentic and personal. Rhodes (1994) claims that compared to ties created between professional service providers and their clients, the relationship between natural mentors (including teachers) and those under their charge are characterized by a greater intensity, greater affective involvement, and a closer connection.

3. Educational systems that search for teacher-student pedagogic relations– The school curriculum must be sufficiently flexible to enable individual development and successful mastery of scholastic tasks. Kronik & Hargis (1990) suggest that often it is critical to adjust the curriculum, rather than expecting students to adjust themselves to the requirements of the curriculum. Following this perspective, it is important that the teacher learns to follow and understand the developmental process of the students and to seek the key that leads to their hearts. The teacher learns, each time anew, to overcome the small and large disappointments that arise from the child's acts, and preserve the long term goals for the student. This long term perspective helps tackling the obstacles that arise time and again in the intervention- process.

Effective coping with situations of risk within the school occurs when the school-staff know how to provide students with an educational setting that is appropriate to their developmental needs. A setting that relies on an ongoing dialogue is central in devising creative responses that lead to significant development and to personal, educational and social mobility among students exposed to risk (Mor, 1997). Creating such a setting depends on a deep understanding of the sphere of student risk, and on the motivation to create protective conditions for the students

The extensive activity in the educational system initiated by 'Ahshalim,' JDC (Israel) and the Ministry of Education, has led to the formulation of an approach for nurturing the resilience and strength of at-risk students, labeled as "the psychosocial educational perspective" (Mor, 1977). This perspective was created with the aim of directing the personal and professional development of those educators and clinicians interested in expanding their ability to promote growth among at-risk children, and to assist them

in overcoming the various obstacles that inhibit whole-self development (Mor and Lurie, 2005; Mor and Mendelson, 2005, Razer, Friedman and Sulimani, 2003).

### **The Psychosocial Educational Perspective for Work with Children in Distress - Theoretical Foundations**

The psychosocial educational perspective relies on a combination of three theoretical sources: existentialism and humanistic psychology with their center on the person as a subject; psychoanalytic theory and its important insights regarding the relationship between development and the facilitating context; and cultural critique that deals with processes of marginalization that defines groups who are unattended to or discriminated. (Mor, 2003)

Existentialist-Phenomenological Philosophy and Humanistic Psychology

#### **A: Existentialism and Sartre**

In this brief outline, we point out key elements in existentialism that influenced the formation of the psychosocial educational viewpoint. Whereas schools deal with groups of students, and tends to examine the needs of the “student body”, existentialism hones on the experiences of the individual, of the subject. Some of the central terms in existentialism were introduced by Jean Paul Sartre who is perhaps its most well known spokesperson. His writings dealt largely with the question of existence, suffering, despair, one's own mortality, and with the terror of death. This interest in existential terror and despair is relevant to the understanding trauma survivors of all ages, who experience such existential questions and sense how the trauma shook what was previously seen as stable characteristics within oneself and within the immediate environment. The suffering that results from trauma is imposed on the individual. Sartre, as we will outline, looks at suffering with the relationship of this experience to meaning making and choices.

Sartre (1946) does not believe that suffering is a dimension of existence that must be overcome in order to turn a miserable reality into one that is rich and significant. Suffering is embodied in the meaning of freedom. Lack of confidence, alienation and



arbitrariness are all unavoidable elements of the human condition. Man suffers because he also has choices that pronounce his personal freedom. The freedom that is embodied in the act of choice is what makes him responsible to himself and to his world. Man, according to Sartre, is a free agent who constructs meaning out of infinite array of possible choices. His future does not arise from his past, but rather from his choices.

The concepts "freedom," "responsibility" and "choice" are central concepts in existential philosophy. They are interrelated dialectically, since the existence of any one depends on the other two. Freedom is not a static state that is given, but rather an experience that has a life of its own. A person is born dependent and constrained, and his very progress along the path of life entails the possibility of greater freedom. Growth and emotional expansion enable a person to increase his degrees of freedom, and by the increased scope of choices, the experience of suffering is altered. Responsibility takes expression in understanding that the expansion of my freedom at the expense of my fellow will ultimately increase the suffering of us both, since there is a connection between myself and the other (Wertz, 1994).

Experiencing a traumatic event places a stumbling block in the child's developmental path. There is a direct relationship between the child's ability to recognize the arbitrary context of his life not as a binding destiny depriving him of choices, and his ability to feel free to make choices. Whether the traumatic event occurred completely out of the child's control, or in connection with a choice the child made, it is likely to affect every decision in the period following the trauma. "Can I guide my own life?" "Do my decisions really matter?" "Would I cause damage to myself and others by taking responsibility and make choices?"

On the affective level, the emotional reactions and the post-traumatic hardship themselves are experienced as imposed and unwanted. In this context, it is a challenge to the child to sense ownership and responsibility over his/her own emotions, and to view inner choices as possible. Similarly, it is a challenge to accept one's difficult feelings and reactions, since deciphering them is an alternative to being repeatedly tormented by feelings that are dealt with by avoidance. These concepts are useful in approximating the subjective experience and the inner struggles of the child or adolescent in distress. The challenge confronting professionals is to help the young

person expand his degrees of freedom. A student confronting an authentic situation of choice in the posttraumatic phase is presented with a potential opportunity for growth, in which he can learn about his decisions and their ramifications and gain a sense of ownership and responsibility over his life.

An existential-phenomenological orientation is appropriate for trauma work that considers students' individual experiences, since it offers a real focus on the particular experience of every student, whatever his family and cultural background. Although the feeling of helplessness is common to children and adolescents who experienced trauma, each student has his own subjective experience that should be recognized and related to differently. In other words, in order to understand the student and to work with him in a manner suited to his subjective needs, it is imperative to understand his subjective situation, and not to relate to everyone who underwent a traumatic experience in the same manner. This gives room for recognizing and understanding, to name few examples, the student who does not show up at school and is in danger of dropping out, the student who actively opposes the school's dominant culture, and the student who is not 'available' for studies due to the powerful feelings of upheaval that overwhelm him.

We can contrast our approach to a standardized educational approach that focuses on age-norms, normative responses and collective needs of the students. Within this approach many beneficial interventions can occur immediately following the trauma. For example, if a trauma occurred within the school's context, various group interventions, memorial ceremonies and a timed return to the school's routine are a likely course of action. If an individual child suffers from a personal loss or trauma, the school is mainly involved in re-integrating him in the school tasks. It is likely that in this context, the long-term impact of traumatic events on students would go unrecognized. The responses on the part of the "standardized" school address the group, and are therefore relatively blind to individual differences and non-normative posttraumatic reactions. This emphasis on normative processes reflects the view that education, in essence, is a process of socialization that tries to inculcate in young people the rules and laws governing society, and in so doing prepares them to be functioning and productive members of the community. This process includes "socialization of affect" where the forms of appropriate and adequate affective

expressions are also mediated by the education system. The psychosocial educational approach, in contrast, is based on a phenomenological, subjective understanding, according to which in education there is no uniform truth; rather, there is a place for varying viewpoints and the individual subjective experience needs to be appreciated. In our view, when the subjective needs of the student at risk are not addressed, then there is a grave risk of escalation in subjective distress and symptoms.

## **B: Humanistic Psychology**

In the 1960s, humanistic psychology appeared as a third "force" located between psychoanalytic psychology and behaviorism. Humanistic psychology is rooted in existential-phenomenological philosophy, and incorporates four key principles:

1. **The person having the experience is at the center**, and therefore, a person must be studied from his actual life circumstances, and not in a contrived laboratory setting. This relates to a basic premise that people are subjects and not objects, and that psychology, as the study of the human species, is a human and not a natural science. In order to understand people, a holistic. People should be viewed and described in terms of personal awareness, including their subjective experience and the way in which they perceive and understand themselves.
2. **Human choice, creativity and self-fulfillment are preferred topics for study.** Humanistic psychology claims that it is important to learn from healthy and creative people. Underlying humanistic psychology is the belief that people have an internal drive to progress and develop their potential and seek self-fulfillment. Pathology arises from a disturbance in these natural processes.
3. **Emphasis on qualitative research that aims to study subjective meanings and processes.** At a time where quantitative research monopolized psychological research, humanistic psychology stressed the value of searching for methodology that investigates human meaning and experience. It is possible to see the burgeoning of qualitative and quantitative methods aimed at deciphering intra-personal subjective processes, as a response to the humanistic psychology challenge of the early 1960's.

**4. Human dignity is a supreme value.** Humanist psychology stresses the uniqueness of the person and his/hers potential for a meaningful existence. It is part of human nature to aspire to meaningful achievements, responsibility, and the opportunity for creative expression.

Karl Rogers is a key figure in the humanistic approach. His theory places people at the center, and emphasizes the concepts of "self-fulfillment" and "self-actualization".(Cohen, 1997). This concept implies that there is an internal, innate, perhaps even biological force, propelling a person to develop his abilities and talents to their fullest expression. The main motivation of the individual is to learn and grow. Growth occurs when the individual confronts problems, struggles with them, and through these challenges develops new facets of his skills, abilities, and viewpoints on his life.

Rogers's underlying assumption is that people have a resilient inner force that helps them overcome adversity. Such resilience is most likely to develop with the help of others- self-actualization, although it is a natural process, requires the nurturing of a parent or caregiver. Central to his approach is the viewpoint that every individual possesses internal resources that enable him to achieve self-understanding, to formulate a coherent self and adopt concomitant behaviors, and that these sources can be cultivated with the help of an enabling educational-therapeutic climate.

### **B: Psychoanalytic Conception of Growth-promoting Relationships**

From its early years, psychoanalysis was concerned with the facilitating environment and its impact on the person and on the therapeutic process. Development occurs in context. Psychoanalysis studies in depth the complex and highly personal ways in which the subjective experience and one's personal attitude towards the surrounding environment are formed. The interaction between intra-subjective processes and the surrounding context were already highlighted in Freud's early writing (Freud & Breuer, 1897). Focusing on unconscious processes, he noted in detail how early experiences propel later fantasies and

emotional reactions, and how later trauma becomes entangled with earlier traumatic experiences and internal conflicts (Freud, 1905, 1918).

The movement of Object-Relations in psychoanalysis serves as a turning point for us, in examining growth as occurring within relationship. Using Freud's writing as their point of departure, Object Relations theorists foregrounded the question of psychological growth within the parent-child relationship (Greenberg & Mitchell, 1983). This transition can be viewed as a move from a "one person" approach centering on the subject as the focus of classical psychoanalytic study, to a "two-person" post-classical approach that studies the subject's development in an interactive context.

Contemporary psychoanalysis incorporates a wide variety of theories that examine the development of the individual in the context of significant relationships. These theories include Kohut's self-psychology, and inter-subjective and the relational approaches. They investigate how inner structures, moral behavior, capacity for intimacy, sense of trust, ability to modulate affects and desires, to name few examples, develop in the context of relationships with significant nurturing figures.

Heinz Kohut (1971, 1977, and 1984) studied the development of the self. He examined the subjective experience of his patients, and developed a new language that helped define conscious and unconscious needs. The appearance of these needs is often directed towards the figure of the therapist or other significant figures. He redefined the use of the term "transference" to include unconscious yearnings. These yearnings or transferences do not necessarily represent a re-appearance of earlier childhood experiences. Rather, they reflect present opportunity for self-development that requires the empathic participation in the therapeutic situation of the therapist. The opportunities for self-development are ever-present. Corrective emotional experiences allow for re-working of pained, traumatized, or avoided internal areas, and allow new developments in the context of a finely tuned facilitating relationship that is responsive to the person's inner needs.

Kohut stressed the role of empathy in interactions and in development. Being empathic means to allow oneself to feel the hidden needs and subjective experience of another person. Empathy entails a willingness to internally reverberate the experience of another person by envisioning another's experience. An empathic response is attuned to the inner needs of the other person, and implicitly addresses the other person's subjective experience and yearnings. The template of empathic response is, under normal circumstances, set in early development with the mother's ability to recognize her infant's needs, many of which cannot be communicated verbally. The empathic parent does not give the child what he or she wants, but rather what the child needs. The child may want to have dinner on the floor where he plays. And the parent may experience, through her empathic response, that the child needs the parent to assert the house rules and parental authority. This empathic response, is a product of the mother imagining the child's inner needs, her attunement to her own responses, and her ability to discern the appropriate mode of intervention.

Often, children who have experienced a traumatic event feel that the response of the environment is not empathic in the sense that it is not responsive to their needs. The needs that are not met seek respite and attention through other means. There are many ways in which these needs are expressed including withdrawal and acting out. Kohut's perspective is to view acting out as a testimony to environmental failure to attend to needs, or in his terms, reflecting "empathic failure". Those children who withdraw passively have given up on their ability to actively elicit assistance from their environment, sensing futility and hopelessness. Other children have enough internal strength and can lash out in order to elicit a fitting response from their environment in order to meet their needs. Accordingly, we see trauma victims who display violent, rebellious and destructive behavior as unconsciously turning to their environment for empathic assistance. That is, when the environment of the child in distress in the wake of traumatic experiences does not accommodate his or her special needs, a plea in the form of anti-social or anti-institutional behavior often takes place. These behaviors usually assume two common forms:

1. Manifesting emotional needs by articulating distress through words, behavior, lower performance, expressive clothing, etc.
2. Disturbing behaviors that tests boundaries (e.g. truancy and theft): the child attacks the environment seeking unconsciously an adult figure that will enter his intensive angry and pained subjective world. In his actions, the unconscious hope is that the adult will see beyond the disciplinarian responses to the provocations.

Donald W. Winnicott is another central figure in psychoanalysis who discussed the development of the self in the context of parental figures. The title of one of his books reflects his perspective- Maturational Processes and the Facilitating Environment (1965). Winnicott thought that there is much to learn from the mother's spontaneous and natural rearing approaches to her children. One of the key quality that the "good enough mother" has is an inner space to consider the child's needs and wishes. He labeled this inner space as "maternal preoccupation". The maternal preoccupation is part of the background of safety that the mother provides for her child. The mother cares for her child both through handling and holding: the former with concrete needs, and the latter involves emotional and affective support.

Winnicott's (1986) examined cases of children who were involved in theft or other forms of delinquency. He noted that the child appeals unconsciously for help from the environment. By his acting out, the child expresses hope and manifests that he has not yet despaired of the objects (i.e. significant people) entirely. Many symptoms, including those with anti-social characteristics, attempt to send a disguised message to the environment: 'respond to me and fulfill my needs.' In terms of the child, who is in a state of distress, violent or overtly dysfunctional behaviors are sometimes the only avenues that the child can muster for eliciting a response from the environment for his needs. One of Winnicott's well known articles captures this concept in its title "Delinquency as a Sign of Hope" (1986). When the gaps and deficits are greater, the post-traumatic child is liable to relinquish the hope that adults in the environment will respond and provide for his needs; in such a case, s/he will not demonstrate anti-social behavior. Rather, s/he will withdraw inwardly, resulting in responses of depression, withdrawal and isolation.

In our interventions, we are greatly influenced by the Inter-subjective and Relational schools in psychoanalysis. They demonstrated the interplay between the subjective processes of patient-therapist within the therapeutic dyad. This interplay is present in the parent-child dyad within which development occurs. The child's inner states are greatly influenced by the parent's inner states. We see similarly examine the intricate interplay between the pupil and the educator both in instances that promote growth and in instances that were unproductive. In regard to working with traumatized children, it is important to highlight the following points:

1. Change and recovery occur in a relational matrix. Forming a significant relationship with a traumatized child is essential for the recovery process. Due to the interplay of subjective processes, there is a great importance to the inner processes of the adult in the inner world of the child. Gerson (2004) referred to the layers of shared experience as creating also "a relational unconscious". He describes clinical cases in which the mutual unconscious processes, strengths and fears, influenced and potentially aided the therapeutic process. The susceptibility of the patient to the inner process of the therapist calls for great attention to the inner processes of the therapist in the clinical setting, and of the inner processes of the educator, in the school setting.
2. The impact of trauma negatively affects the sense of hope. The recovery process involves a restoration of hope. This process in therapy and in other contexts occurs in an interpersonal context. Mitchell (1993) demonstrates how the gradual regeneration of a sense of hope is depended on the sustained presence of a significant other who is able to maintain a hopeful perception of the person, participate in the efforts for meaning-making and recognize the depth of the emotional processes involved (Mitchell, 1993).
3. The helper of the traumatized child cannot avoid having strong personal reactions to the child and the material that is being presented. These reactions are part of the intervention process, and may contribute or impede the therapeutic process. Avoidance and withdrawal are common reactions of therapists who intervene with trauma victims. Trauma evokes in the helpers, their own past trauma, and challenge with the difficult experiences of helplessness, distress, and dissociation. Davis and Frawley (1994) describe in detail the difficult counter-transferential reactions that beleaguer therapists



who treat survivors of childhood sexual abuse. These reactions enact aspects of the traumatic events and bring forth critical therapeutic material. At the same time unless identified and processed, they can be detrimental to the treatment process. These counter-transference enactments include the therapist becoming in the interaction: the unseeing and uninvolved parent, the sadistic abuser, the idealized omnipotent rescuer, or the seducer (Ibid, p. 167-185). In the educational context, teachers or counselors need the appropriate support and guidance in order to deal with the strong evocative processes that are generated by the interactions with traumatized children.

Psychoanalytic theories are invaluable to the understanding of educational settings. In the educational context, the teacher-pupil relationship bears resemblance to the parent-child relationship. The question of growth and development is also central in this connection all the more so when dealing with traumatized children. For some students, the relationship with the educator supplies an opportunity to rely, identify and connect with a significant figure outside the family. There are also children who need educators to fill, to a degree, an absent parental function. This parental function has many possible aspects, such as, aiding the child in defining his or her experiences, and providing a caring and trusting eye that supports and follows the child's recovery process. Traumatic situations generate distrust in parental figures that proved "unable" to protect the child. The challenge of the teacher or counselor is to regain the child's trust, bearing in mind that now the need for adult support is all the more urgent. The role of the adults in the school is to provide a containing environment that is stable and trust-worthy in order to enable growth. In other words, en route to independent and healthy functioning, a child can benefit from regained sense that he can rely and depend on adult figures. When the homeroom teacher or counselor takes it upon himself to be such a significant figure, the child in distress can benefit from a significant contribution to his development. Members of the school educational staff can serve as the 'significant other' for at-risk teens and in so doing, assist them in their developmental process. When the educator is able to have the inner space to consider the traumatized child inner experience, and is geared to insist on the child's needs during the recovery process, s/he is providing an essential psychological assistance. For the traumatized child, the holding function of the adult, the empathic responses

and the inter-subjective engagement join together to provide a context that facilitates recuperating.

The very understanding that the obstacle to recovery and self-fulfillment among at-risk children is related to their relationships with adults and peers generates new options for educators in their desire to change the situation of students in distress. Accordingly, educators can hone on the task of creating student-teacher relationship that extends beyond the relationship with the parents and enables growth. The role of the teacher is much broader than that of a cultural agent who imparts knowledge or values. In our view, teachers are also responsible for the personal growth and development of their students, and must provide them with the conditions necessary for learning in a way that touches the entirety of their person. The teacher has many hours of direct contact with students and is therefore a central figure in their lives. The teacher's behavioral patterns have a great influence on students. Teachers are faced with the challenge to cultivate a supportive and attuned relationship with their students with the purpose of creating for them experiences that encourage and cultivate their personal development.

Some teachers and educators do not avail themselves to the task of being personally committed to their students' personal well being. We believe that with appropriate training and supervision they can be helped in viewing the child's need and intervening in suitable ways. Such training should also be attuned to the teachers' particular needs and difficulties in approaching distressed and traumatized children. This is of special importance when the teachers themselves are part of the traumatized community. Much as inter-subjective psychoanalytic theory emphasizes the importance of the therapist's own internal processes, so too within the educational setting one should strive for the reciprocal growth of the teacher and student. The first object of change and growth in the school is the staff and administration. Increasing staff members' awareness of their own feelings, their personal biases and avoidant patterns, and their past experiences in overcoming distress allows the staff to be more engaged in the recovery process of their students who were, or are, exposed to ongoing situations of risk and trauma.

## **Educational Systems that Cultivate Attuned Growth-Promoting Relations, and Social Critical Theory**

Social Critical theory claims that schools fail to give students a real opportunity for social and personal empowerment. Standard curriculum is based on a particular selective process that imparts to students knowledge that serves the interest of the hegemonic culture. Education is not free of the social, economic and institutional culture, and schools therefore replicate the discourse and values of the dominant group and perpetuate its ability to maintain power and exert its one-sided influence on the entire population (Giroux & McLaren, 1987).

Cultural Reproduction Theory (Bourdieu & Passeron, 1977), which constitutes part of Social Critical Theory, speaks of the way in which individual experience affects the ideological structure through which interactions are created in the educational establishment. According to this theory, the dominant voices are faced with voices of opposition that at times are silent and at times expressed openly. The "Other's" perspective is often threatening to the dominant culture. This is particularly true about counter-voices of social minorities, of the underclass, and under-privileged. We have found that at risk students and post-traumatic students are somehow threatening to the school's dominant culture. For example, a child who is distressed after the loss of his brother is threatening the school by his depression. The school rallied to his side after the tragedy seeing this as an act that is patriotic and empathic. Yet the depression exposes that the war losses have a long-lasting impact and are irreversible, a fact that is threatening for the soon-to-be-soldiers Israeli high school students.

Paolo Freire, a Brazilian theorist who dealt with educational practice, coined the concept of 'a pedagogy for liberation' (Shor & Freire, 1986) defined as a pedagogy that aspires to create change. Freire claimed that education is only genuine when it has a social goal that can be achieved through dialogue between children and teachers, and through which the teacher develops the students' capacity for independent critical thinking.

The 'pedagogy of liberation' and cultivation of personally attuned growth promoting relations are meant to transform the student from an object into a subject. The teacher

who is focused on his students' needs takes responsibility for processes through which the students are transformed from passive objects into critical and active subjects, from objects of whom standard, age-based tasks are demanded, into subjects who need responses specially tailored to their needs. The humanization of reality begins with the humanization of students. To achieve this, the teachers themselves must undergo a process of becoming subjects before taking responsibility for the students.

Mor (2003) found three characteristics of school systems that cultivate resilience among children at-risk children. These characteristics are also relevant to trauma work in the school setting.

1. Teachers' self-understanding and personal readiness to meet distress: Effective school coping with students affected by trauma requires teachers prepared to learn through themselves and their personal experiences how to support students with the appropriate sensitivity.
2. Teachers' recognition of students' experience and needs: Effective school intervention with students affected by trauma requires the willingness of teachers and other adults at the school to be present and to support the experience of their students as significant and stable figures.
3. Teacher-student interventions that differentially are attuned to the student's needs: Effective school coping with students affected by trauma requires a willingness to invest in educational acts best suited to the student specific needs. These acts must take into account the student's unique life circumstances in order to facilitate his development and his personal fulfillment.

### **The School as a Protective Agent for Trauma-Affected Students**

In Israel, schools respond immediately and intensely following traumatic events that affect their students. During the acute phase, the school-staff with additional mental health professionals are involved in various intervention settings. Students – in most cases – receive intensive support and treatment in individual and group settings. The staff typically reconvenes, if possible before meeting the students, to discuss the situation and work together to meet the immediate distress and create a safe and stable

environment for the students. Assistance is provided based on an order of priorities determined by, "concentric circles of the traumatic effect". This concept serves as an initial guideline in prioritizing interventions. Those at the epi-center of the traumatic event are casualties of the traumatic event, who were affected physically or emotionally by the event. All those who witness the event are in the next circle. Members of families and close friends of victims of the trauma are the next circle. The victims' peers and classmates are the next circle. The school staff, the school-principal and the school as a community serve as another circle that needs intervention. The outer circle that needs attention is that of the professionals who intervene with the traumatized population. Members of the educational staff, supported by those at the forefront at the intervention, identify the parties suffering from direct or indirect exposure, speak with them and locate those who need continued treatment. Some are referred for treatment in the greater community, while others are assisted within the school. Our extensive experience indicates that Israeli schools have developed many professional skills in dealing with the acute phase. At the same time, we have found that schools are finding it difficult to deal with the long-term effects of traumatic events.

It is unfortunate that typically the intervention following traumatic events end prematurely once the presence of the acute phase recedes. The main factors that lead to the termination of the intervention are difficulties in meeting the complexity of the impact of the trauma, the wide range of student responses, and the strong desire of all to resume functioning and resume some kind of routine. The student who exhibits extreme post-traumatic responses is more likely to receive appropriate treatment. However, the student who 'signals' his difficulties to everyone is not necessarily the neediest one. Many students do not communicate distress openly to school faculty, and their distress is easily unnoticed. Students who mistrusts adults, tend to conceal their distress prior to, and following the trauma. They give the impression that 'everything is fine,' and ward off adult intervention. In the intervention process with untrusting youth, the adult first needs to work on proving himself useful and trustworthy in order to form a working alliance with the student.

The best pre-condition for appropriate interventions following the trauma is an in-depth familiarity with the student prior to the trauma. This understanding leads to a

number of questions: what is the role of the school in supporting students exposed to ongoing situations of stress and trauma? How can the immediate intervention be focused towards supporting long-term intervention? What intervention is required of teachers and clinicians in the school, and what kind of contact contributes to ongoing coping?

An ongoing relationship with the student prior to the traumatic event yields a clearer view of specific students affected by the trauma. Personal familiarity with the student involves the following questions: What are the life circumstances of the student, what difficulties did he encounter in school, what behavioral patterns characterized him prior to the trauma, and how can his current needs resulting from the traumatic event be understood in relation to his previous needs. **In our experience, the ability to work through the pain, isolation and fears that are elicited by trauma, is greatly aided by keeping in mind the student's full life story.** Traumatic events disrupt a person's life and create a fissure within the person's life history, and within his emotional life. This disruption contributes to the isolation and dissociation of intense overwhelming affects that continue to haunt the person following the event. The integration of the traumatic events in the person's life-story is a key element in the recovery process, which is gradual and greatly assisted by external figures who accompany it. This accompaniment is usually done by significant people in the child's environment and not necessarily by mental health professional. Part of the role of mental health professionals is to assist the significant people in the child's life to attend to this process. The special place of educators in a child's life' make them prime candidates to take this role. The educator's recognition of the child's struggles, wishes, and resilience serve in selecting the kind of care and support the child is given after the trauma. Children who felt misunderstood and had difficulties adjusting to the school, and were not attended to, have greater difficulty after the crisis, and are at greater risk to drop-out or become completely disengagement from the school world.

In our work with educational systems, we have also seen that they rally tremendous resources in the eye of the storm and paradoxically, this effort is often aimed at the school community and misses the particular needs of the students at risk. The scenario often unfolds in the following way: School staff and additional mental health professionals become intensively involved in meeting students in groups, home-room

classes, individual meetings, staff meetings, meetings with concerned parents, meetings with supervisors from the municipality and education system, and interactions with the representatives of the media. All this occurring during a time of havoc and personal reaction of the staff to the traumatic event and to the casualties. These pressures distract the school-staff from maintaining ongoing relationships with the students through which they can decide on suitable responses to the varying needs. In those schools where the school's mental-health professionals had little ability to be of assistance to the authority figures in the school, the educational staff had a limited ability to intervene with their students both during the acute phase and the long-term phase.

Effective school coping with trauma victims begins with a conscious use of the inner world of the educator-clinician towards coping with traumatic situations. The ability of the school counselor or school psychologist to recruit the school administration and staff to contain the pains of students and parents is tied to his ability to see the school as having a responsibility that complements the home environment. This educational stance usually permeates the school's routines, and is independent of crisis situations. In this spirit, it can be said that the quality of the school's pre-crisis ongoing interventions with youth at risk and their parents is what determines the ability of those affected to rely on educational figures in the school following calamity. The more that the school operates as an environment that promotes protective factors and processes during a routine period, the greater the ability of students and parents to lean on school staff, and the greater the ability of staff to identify the way in which traumatic events are effecting the students.

## **CASE EXAMPLES**

In order to illustrate what has been discussed so far, we present below a number of cases from the educational field. Each of these cases illustrates, in a unique way, the

importance of school-based interventions with students who went through traumatic experiences. The cases also demonstrate how the typology discussed in Chapter 2 is applied in the service of choosing an intervention focus in the school that best addresses the student's central needs.

We chose to present the narratives that were presented to us by school counselors more or less in their original form. We added our analyses following each case.

### **A. Case examples of post-traumatic risk in the context of ongoing academic difficulties**

#### **1. "Tanya"**

An attractive 11<sup>th</sup> grade girl of average height, with blond, smooth hair, Tanya immigrated to Israel from the former Soviet Union approximately four years before the attack. She lived with her grandmother, mother and two younger brothers in an apartment in northern Israel. Tanya's parents separated a number of years ago. Her father remained in Russia, and broke off communications with his children after they left to Israel. On the evening of the attack, Tanya went out with her boyfriend and two girlfriends. As they were about to enter a club, a bomb exploded. The boyfriend was killed in the attack, and one of Tanya's girlfriends was seriously injured; Tanya herself was moderately injured. Her picture, being evacuated by a soldier, covered in blood and crying bitterly, was published in all the newspapers.

Tanya's academic performance was poor since her arrival to Israel, and she continued to struggle with the Hebrew language. The overall economic situation of the family was dire: her mother, who worked as an office cleaner, could barely support the grandmother and her three children. Sometimes Tanya did not come to school since she did not have the money for bus fare. In conversations with the school counselor, Tanya said that she was torn between her desire to continue her studies, and the pressure to quit school and start working in order to help her mother.

Over the course of the year, Tanya struggled greatly with her studies. She didn't receive financial or academic help. In retrospect, it is possible that she suffered from



an un-diagnosed learning disability. There were known incidents where Tanya consumed alcohol excessively after school hours. Tanya felt like an outsider at school. Although she had friends and said that she wants to study, she repeatedly said to the school counselor that her family's economic situation made it very difficult for her to feel that school is the right place for her, and that she doesn't belong.

A large percentage of the students at Tanya's school were new immigrants. Many of them struggled with economic and personal hardship, and the school counselor had a difficult time devoting individual attention to every student in need. Tanya "slipped through the cracks" and was left unattended. She exhibited no violent or destructive behavior and did not actively draw attention to herself, and therefore did not receive the attention and help that she so needed. The school staff reported that during that year they concentrated in dealing with a number of violent events and drug cases and were unable to deal with students who manifested "mild" problems.

**The attack** – As stated, Tanya's boyfriend and a close girlfriend were killed in the attack. She was also moderately wounded, including shrapnel wounds and cuts in her hand and stomach. She was hospitalized and three days later was sent home. Only after she arrived home was she told that her friends died in the attack. Tanya reacted strongly: she cried for a number of days, did not agree to go to school, did not eat, and was unable to sleep. Two weeks after the event, Tanya resumed her excessive drinking. She returned to school but did not enter the classrooms, went home early, and was disengaged academically and socially.

The school as a whole was traumatized by the event. The students, the staff, and the counselor who coordinated all interventions, were overwhelmed by the losses that the school community suffered. During the first days, the school came together in full force to help Tanya and the rest of the students. School psychologists who work for the municipality's psychological services were called in to provide support for the students and staff. The staff felt paralyzed by the event to the point that some of the teachers said that they were unable to enter the classrooms and face their students.

Three days after the attack, the school staff convened to evaluate the interventions and to identify current needs. When Tanya's name was brought up, the supervising

psychologist recommended that she receives psychological treatment. The counselor and school principal began to busy themselves with the question of how to make this possible. One of the psychologists who participated in the intervention in the school following the incident, agreed to work with Tanya on a volunteer basis, but Tanya refused. She said that she wasn't interested and wanted to be left alone. Despite the attempts of all involved parties to convince her – the counselor, the principal, the homeroom teacher and the like – Tanya refused to go to therapy.

As time went on, the school resumed its normal functioning. Meanwhile, Tanya seldom arrived at school and when she did, she almost never entered the classroom or tutoring sessions, and did not take the final examinations at the year's end. The staff's discussions of her situation was summarized in the following way: "Tanya was severely affected by the attack and the death of her friend. Since the attack Tanya has not been functioning. We offered her therapy, to help her function in school, but she refused, apparently due to her fear of being stigmatized as crazy. We tried to convince her and spoke with her mother. The counselor and homeroom teacher tried for months. We tried to convince her of the importance of the therapy, but nothing helped. We can do nothing more for Tanya. It's her decision – all the cards are in her hands, and she's the only one who can help herself." At the end of that year, Tanya decided to drop out of school. At present, she is working as a waitress in a Haifa restaurant.

### **Case Analysis:**

In Tanya's story, the interventions did not address her difficulties, and the school staff and mental health professional did not find a way to be relevant to her recovery process.

Ostensibly, this is a clear case of overall deterioration of functioning following a traumatic experience that was not adequately processed. Tanya is injured in the attack and close friends of hers are killed or seriously injured. There is a strong gap between Tanya's growing distress and her dysfunctional behavior at school, and the school's return to "its ordinary functioning. This gap became particularly unbearable to her,

according to our view, as the school's return to its routine life and her anguish was unrecognized and not dealt with.

The offer of psychotherapy was probably well intentioned, but somehow irrelevant for her at the time. Why did Tanya reject the offer for free psychotherapy? We wish to suggest that in order to understand this, we need to look at her life situation in its entirety.

Tanya immigrated to Israel four years before the attack. This led to complete disconnection from her father. Losing her father's presence was accompanied by a fall in social status and unavailable protective figures. Her mother devoted herself to work long hours, barely managing to support her, her two brothers and her grandfather. Already at this stage, long before the attack, Tanya felt the pressure to step in, and assist her mother. She was torn "between the desire to continue her studies and investing in her future" and the need "to start working so she could help her mother." Her unproductive stay at school could be labeled as a "neurotic compromise" since destructively she fulfilled both wishes, i.e. to go to school and to leave school, and at the same time did not fulfill either the wish to study or to work.

Tanya suffered in two additional areas: she experienced socio-cultural distress and alienation as reflected in her statement that she "felt like a stranger at school", and also struggled immensely with schoolwork, apparently as a result of an unattended learning disability. It is possible to look at her alcohol abuse as a product of the destitute she felt due to her social marginalization and her bleak view of her academic and professional future. Despite the many difficulties she manifested at school, Tanya did not receive help, and she "slipped through the cracks" in the system and "did not receive the attention and help that she so needed."

Even before the traumatic event, Tanya tended to avoid her difficulties. Alcohol served this avoidance. The alcohol consumption that began before the trauma and to which she returned following it served to escape the feelings of helplessness and futility. These feelings also relate to the lack of hope for support from the adults in her environment, when she suffers from the sparseness of her inner resources. Tanya was a teenager trying to function in a foreign country, in a house where the adults were

deeply immersed in the struggle to survive economically, and in a school in which she had no sense of achievement and progress. Her unattended learning difficulties had a cumulative negative impact not only on her sense of academic incompetence, but also on her seeing the school staff as being unable to be of any assistance. Tanya found herself unable to rely on the school-staff in the same way that she could not allow herself to lean on her over-worked and over-extended mother. In our view, long before the attack, Tanya had a strong experience of loneliness and alienation. With the school staff unable to attend to her, and with her continuing social and academic dysfunction, Tanya was depleted, at high risk for dropping out of school and lacking in abilities to feel effective when facing challenges. The attack occurred at this point, further weakening her and undermining her ability to deal with the reality of her life.

She dropped out of school, in our view, primarily because the school fell short in aiding her recovery process from the traumatic event. We would like to stress the following harmful factors in the interaction between Tania and the school:

**Alienation** – Tanya apparently experienced the school staff as relating to her in a distant and impersonal manner. This is tragically represented in the insistence to refer her to therapy without ever directly trying to understand what was going on inside her. This referral gives the impression of carefully attending to her needs. However, if one considers how she was treated before the event, it seems that the referral is the byproduct of impersonal management of the case instead of a true effort to get close to her. Possibly, referring her to an unknown therapist was experienced by her as another point on a continuum: First the school-staff failed to approach her prior to the event, then failed to understand her after the event, and now they are pretending to do something that appears right but in essence is also uncaring and irrelevant. In our view, she could not perceive a psychologist offered by the school-staff as a helpful proposition. Probably she felt that her problems are passed around with no-one taking responsibility to assist and accompany her through this period. Rather than dialogue and contact, there were only exhausting attempts at convincing Tanya to try something which she was not ready to use.

In addition, it is also possible that Tanya unconsciously believed that she was unworthy of others' help and investment. Witnessing her friends' death and surviving herself by chance, puts Tanya at risk for carrying survivor's guilt. Survivor's guilt can interfere with every move with the following conscious and unconscious thoughts: Do I deserve to go on living when they die? Am I guilty for their death, they sacrificed their lives to save me, how can I enjoy anything? Isn't any attempt on my part to progress and enjoy life an act of selfish betrayal? Often, the presence of survivor's guilt needs to be addressed in order to allow the recovery process to happen. With Tanya, it is possible that the seeds of her survivor's guilt began after she left her father behind to seek a new life in Israel, and were augmented by her being sent to school by her overworked mother. Her failure to learn Hebrew, and to fit in academically and socially, perhaps indicates that even prior to the attack she was burdened by complicated unconscious loyalties that interfered with her functioning.

**Lack of continuity** – It appears that the faculty's decision to refer Tanya to psychological treatment came out of the general understanding that Tanya, like any other victim of traumatic events, can receive appropriate help from, and maybe only, from a mental health professional. In many respects, her refusal to accept help after the attack was in keeping with the apathy, and marginal functioning that characterized her prior to the attack. The adults in this situation related to Tanya as if the trauma she experienced transformed her, so that now she will be able to take initiative and open herself up to an unknown adult. The recommendation did not take into account her long-standing avoidant patterns, and did not consider her limited inner resources.

Whatever remained of Tanya's coping resources was exhausted by her solitary attempts to return to some social and academic functioning. Prior to the attack the school had noted Tanya's learning disabilities, but her academic failure and social withdrawal somehow went untreated. Tanya's desperate attempt following the terror attack to attend school arose from the wish – which she probably still held onto – to succeed academically and extricate herself from the misery of her family's predicament. But she did not feel that there was someone she could hold onto, someone who might offer a solution to her fundamental problems of survival. School can offer the student hope for social mobility, and an avenue to invest in the present for future goals. Here, Tanya held on to the school context, but was not able on her

own to achieve normative academic functioning. The school staff, in failing to provide ongoing assistance for her struggles in school, exacerbated the daunting realization that she has no hope of fitting in at school. The fact that her school performance was not discussed at all after the attack was for her an additional proof that no one expected her to succeed in her studies. Hopelessness, isolation and the sense that your presence does not matter, contribute to the process of dropping out. Accordingly, Tanya would disappear from school "for days a time, and when she did [come], she almost never entered the classroom or tutoring sessions, and did not take the final examinations..." As school became irrelevant, dropping out altogether became a sensible option.

**Lack of available adult** – None of the staff members took it upon themselves to be a significant figure for Tanya. This fact is particularly regretful, since it was known that her family was not available to help her due to their own troubles. She lacked the presence of an adult figure who could recognize, identify and attend to her surging needs in the post-traumatic period, an adult who could provide an integrating function during a period that aspects of inner and outer reality are disrupted. In other words, Tanya had no significant adult in her life to provide continuity in responding to her real life needs.

**Absence of dialogue** – Already before the attack, Tanya experienced absence of dialogue. Like many youth at risk, she manifested her difficulties through her irregular attendance and school failure. These difficulties led, for example, to the meeting with the school counselor. Still, this meeting narrowly focused on concrete problems (having no bus-fare, drinking with friends, etc.) with no serious attempt to find out what she experienced at school, what were her wishes and aspirations, and why she felt that school was not relevant for her.

In an alternate scenario, it is possible to imagine how meaningful dialogues with adults at school could have change the course of events in Tanya's life. Had the dialogue with Tanya during the period prior to the attack had been significant and meaningful, the trusted relationships created between her and significant adults at the school could have been beneficial to her and to the school in helping her deal with the trauma. Members of the school staff (homeroom teacher, school counselor) would

have already been perceived as available for providing emotional help. This would have laid out a basis for a successful referral to psychotherapy.

Since traumatic events create a sense of discontinuity, due to the gap between life before and after the event, and due to unfamiliar emotions and “self states” that were experienced during the event and after, the healing process is involved in restoring the sense of inner control and continuous identity. The school environment could have been important in this process for Tanya. In doing this, the school can contribute to the recovery process after trauma more than a single therapist who works in a closed room. A properly constructed educational system can serve as a basis, a nurturing environment that addresses multiple needs. Such an environment can complement the role of parents when, following a traumatic event, their child can no longer lean on them.

In our experience, the school can be pivotal in the recovery process when it understands its unique role in the student’s life. Had the school better understood Tanya's situation, it would have concluded that Tanya needed academic help no less than emotional support. Through the academic help Tanya could have developed hope regarding her future, and a sense of competence that she was lacking. At the same time, insisting and struggling with her in the academic sphere would have communicated that she matters and that there are adults in the school who care about her and can assist her. Such an involvement can make a referral to a mental health professional to be experienced as a caring act.

It is indeed possible that an open dialogue may well have led to the conclusion that the right solution for Tanya at this point would be to quit school and start earning money. In such a scenario, it would be important to accompany her and help her, both in the practical task of finding work, as well as in the emotional task of separating from the world of school in a manner that would enable her to return to her studies at another stage in life. Being more in touch with herself, she would also be able to turn to therapy, since once the ability to rely on an adult is established, it can be transferred to others. This contiguity of connectivity would be important for Tanya in the same way it is essential for many young adults, whose encounter with the working world

gives them a renewed readiness to invest in studies in order to control their professional future.

## 2. "Adi

Adi is a 7<sup>th</sup> grade boy who attends an elementary school in the north of Israel. He is thin with a dark complexion, and very sociable. Beginning in the fifth grade, teachers began complaining that he was easily distractible, had difficulty concentrating, was not interested in the lessons, and often disturbed the class.

Adi's performance gradually began to deteriorate and he began arousing the ire of his teachers. His parents also related that at home he rarely did his homework. They noted that even while sitting at his desk in his room he had a difficult time concentrating. The school counselor told his parents that it seemed that Adi suffered from a concentration and attention deficit disorder. It is unclear why despite the many complaints of his teachers and despite the deterioration in his studies, a decision to refer him for evaluation, was postponed for a few more months with the hope that some change would occur. During these months, the teachers began complaining that Adi was having outbursts during class and recess periods. Interestingly, the matter was not addressed and Adi's problems were not diagnosed and treated.

**The attack** – Adi's father, who regularly took the bus to work, was one of six passengers killed when a suicide bomber detonated himself on a public transit bus. Adi's aunt came to the school to tell him what had happened. She took him home, as the news of his father's death became instantly known to all the students in the school.

In the immediate short term the school responded according to all the guidelines: the teachers met to discuss the incident and to consider the students' needs, and then returned to the classrooms to speak with the rest of the children, and conducted activities on the topic. The school organized envoys of students and staff members to visit Adi during the seven-day ritual period of mourning, and to help his family. Upon his return to school, it was decided to provide Adi with supplemental lessons in order to reduce the burden of his schoolwork. The attack occurred about a month before the summer break. During the entire summer, the classroom teacher and school counselor maintained close contact with Adi including home visits; overall, it appeared that Adi



was recovering from the tragedy at least as it appeared in his willingness to engage socially and his motivation to return to school.

After the return to school at the beginning of the year, Adi's mother began complaining that she was having great difficulty dealing with him: he was having frequent outbursts, could not sit still, was unwilling to accept her authority, did whatever he wanted at home, and the like. At the same time, teachers in the school began reporting that Adi was involved in violent activities. There was a feeling that he was violating every norm –not accepting the authority of the educational staff, no longer learning, and often threateningly raised his voice in response to the smallest frustration. The school found it difficult to deal with Adi's behavior, and interpreted it as arising exclusively from the disaster that had befallen him. The school counselor tried to speak with him a number of times about the event and his feelings, but Adi refused to cooperate.

Some three months after the beginning of the school year, Adi's mother asked to look into the possibility of transferring him to a boarding school, since she felt that she was no longer able to deal with him. The school staff, already exhausted with the endless battles with Adi, convened and arrived at the conclusion that transfer to a boarding school might be the best solution for Adi. Some two weeks later, Adi transferred to a boarding school.

In her retrospective analysis, the school counselor felt that the school had given up on Adi too easily. She felt that the school did not address Adi's ADHD, and consequently his post-traumatic difficulties were expressed through this untreated and uncontained difficulty. Guiltily she concluded that the school, as well as his mother, avoided dealing with Adi and "pushed" to transfer him elsewhere. According to her viewpoint his trauma was repeated- first he was deserted by his father, and then by his mother and teachers.

#### **Case Analysis:**

In this case, the school is described as being unable to cope effectively with Adi, who suffered from ADHD, both prior and subsequent to the attack in which his father was killed. Adi's case exhibits a lack of continuity in the support offered before and after the trauma, and passivity on the part of all the adults in Adi's life, both at school and

at home, who were unable to help him cope with his problems. In the period prior to the attack, the school counselor knew to report to Adi's parents that their son "suffered from a concentration and attention deficit disorder," but "dropped the ball" by not ascertaining immediate intervention. The development of disruptive behavior at school can be seen as an unconscious "cry for help", i.e. he exacerbated his symptoms so the adults would notice his difficulties and intervene. After the tragic death of his father, Adi's behavior and outbursts worsened. His aggression may have on the one hand been a masked expression of his helplessness, vulnerability and pain. On the other hand, it may have been a test designed to miraculously discover the one adult who will fight for him despite his frightening façade. Given the school's very partial response to Adi's difficulties prior to his father's death, we find the school's conclusions rather unsurprising: "the school found it difficult to deal with Adi's behavior," and "the counselor tried to speak with him a number of times about the event and his feelings and he refused to cooperate". These responses in this case suggest that the early avoidance is indicative of the school inability to intervene on the individual level with students at risk that are not fully cooperative.

Adi's case illustrates how avoidance of responsibility and genuine involvement in the life of students on the part of the school staff can lead to a significant escalation in behavioral problems, whether or not a tragic event occurs. The dependence of the educators on the longed-for 'diagnosis,' and the reluctance to act until it is received, ostensibly reflects an empirical, scientific approach, but in reality, reveals a lack of involvement, distance, and dispassionate attitude. Schools often use a family's lack of response to the demand to have a child evaluated or prescribe Ritalin as a smokescreen for their own passivity in dealing with learning problems and hyperactivity. Diagnosis, Ritalin, or any other medication will not succeed in helping a child who suffers from hyperactivity and an attention deficit as long as they are not accompanied by the correct educational attitude and the requisite academic assistance. In order for the results of the diagnosis to be implemented and for the student to change his behavior following the easing of symptoms, the student must have a deep interpersonal connection with at least one of the figures responsible for him in the school. This is all the more relevant for effective treatment in situations of loss and trauma, which must be based on a personal relationship, deep acquaintance, and establishing a dialogue that expresses sincere caring and concern.

The distanced attitude towards Adi as a 'problem case' for whom an appropriate medication had not yet been found, the lack of continuity in providing responses to his needs before and after the trauma, and the failed attempt to encourage him to open up and talk about his difficulties, point to the fact that prior to the traumatic event, for Adi school was a painful experience of failure where he felt unwanted and unable to control himself. The fact that he received no help from the school, at home, or in the community attests to a neglect that left Adi without any ability to function as a student and to develop, and paved his 'path of no return,' which grew even worse after the attack.

### **3. "Shiri"**

Shiri, a severely overweight 16-year-old girl, was known for her slovenly appearance. She usually wore old clothes, sometimes wrinkled and a bit soiled, and her entire outward appearance signaled neglect and misery. Socially, Shiri had always been a loner. She did not have friends, she always felt that no one wanted to be close to her, and her external neglect was an expression of this feeling. Shiri moved around slowly, in a clumsy and bashful manner, and she was always lagging behind everyone. A very sensitive girl, Shiri thought a lot about how others perceived her, was constantly fearful of the responses of others, and feared rejection and derision. She placed her faith neither in adults nor in peers, and was generally very lonely.

Shiri had four sisters and an older brother. Two of her sisters suffered from childhood illnesses – one from asthma and the second from childhood diabetes. Shiri's parents were forced to invest much of their time and energy in her two sisters, and there were long periods when Shiri's care, attention to her needs and desires, and overall parental investment in her, were pushed to the wayside. Shiri always functioned as a parentified child – very pleasing, trying not to stand out either for good or for bad. In school Shiri was a weak student and beginning in the fifth grade, she had to take a special end-of-year exam in order to be promoted to the next grade. The phrase 'not reaching her potential' appeared over and over on her final report cards.

When she was in 9<sup>th</sup> grade, her academic problems deteriorated further. She had difficulty concentrating in class, her handwriting was unclear, and she struggled greatly with each new lesson. After consulting the school counselor, it was decided to have Shiri evaluated for learning disabilities. The results of the diagnosis pointed to a very severe disability with a significant organizational deficit leading to many difficulties in the learning processes. Following the diagnostic phase, a discussion was held together with the homeroom teacher, school counselor and principal, at the end of which it was decided to formulate a two-year treatment program for Shiri. To address the academic issues, she began receiving supplementary lessons in a learning center from a special education teacher, her teachers in school were instructed how to fit the academic tasks to her way and pace of learning, and an emphasis was placed on augmenting her abilities and strengths. Subsequent to the diagnosis, her classroom tests were adjusted to accommodate her learning disabilities, giving her an additional boost.

At the same time, it was decided to address the social-emotional aspect. Shiri began having weekly meetings with an art therapist in the school. The homeroom teacher began involving her in social activities and made sure that there would always be other girls around Shiri who would involve her in their activities. This intervention reached a peak at the end of the year when, for the first time in four years, Shiri attended the class' yearly overnight field trip. Towards the end of the year, it appeared that a significant change was occurring: Shiri's grades were improving, she was beginning to make friends and gain faith in others, she began feeling a much greater sense of belonging. It appeared that everything was on an upward swing.

**The attack** – Shiri's older brother was killed in a terror attack at a bus stop on his way home from the army for a weekend visit. A suicide bomber exploded himself at a stop full of soldiers; four soldiers were killed and approximately ten were wounded.

Shiri's brother had occupied a special place in the family. As the only son and the oldest child, many expectations and hopes were placed in him. His death devastated the family. The families of both parents were Holocaust survivors and the death of Shiri's brother brought the topic of the Holocaust, with its painful memories, to the fore. It seemed, from the parents' reaction during the first months following the loss,

that they are overwhelmed by hopelessness and despondency. It is important to note, that a social worker appointed by the Israeli Ministry of Defense accompanied the family and especially the parents throughout its long and difficult mourning process. We would like to focus on the interactions between Shiri and the school community.

Immediately after Shiri's brother was killed, the counselor, homeroom teacher and girls from her class came to the house. Shiri responded openly to the guests, spoke about her brother, and cried a lot; it appeared as if she was somehow dealing with the tragedy and the mourning process. At the end of the initial week-long mourning period, Shiri went back to school and said that she intends to resume her studies, because that was what her brother would have wanted. The educational staff and the students were full of admiration for Shiri, and tried to support her. After about a month of functioning relatively reasonably, problems began to appear: Shiri withdrew into herself, broke off ties with her friends, stopped going to the tutoring center, and began suffering from psychosomatic illnesses and pains not typical of her until that year. It seemed that she was avoiding every attempt to help her. After a number of months, the Ministry of Defense announced that it was willing to finance Shiri's private lessons. Shiri opposed this completely, adding that, "my brother wasn't killed to solve our financial problems. I was the one who didn't keep up with my studies, and so I have to pay the price."

Following the deterioration in her academic functioning, the school decided on a new intervention plan for Shiri. Both the counselors and the homeroom teacher began courting Shiri intensively. Every day that Shiri did not show up at school, the homeroom teacher and counselor called her to find out how she was doing, offered their help, and pressured her to come to school. In addition, it was decided to increase her tutorial lessons and to adhere completely to all the adjustments and recommendations prescribed in the learning disabilities diagnosis. On days when Shiri did not report to school, a special education teacher who worked in the enrichment center went to her house and reviewed the academic material with her. The school continually conveyed the expectation that they were not going to give up on her, they were waiting for her return - they even registered her for the matriculation exams at the end of that year. The counselor encouraged the girls in her class to continue visiting her and to convey encouraging messages to her.

Shiri gradually began to cooperate. She agreed to attend family therapy sessions, began coming to school more and more often, took tests and the final matriculation exams, and even performed well on them. Her ongoing connection with the homeroom teacher and the counselor continued, and the discussions focused less on the death of her brother and more on her coping with her studies and her learning disabilities. It appeared that Shiri preferred an academic focus in her relationships with adults associated with the school. At the same time, her classmates related that she was sharing her difficult feelings about her brother's death with them.

The school did not relent in its efforts to help Shiri even many months after the event. The tremendous investment around the issue of learning disabilities and the help offered to Shiri to overcome these difficulties raised Shiri's confidence in her ability and her self-image. Gradually, she began 'taking up more space' in the classroom, her external appearance was no longer as neglected as it had been, and her academic performance improved.

**Case analysis:**

This case involves an adolescent girl who, even prior to her brother's death in a terror attack, suffered from parental neglect due to the illnesses of her two sisters. Her severe learning disability was diagnosed only in 9<sup>th</sup> grade. Following the diagnosis, she received help from the school, which came to her aid from every possible direction. First of all, she received academic help that included three important aspects – boosting her basic skills and getting her caught up ("enrichment lessons in a learning center from a special education teacher"), adjusting to her needs in her daily studies ("her teachers in school were instructed how to fit the academic tasks to her way and pace of learning"), and adjusting exams to her still limited learning abilities ("many adjustments were made for her in tests, which assisted her greatly"). At the same time, Shiri received emotional help ("she began weekly therapy with an art therapist"), combined with assistance in participating in the social life of the class. And indeed, the help, because it was relevant and tailored to her needs, began to have an impact, and Shiri began to connect to the school, both academically (her grades improved), and socially (she began "to make friends and gain faith in others, she began feeling a much greater sense of belonging").

It appears that Shiri's parents were swallowed by their own grief, and Shiri was in need and receptive to the school's attention. The basis of her positive regard for the school staff lies in the help she received in tackling her learning disabilities.

Compared with her two ill siblings, she had difficulties, historically, to demand attention to her needs. Her difficulties were somewhat invisible to her immediate family, and she expressed her neediness at school. Given this state of affairs, the role of the school was to create an environment that addresses these needs. The school's efforts in the area of the learning and social difficulties proved to be important in the role the school assumed after her brother's death. It created a basis to accompany her in the early processes of mourning, and to intervene when she demonstrated signs of distress.

The attack that led to the death of Shiri's brother created a difficult crisis in Shiri's life, reflected in her retreat and withdrawal, and in her refusal to accept help ("it seemed that she was avoiding every attempt to help her"). However, the school did not give up on her, even when she stopped coming to school. Thanks to an ongoing effort by many individuals in the school, Shiri's distress did not lead to an isolating process that could have ended with withdrawal from school. With the help of the deep connection she had with figures in the school, she succeeded in pulling out of the crisis, and clung to the academic help that was offered her. For Shiri, the solidarity she experienced by the ongoing involvement of her classmates in her struggle to somehow continue living while experiencing the loss of her brother, proved to be the most consistent support system she had during this period. It was with her "that she was sharing her difficult feelings about her brother's death".

The school's intensive and ongoing investment in Shiri bore fruit, both academically and socially. Academically, she took it as a fulfillment of her brother's will to succeed, and she ended up, with the added assistance completing her matriculation exams by far exceeding her early high school achievements. From the emotional-social standpoint, "she began 'taking up more space' in the classroom, her external appearance was no longer as neglected as it had been". It is not the sudden attention she got as a result of her brother's death that explains this change. In our view, the context of a school that considers the world of individual students, reverberated in the

human and personal attention given to Shiri. Loss and mourning change one's view of herself and her surroundings. In Shiri's case, her adolescent developmental processes continued in the context of the loss she experienced, resulting in strengthening of her self competence and self efficacy.



### **Summary: School Coping with Trauma Among Students with Chronic Academic Difficulties**

Where and how can the school intervene effectively with survivors of traumatic experiences? The three cases outline traumatic events that differ from each other, yet they all share the presence of chronic academic difficulties. Perhaps the clearest difference is between Tanya, who was injured in a sudden violent attack which also cost the lives of her boyfriend and a close girlfriend, and Adi and Shiri who were informed of the death of their family members. We suggest that Tanya's withdrawal from the school is not a result of her more severe post-traumatic reaction, but rather a consequence of the school's inability to offer her relevant help. This help, that should have addressed her learning difficulties and difficulties associated to the immigration to Israel, was lacking in the pre-traumatic period and in the post-traumatic phase. As with Adi, the presence of ongoing academic difficulties that are not dealt with by the school staff create disbelief in the ability of the adults in school to offer any relevant help. This disbelief is not only in the educational system, but also with one's own ability to tackle problems. Ongoing academic failure tends to elicit a hopeless and negative view of one's future functioning in the society. This hopelessness is augmented by the post-traumatic reactions causing various signs of giving-up on one's studies. For Tanya and Adi, the needs that surfaced after the trauma and neither met at home, nor at school. For Shiri, the significant help she received at school around her learning and social difficulties prior to the attack, paved the way for appropriate interventions after the traumatic event.

Looking again at their learning difficulties, there are few more aspects that should be stressed. Tanya and Adi are characterized by their pronounced, seemingly insurmountable academic difficulties. Tanya, an immigrant from Russia, suffered from language and learning as well as acculturation difficulties, while Adi suffered from learning disabilities, attention deficit and hyperactivity. The lack of appropriate support, at both the family and school levels, generated a feeling of academic failure and despondency that led both of these students down a path of no return. The lack of proper support defeated them and pushed them away from their studies even before the attack. The attempt to extend a hand and refer them to a mental health worker after the traumatic event, was therefore experienced by both as an uninvolved solution

where they are passed around, not meeting their need for a helpful figure in their immediate environment.

**We learn from the cases of Tanya and Adi that neglect of learning difficulties prior to the trauma, negatively affects the willingness of traumatized youth to accept therapeutic help. Furthermore, from other cases that we followed we have learned that post-traumatic attention to learning difficulties often leads to a willingness to accept professional help.**

The difficulties in making sense of traumatic events and one's own reactions to them, becomes even more complicated to many students with learning disabilities who have little understanding of their own difficulties. The common attempts to conceal the learning difficulties and the various personal and social vulnerabilities that are associated with them, and adult avoidance of these problematic issues, leave these children with a prolonged experience that adults are incapable of helping with "real problems". In order to identify and take ownership for their difficulties, young people need the support and guidance of adults working on their behalf despite the many obstacles that come up along the way. As emphasized in the literature on resiliency, the involved guidance of a significant adult strengthens students' chances for recovery from a traumatic experience (Garbarino, Kostelny & Dubrow, 1991).

In the case of Shiri, we see the power of continuous school interventions aimed to address the need of the at-risk student in crisis. Shiri received massive academic and emotional assistance before the attack, which led to substantial improvement in her academic and social functioning. In our view, had the members of the school staff refrained from coming into contact with her pain regarding the loss of her brother, and had they academic difficulties, her situation would have deteriorated. The preexisting personal relationship and guiding presence of the school staff enabled them to continue giving Shiri the help she needed, while recognizing her other needs and her overall emotional situation. Thanks to the perseverance of the staff and continued belief in her, Shiri was able to emerge from the crisis.

## **B. Case examples of post-traumatic risk in the context of ongoing emotional difficulties.**

Following are the cases of Lilach, Yael and Dana. These adolescent girls exhibited their emotional difficulties in the school setting prior to the traumatic event which further challenged their psychological state. We highlight the significant role that the school system and the school staff can take in intervening in such circumstances. The case examples show failures as well as more effective interventions aimed to help post-traumatic students who are at growing risk due to untreated emotional and psychological needs. Whenever there is a loss in a family, the grief threatens to pull family members apart, as each person becomes immersed in one's own personal pain. In this situation, parents and siblings have a diminished ability to recognize and attend to the subtly expressed needs of another family member. School staff can have a significant role in providing consistent care during this tumultuous period. We suggest that avoidance of this responsibility may leave the student without protection during a period of potentially acute and destructive post-traumatic reaction, as in Lilach's case. With Yael and Dana, the school counselors and the school staff were involved in attempts to deal with the new emotional wounds that re-awakened the pains of old wounds. School based interventions are a necessary stage also when a referral to psychological treatment is warranted. An appropriate school intervention might have allowed Lilach to be in treatment prior to being in a state that required psychiatric hospitalization. With Yael and Dana, the counselor took the role of processing emotional as well as practical concerns that they were burdened by in the post-traumatic phase.

### **1. Lilach**

Lilach, a 16-year-old girl, has smooth long light-colored hair, brown eyes, and long, fine fingers like those of a pianist. Lilach is the only child of an affluent family. Her two parents are both successful professionals, who work long hours every day. The family lives in a very upscale area. During the week, a full-time caretaker cooks and attends to the housework. Lilach's parents placed a strong emphasis on achievement and competition. Every summer since her fifth grade, she has participated in a summer camp that is academically oriented. Lilach made it clear that she goes against

her will. Whenever she received grades lower than 90, her parents, who always tried to push her towards excellence, would respond angrily and shout at her.

Lilach suffers from an eating disorder, which she hid from others and was left unnoticed for several years. She became bulimic at age 12, vomiting into the toilet after every meal. Until she was 15 nobody, including her good friends, knew of her ailment. She maintained an average weight, exhibited a positive mood, and succeeded in concealing her vomiting ceremonies without anyone in the house hearing or paying attention. During the year and a half prior to the attack, Lilach stopped vomiting and began to develop anorexia. She lost all interest in her many activities and quit two of her favorite activities: going to the girl-scouts and reading books. She cut off social ties, and her friends who resented her attitude, in turn, distanced themselves from her. Lilach devoted much of her time to athletics: she began jogging every evening in the park and participated in the intensive training of the school's track team. She began wearing baggy clothes and her weight loss was left unnoticed. During this period, Lilach remained the same excellent student that she had always been, and drew no special attention to herself in school.

The homeroom teacher was the first to finally notice Lilach's reduced weight and her isolation. She consulted the school counselor and they decided to call Lilach's parents in for a meeting. Lilach's mother did not understand what the counselor and homeroom teacher wanted from her. In her view, thin was beautiful, and as long as Lilach was continuing to excel and not making problems at school, she was well. She was critical of the fact that she was summoned to school because her daughter is thin. "Why, if I only looked like her; I think you're just jealous of my beautiful and intelligent and thin daughter" said the mother concluded, and left the meeting.

The mother's behavior created a negative feeling towards her among the school educational staff. The thought that the affluent and highly successful mother would treat them in such a patronizing manner generated a secret hostility towards her and ultimately, towards Lilach. The mother rejected the teacher's concerns again, during the customary teacher-parent meetings prior to mid-year report cards. The school counselor invited Lilach for a talk. Once Lilach realized the purpose of the meeting, she refused to relate to the issue of weight, and insisted that as long as she was a good

student, she wanted to be left alone and not have anyone meddle in her private life. Despite the warning signs, the counselor, the homeroom teacher and a member of the school's management decided that for now, the counselor would continue keeping tabs on Lilach from afar. The significance of the decision was in effect a cessation of further attempts to intervene.

**The attack** – One evening, when Lilach was out running in the park, she heard an explosion from the direction of the main street. A suicide bomber had blown himself up in the street; three people were killed and dozens were wounded. Lilach arrived at the scene approximately twenty minutes after the attack occurred. Somehow, the emergency crews on the scene did not prevent her from venturing near. She found herself in the explosion site in a state of shock set off by the horrific and grotesque sights she saw all around her. Body parts, blood, burned corpses, people crying out in pain and agony. For several minutes, Lilach continued wandering around, until one of the medics asked her to move away. She began walking home, but after a number of steps, she began trembling all over and fainted. She was taken to the hospital where she was diagnosed with shock. After a number of hours she was released. According to the medical staff, when Lilach's mother came to the hospital, she became panicked, and when she saw Lilach, she began yelling at her hysterically, criticizing her for having been at the explosion site and for always making a mess of things on account of her curiosity. Ultimately, the medical staff calmed the mother down, and Lilach returned home with her.

Representatives from the school including the counselor received a report that night about what had happened. The next day, Lilach asked to stay home from school, since she was woozy and tired, but her mother decided that there was no reason for her to miss a day of studies, and took her to school. The mother asked the counselor to keep the matter a secret and to not tell any of the students that Lilach had been at the site of the attack and had collapsed.

The school counselor and the homeroom teacher tried that day to speak with Lilach, but she refused to cooperate, and said that everything was all right and that she wasn't interested in talking about it. A psychologist who came to the school offered to speak with Lilach about what she had seen and experienced, but Lilach refused vehemently.

The staff did not know what to do given Lilach's determination, and ultimately, it was again decided that the counselor would continue to keep tabs on Lilach from a distance, and that the homeroom teacher would increase her vigilance. As previously, the significance of this decision was again a cessation of treatment.

From that moment, the situation began to whirl out of control at a dizzying pace. In the coming weeks Lilach stopped eating almost entirely. There were days when she did not come to school and wandered the streets. When she did arrive at school, she stopped participating completely in the academic and social activities and made contact with no one. Three weeks after the attack she collapsed during one of the breaks and was taken in an ambulance to an emergency room, and then hospitalized in the eating disorders unit of a psychiatric hospital in life-threatening condition, since her low bodyweight had caused irregularities in her heartbeat. At the time of hospitalization, Lilach weight 35 kilograms. Today, a year after the attack, she is still hospitalized, dually diagnosed with an eating disorder and a major depressive disorder with suicidal attempts; her prognosis for recovery is low.

### **Case Analysis:**

Lilach entered the explosion area with no conscious intention to do so, and was flooded by the sights to the degree that she exhibited dissociative symptoms immediately, and post traumatic symptoms later on that were fused with her untreated depression and anorexia. In her case, the traumatic experience accelerated a pre-existing pathological process. Her response to the horrors of the explosion site is better understood in the context of her psychological state prior to this event. Her wish to excel and appease authority figures, combined with her tendency to conceal or rather deny her subjective needs, resulted, in our view, both in her surrendering to her parents' expectations, and in the evolving symptomatic picture of starvation, withdrawal, and self-destruction. The fact that Lilach maintained a high level of academic functioning and achievement made it even more difficult for the school to find an entry point into her life. It appears that the school staff was intimidated by the fact that her parents were powerful and known members of the community. This intimidation led to a certain paralysis on the part of the school staff who made no significant attempt to extricate Lilach from the morass she was in. Consequently, Lilach remained alone in her distress, and found herself in a risk-strewn path of no

return with no help in sight. It can be said, that Lilach's stumbling onto the attack scene was the 'last straw' that overwhelmed her fragile ego resources. Was there an unconscious wish, on her part, to approach the explosion sight and see hellish sights? We cannot decipher her hidden motives, but we can see that her pre-morbid vulnerability was clearly linked to her severe reaction in the post-traumatic phase. Lilach's case exemplifies how emotional crisis rooted in a problematic parent-child relationship characterized by rigidity and avoidance, led to a path of growing distress and risk-taking. It is unfortunate that she did not receive due attention from her parents and from the school staff despite the teacher's precise understanding that 'something was awry.' Lilach found herself alone, and due to her vulnerability and fragility, the exposure to the attack led to an emotional break down.

Lilach's mother, whose parenting was characterized by an avoidant style, found it difficult to confront her daughter's crisis. She enrolled the home-room teacher and the counselor in her own pattern of avoidance, through her articulated criticism regarding their unduly interference in her daughter's affairs. In this case, the staff indeed backed out of trying to help Lilach. The father's absence from the story symbolically suggests that he also did not see or responded to her marked signs of distress.

In general, cooperation between parents and educators regarding students' mental health needs is not ascertained easily. The present example depicts the school's difficulty in dealing with the parents' opposition. It seems that in response to the mother asking the counselor and homeroom teacher to keep their hands off her beautiful and successful daughter, they perceived her as oppositional and responsible for her daughter's deteriorating state. They failed in examining the reasons for the mother's opposition. Perhaps the mother needed their alliance and understanding, maybe she needed them to empathically contain her fears and concerns regarding her daughter. Perhaps, she yearned in a conflicted way, to have assistance in order to meet her daughter's difficulties before and after the traumatic event. Our intent is neither to minimize the parental failure in this case nor place the bulk of the responsibility on the school. But rather, to find the place where the school might have created an alliance with the mother so that she could have been more present for, and helpful to, her daughter. It is possible that even if a significant attempt had been made to create a containing alliance with the mother, she may very well have proved unable to

confront her daughter's crisis. These experiences of impasse need careful attention, and insistence on part of those who intervene that there may be another approach that will pave the way for cooperative work with the parents.

In reality the school's eventual avoidance of intervention echoed the family's denial of Lilach's growing symptomatology. All the adults in Lilach's life were unable to significantly help her, to prove themselves as worthy of her trust. With this sense of isolation she was left with the default option of fastidiously maintaining the only 'protected' place she could create – the world of isolation, loneliness and withdrawal.

The case of Lilach places under the spotlight children who do not comply with therapy referrals even though their needs are acute. The lack of a trusted adult in the past, makes it hard for them to imagine the unknown therapist as a worthwhile helper. In this situation, we are again confronted with the classic paradox where therapists are available, and there are students who need therapy, and the educational intervention at the institutional level can be a critical stage en route for therapy to take place.

We have learned that a good working alliance between the school staff, school psychologist and therapists in the community is helpful in meeting situations of impasse. Such a working alliance sometimes becomes the only effective tool in acute situations in which there is a need for a therapeutic intervention on many levels, but its potential to help is uncertain. One possible scenario is that in Lilach's very difficult case, a professional team including members of the faculty would receive professional guidance from a school psychologist or another therapist in the community in order, for example, to be able to stand up to the mother more firmly but without causing her to feel threatened on the other hand. It is ethically sanctioned by the Child Protective Law in Israel to take action on behalf of a child whose health is neglected by his parents. If we follow a hypothetical scenario in the pessimistic route of complete futility, then perhaps the interference of the State Welfare Agency could have forced an intervention at stages that preceded her breakdown.

Lilach needed the fixed and stable presence of a 'solid' adult in face of her destructive tendencies. She needed an interpersonal dialogic space with an adult who would dare



to leap into her personal world and face her existential pain, without being threatened of what is inside of her. If the school counselor, would have dared to insist with the mother that she Lilach has to be treated, a conflict may have ensued, but it might have laid the basis for a shared working alliance between two caring figures in Lilach's life. This working parent-teacher alliance could have created a presence on which Lilach could have relied. Even in a less successful scenario, in which the mother's refusal remained steadfast, it would have been possible to continue courting the two parents insistently and to accompany them towards full involvement in the form of consultation with agreed upon professionals whom they regarded as a legitimate source of authority. One way or another, the position of an insistent adult who did not give in to Lilach, and did not give *up* on her, would have made it possible to bring about an initial emotional change in her, a step towards growth.

## **2. Yael**

Yael is a 16.5 year old girl in the 10<sup>th</sup> grade. She is tall with long, straight black hair, fine features and large eyes. Yael is a good student, quiet, does not stand out much, and has very few good friends. The homeroom teacher referred her to the counselor at the beginning of the school year, reporting that Yael looked to her a bit lonely and sad. She saw her spending time alone during most of the break periods, and a number of times saw her coming out of the bathroom with red eyes.

The school counselor met with Yael. At first, Yael denied anything and said that she was fine, that nothing was bothering her, and that she didn't understand why they had to meet. In the third meeting, however, when Yael began talking about her family, her eyes suddenly began to well. She tried to pretend it was nothing, but the tears kept flowing. During that meeting, Yael told the counselor that for many years she had the haunting fear that no one loved her, that no one really cared about her. Her father worked for the government, and as part of his job, he often traveled abroad for long periods. Whether he was abroad or a home, she felt there was almost no connection between them. Even when he would ask her what was going on at school or about her friends, she felt that he wasn't really interested and was asking only out of a sense of duty. Yael's mother worked as a high executive in a large business. Yael described

that her mother spent many hours at work, and when she came home, she usually collapsed from fatigue or was busy taking care of Yael's two little brothers.

Yael's had difficulties bearing her own feelings. She related that she had always felt alone in the world, that she was worth nothing and that no one really cared about her. She felt that she was a burden to others and that there was no reason why anyone would want to be with her or be her friend. "In sum, I'm not interesting enough, I have no outstanding talents, I'm not smart or funny – I don't even look so good. So tell me, why would anyone want to be with me?" said Yael towards the end of one meeting, and again burst into tears.

The school counselor began holding regular weekly meetings with Yael. During the meetings, Yael shared that in the past she had once tried hurting herself by taking sleeping pills, but that she had woken up after a number of hours with horrific stomach pains. During their sessions, Yael allowed herself to bring into the counselor's office the full intensity of her sadness, depression and loneliness. The school counselor felt that they have developed a strong connection between them. In addition to these meetings, the counselor met every two to three weeks with Yael's mother (with Yael's consent) and worked with her on strengthening the mother-daughter relationship and on the mother's ability to be emotionally available for her daughter. After a number of months, the counselor began noting a certain improvement in Yael. The homeroom teacher also began reporting that she felt that Yael was changing: she was smiling more, taking part in class, and was no longer seen with red eyes.

**The attack** – One Thursday at the beginning of the Intifada, a suicide bomber exploded himself in an outdoor mall. The toll in human lives was particularly large – eight people were killed, including Liat, Yael's best (and only) friend at school. Two other girls from the same grade at her school were also injured.

The attack left the school in a state of shock. The entire staff came together in full force to help Liat's family, and set up a rotation to help the two families of the students who were injured. Classroom discussions were held, and psychologists from the educational psychological services were brought in to work with the parents and

the classroom teacher. One of the injured girls returned to school; the other improved considerably. Within few weeks it seemed as though the school was succeeding in coping with the event and getting back to routine. Yael was defined as being in the first-degree risk cluster [a category of high risk], both because of the personal loss of her friend Liat, and due to the depression and suicidal enactment in her history. She participated in the various group and individual activities (mainly in the format of cognitive and emotional reconstruction of reactions to the news of the loss of Liat). Some meetings were held especially for students classified as at-risk. The various activities focused on the attack, students' responses, and the imparting of tools for effective coping.

Due to the tremendous workload on the counselor (who was also the homeroom teacher of one of the students injured), Yael's sessions were neglected. At first, the counselor tried meeting with Yael and speaking with her sporadically, asking her to come whenever she had time available. But as time passed, the counselor found herself more and more overwhelmed with the work that resulted in dealing with those affected by the attack, until she almost forgot about Yael completely. She stopped meeting with her altogether. The counselor assumed that Yael, with the help of the many conversations they had together, had become stronger and was managing to cope with the difficult events on her own. The counselor also suggested that Yael call her if she feels badly, but Yael did not take advantage of the offer. One morning, about three months after the attack, the homeroom teacher approached the counselor and told her that she was again beginning to worry about Yael. She had seen Yael alone during breaks, and it again seemed that her eyes were red from crying. Yael appeared increasingly sad, and there was a noticeable drop in her grades.

In a discussion between the school principal, the grade coordinator, the homeroom teacher and the counselor, the possibility was raised that Yael's responses following the attack necessitated a referral for cognitive-behavioral trauma-focused treatment. The school counselor insisted that before a referral be carried through she sees it as critical that she first resumes meeting her for a number of weeks in order to assess the situation.

The first meeting between Yael and the counselor began with a great deal of tension since both felt that the counselor neglected her during a difficult period. The counselor began by saying to Yael that she was sorry that she had not been able to free herself up to continue meeting with her following the attack. She was immersed in giving a tremendous amount of time to the families of those injured and somehow overlooked other matters and for this reason did not contact her during a period that she knows was very difficult. Yael was silent for large segments of the meeting, but towards the end, she suddenly burst into tears, and said to the counselor that in the past months she felt that no one loved her or cared about her: "You stopped meeting with me even though Liat was my best friend. No one in the school thought about what I felt. You only kept asking me when I did I hear about the attack, and how I felt, and whether I was sleeping well or whether my appetite was normal. Even my mother forgot about the attack after two days. I was all alone again..." The counselor was astonished at the intensity of Yael's painful feelings. She understood that the time during which they had not met had been destructive and painful for Yael, and had brought back Yael's difficult feelings of abandonment and lack of self-worth.

The meetings between the counselor and Yael, continued on a once a week basis until the end of the school year. It appears that the counselor was experienced by Yael as a trustworthy ally, whose failures do not erase her place as a positive figure in Yael's life. This trust enabled Yael to voice her disappointments of the counselor. In these meetings, Yael processed what the loss of her good friend meant for her. An emphasis was placed on the attempt to preserve the continuity of Yael's feelings before and after the attack, as well as processing how she yearns for recognition while isolating herself. She experiences isolation as abandonment by others who see her as unworthy of attention. The identification of this pattern proved helpful and it appeared that Yael matured and was strengthened by the therapeutic process she had with the counselor.

**Case analysis:**

The case of Yael outlines a meaningful and effective school intervention. Throughout the process, despite periods of oversight, the school's educational and therapeutic staff showed their responsibility, commitment and ongoing attentiveness to Yael's needs. This case illustrates how effective post-traumatic intervention benefits greatly

from a productive working alliance that was formed prior to the trauma. Yael's school was extremely attentive to her feelings and her emotional world, both before and after the attack. It is this that made it possible for Yael to continue receiving help from adults in the school, even following a disappointing period when they were unavailable.

The homeroom teacher was central in the referral process and in following up, over time, on Yael's personal predicament. The homeroom teacher referred her to the counselor out of a concern that arose from the fact that she discerned Yael's sadness, withdrawal and isolation. After the attack as well it was the homeroom teacher who noticed the emotional difficulties that Yael was expressing in her withdrawn and depressive manner. She re-enlisted the counselor to attend to Yael's needs. In our view, the homeroom teacher's referral to the counselor succeeded on both occasions because Yael saw her as attentive, caring and personally concerned about her needs.

In the first sessions, the counselor was patient and listened carefully to Yael's hesitations to open up her anguish and sense of worthlessness. Perhaps Yael experienced the therapeutic tact that the counselor manifested in the first two meetings as indicative of the counselor's ability to appreciate the intensity of her distress. In the third session, Yael, through a vale of tears, shared with her the feeling that she was unloved and uninteresting. It appears that the counselor's insistence that she meet with Yael despite Yael's demonstrated lack of desire, was for Yael a kind of proof that there was, somewhere, a person who took an interest in her, even when she did not make an effort to be interesting. This indirect recognition of Yael's value by the counselor, created the possibility for meaningful processing of Yael's difficult feelings. This process led to significant changes in Yael – a reduction in the signs of depression, an improvement in her self-esteem, and an ability to invest in her studies.

On the basis of the working-alliance created before the attack, Yael was able to renew the connection with the counselor, despite the counselor's failures. The counselor, who had not taken the time to consider Yael's internal experience after losing her only good friend in the attack, understood, following the homeroom teacher's decision to approach her, that she had neglected Yael. And in resuming the meetings with her, she made it unequivocally clear that she acknowledges her mistake. In a subtle way,

the counselor affirmed that she was willing to stand by her side, and process with her the feelings that flooded her following the loss of her friend, feelings that were reminiscent of the terrible loneliness she knew in her past.

The supportive network offered by the homeroom teacher and counselor to Yael was of great importance, and is indicative of the open working alliance between the two staff members. Together they served as concerned parental figures, who examine her needs according to what they experience in the interactions with her. As parental figures, one was able to correct the oversight of the other and redirect her to attend to Yael's needs. The counselor's professional treatment benefits from her appropriate personal involvement as reflected in her open and candid apology. The counselor and the homeroom teacher are staff members that broadened their professional responsibility to include the well being and the developmental needs of the students. This responsibility is reflected in the appropriate decision of the to keep Yael's treatment within the confines of the school, rather than referring her elsewhere for trauma treatment.

The counselors interventions helped Yael to regain her sense of value, her being able to see her post traumatic difficulties as relating to her life long struggle to feel worthy and loved, and her propensity to isolate herself when distressed. Her willingness to lean on the counselor, allowed her to find strength within herself to eventually face the academic and challenges she faced in school while processing the loss of her best friend and her own sensitivities that re-surfaced after this loss. A central reason that helped Yael persist in attending the meetings with the counselor was the counselor's unequivocal message that regardless of her past errors, she was available and able to stand up and deal with the difficulties in the relationship between them, and with Yael's turbulent inner experience.

### **3. Dana**

Dana is a twelve-year-old girl. She has straight blond hair, brown eyes, and a pleasant face. She is the youngest in her family. She has an older brother and sister who are married and live far away. Dana lives alone with her mother. Her father was killed when she was three in a clash with Palestinian gunmen when he was on army reserve

duty. Dana has no real memory of him, but she remembers how during all the years since, and until today, her mother had a difficult time dealing with her husband's loss. Following his death, she stopped working, was in a depressed state, and barely cared for Dana. She would just stay in bed all day, staring at the television, crying, and refusing to accept any kind of help. A neighbor took over the daily care of Dana. Only in the past two years, almost seven years after the father's death, did Dana's mother venture out of the house to find part-time work, and to take an interest in Dana and her other children.

Dana, on her part, is a sad child. Everyone who sees her feels a tugging at their heartstrings at the sight of this pretty girl with the big, sad eyes. Dana began meeting with the counselor when her homeroom teacher noticed that throughout the last few years Dana had missed many school days, often several days in a single week. Until that point, the matter was not addressed since Dana had high grades and with no behavioral problems, and the school had attributed her lateness and absences to her need to stay at home and help her mother.

In conversations with the counselor, Dana said that she felt that she lived in a "lifeless home". Since her older sister and brother had left the house, Dana felt that she alone had to bear the entire burden and weight of her mother's depression. She related that often she was late for school since her mother did not want to get out of bed, and she took it upon herself to make sure that her mother got out of bed, washed herself and had something to eat. On the days when she did not come to school, she usually wandered around the neighborhood or went to the beach alone. There was some comfort in walking the streets alone having no one to interrupt her thoughts, and there was pleasure in hearing and smelling the sea when everybody else is at work or at school. But these private walks also felt lonely. Dana continued to tell the counselor that she often feels alone in the world, that no one cares about her, and that no one would notice if something happened to her. The fact that she was never approached about her absences confirmed her inner sense that she did not matter to anyone at school. The school counselor had the impression that Dana was very lonely and suffered from deep feelings of sadness and depression. Despite Dana's early hesitation, the counselor scheduled several meetings seeing her once every two weeks in the weeks that followed.

**The attack** – Dana's older brother was injured when the military vehicle he was driving as part of his reserve duty drove over a roadside bomb. He died in the hospital three days later. The entire family was devastated by the death of the older brother, who left behind a wife and a little boy. Dana's mother took it the hardest. Upon receiving the bitter news she had a nervous breakdown and was hospitalized in a psychiatric hospital following a suicide attempt using sleeping pills. Dana herself was consumed by her concern for her suicidal mother, having no emotional space to mourn the loss of her brother that was, on the surface, pushed aside due to the mother's acute state. After the mother returned home from the hospital, Dana's sister stayed at the house for a number of weeks in order to support and the mother and to prevent another suicide attempt. Approximately one month after her brother's death, when the mother was out of danger, Dana returned to school.

Of course, during the initial period, the school helped on every front: her classmates arranged a visiting rotation, the teachers came to the house once a week and helped her make up missed material, the homeroom teacher was in daily contact with Dana, and the school counselor also continued to meet with her once a week. And yet, Dana had a hard time returning to school. Barely a day went by when she did not arrive late, and for about half of the school days, she did not come to school at all.

Slowly, the teachers began losing their patience. One teacher said that she saw Dana wandering around the commercial center wearing provocative clothing. Another teacher claimed that she saw Dana sitting in a café in Tel Aviv. The homeroom teacher began claiming that Dana was just acting, enjoying all the attention and taking advantage of the good will of the school and the faculty.

The school counselor, who continued meeting with Dana during this entire period, saw an entirely different picture. The meetings with Dana after her brother's death continued from the same place they had left off prior to the tragedy. Her brother's death intensified Dana's old feelings that she was alone in the world, that she should surrender to the misery she experiences rather than struggle to keep on living. With these thoughts in mind, she found little motivation to attend school. The ongoing relationship between Dana and the counselor, and the exploration of the feelings that



came up around the tragedy and their relation to her past moments of despair, enabled Dana to feel contained and understood. The days when Dana met with the counselor were the only days that she wasn't absent.

The counselor shared this with the teachers and told them about Dana's difficult situation, her difficulty in dealing with her mother, and the feelings of guilt with which she was overcome. She continued meeting with Dana, and at the same time, worked with the teaching staff - mainly with the homeroom teacher - in order to foster understanding and empathy towards her.

Slowly, Dana began returning to school. Her attendance was not perfect, but her lateness and absences decreased. Dana did not take the end-of-year examinations and as a result, she was forced to continue her studies in another school of lesser repute. And yet she persisted, seeking another school with the encouragement of the counselor, who continued to work with her until she found an appropriate setting. Even today, although she continues to arrive late and has occasional absences, she expresses a desire to complete her studies and even has ambitions to pursue academic studies following graduation.

### **Case analysis:**

Dana is an adolescent who suffered from repeated losses. After her brother's death she was at risk for acute withdrawal and depression. Indeed she dropped out of this particular school at the end of the year. But we would like to suggest that this is an example of effective handling of a particularly complex life story of trauma and distress. Her move to another school was done in a manner that enabled her to progress in the new context as she did.

We would like to highlight some of the key factors in Dana's story. Dana's story involves a 12 years old girl who lost a brother after losing her father during military duty, and who has lived with a dysfunctional grief stricken mother. Prior to her brother's death, Dana managed to survive in school thanks to the fact that she was a "good student who got good grades." She was often absent, but members of the school staff attributed her lateness and absences to her need to "stay at home and help her mother." The counselor became a significant adult on whom Dana could lean on

emotionally, according to our view, due to her consistent presence, and her helpful guidance. And yet, following her brother's death, after the school's emergency response petered out, Dana "had a hard time returning to school." Gradually, the teachers "began losing their patience" and began thinking that Dana manipulatively "enjoying all the attention". The counselor maintained her professional position and thought of Dana's inner experience. The counselor used her familiarity with Dana's inner experience to re-frame the teachers' understanding of Dana's behavior. She enabled them to see Dana as struggling to survive, feeling uprooted and disconnected, hopeless and needy of basic parental attention and affection. She was able to draw the teachers' motivation in giving a hand to keep Dana afloat, alive. In this way, the achievement tests became secondary to the primary task of keeping her somehow connected in the social and academic realms.

We might conjecture that the ongoing and uninterrupted relationship between Dana and the school counselor is what enabled her to rebound from a situation of almost total withdrawal. We suggest that Dana saw herself as transferring to another school. Naturally, the transfer signified that the school felt it could not accommodate her needs. Interestingly, despite the lack of flexibility on part of the former school, the fact that the counselor and homeroom teacher accompanied her process of moving to the new school, allowed Dana to rally her inner forces to become more and more involved in the learning experience. This we view not as a sign of conformity to social expectations, but rather as indicative of a more hopeful stance towards her future, allowing her to invest in immediate academic tasks that will bear fruits only in the future.

The counselor dealt with Dana's difficulties prior to her brother's death and afterwards, she was present during her mother's hospitalization, and through the long period that followed where the task of living, of meeting the normative reality was difficult to bear. Being present in her immediate environment, and accompanying the changing challenges that Dana faced, made the counselor a key person in Dana's life. This relationship was for her the single thread left in her hand. Her subjective sense of loneliness was augmented by the fact that her needs were pushed aside due to the need to attend to the mother's crisis. The single strand offered by the counselor, was central for Dana, and gained credibility as the counselor was involved in helping her

also in practical difficulties. To highlight one example: As Dana was unable to live up to the demands of the school due to her difficult situation, the counselor continued to work with her and knew how to help her find an appropriate framework. In this manner the counselor succeeded in being for Dana the determinative and stable person who provided an emotional and cognitive leaning post in the chaotic reality she was living in.

Dana faced a dilemma that is faced by many children who suffered a loss of a loved one from the immediate family. The child is often faced with the acute distress of one of the family members. While it is possible to see the person who expresses the family's crisis as serving a function for the entire family (serving as the Identified Patient expressing systemic distress), we would like to stress that Dana was in a very difficult junction: Should she do everything she can to protect her mother from committing suicide so she prevents an unbearable additional loss? Should she attend to her own pain and allow herself to experience the mourning process over her brother and over her father? Could she take distance from her home environment in order to find a context that is more life-affirming?

Dana chose the path that we found to be the most common. Dana chose to devote herself to the covenant with her depressed mother. In doing so she was able to feel that she does her utmost to help her mother, she bypassed her survivor's guilt by not concentrating on her own desires and needs, and was able to receive from her mother positive recognition for serving her in her depression. The counselor served as a significant adult who was able to give Dana a sense of parental 'holding'. This holding is represented by a stable adult figure is not threatened by the emotions that surface, and who sees an eventual positive developmental path ahead. The counselor forms a covenant within Dana's real life. The way that the counselor worked with Dana shows that she succeeds over time to persist without giving in to difficulties and setbacks. Persistently, she offered guidance and protection, meeting at each phase the limited yet significant contribution of outside help to a girl who is in the midst of dealing with major losses and intensive personal and familial crisis.

### **Summary – School Handling of Trauma among Students Struggling for Emotional Survival**

In this section we discussed how a traumatic experience affects a youngster who was struggling prior to the event with emotional, familial or existential difficulties. Emotional difficulties heavily weigh on daily tasks. It is difficult to attend to academic, social and environmental demands that reality presents, that are present in the school context. In other words, the experience a difficult life situation casts a pall on students' entire existence. The traumatic event destabilizes the delicate balance that enabled these students to somehow function academically and socially. Meeting the school demands becomes extremely difficult. The risk of dropping out is present in all three examples. The risk of emotional collapse and withdrawal from functioning is also present in all examples. Indeed, the pre-morbid state of each of the students is different from the other. Yet, we highlight the significant role that school-based intervention can provide. Here again, a significant intervention prior to the trauma serves as the best basis for an intervention after the trauma.

These students need an adult who will offer them a balanced picture, recognize their suffering, and guide them through the post traumatic period. In the case of Lilach, we see how a life of detachment and loneliness lead to the loss of the will to live. Lilach lived in conditions of economic prosperity, with two functioning parents and was a high achiever. Her scholastic achievements and pseudo-normality somehow detracted the staff's ability to detect early her developing eating disorder. The school personnel did not know how to work with her parents, who opposed the school's interference into their private affairs. Facing the parents' insistence, the school withdrew from intervening time and again. Her traumatic presence at the site of the attack also did not succeed in shocking the adults in her vicinity, and she continued functioning in the world alone, without anyone making meaningful contact with her. There was neither an alliance with the parents regarding the deteriorating condition of Lilach, nor a unilateral act of responsibility on the part of the school aim to demand or force intervention in Lilach's foreseen collapse.

In contrast, in the cases of Dana and Yael, we see how the listening ear of an adult, along with an extended hand— even if it is that of a busy counselor who meets with the

student only once a week – can bring about a significant and palpable change in a student's life. The caring relationship with a counselor, or other educators serve, as a protective function in dealing with traumatic experiences. The power of this relationship, when it is authentic and significant, can withstand errors and setbacks. The ability to help students who are struggling for their survival depends mainly on the existence of an adult who can assume a parental attitude of true concern. This attitude involves consistent insistence to care for the developmental needs of children facing traumatic circumstances and who are often hesitant to accept outside help.

### **C. Case example with post-traumatic disregard of rules and authority figures, and anti-social behaviors.**

Below we present the cases of Guy and Daniel, whose complete story requires multi-faceted intervention both with a pre-attack risk factor – a tendency towards antisocial behavior based on deficits in internalizing figures who offer holding and containment, and an additional risk factor – the traumatic attack. The case of Guy describes an array of difficulties in the educational system and the family in dealing with students affected by trauma. The case of Daniel illustrates a meaningful and holistic intervention on the part of the school, consistent with the multiplicity of needs imperiling the development of trauma victims prone to the adoption of anti-social behaviors.

#### **1. Guy**

Guy is an 11<sup>th</sup> grader in one of the schools in central Israel. He is tall, muscular, very handsome, popular among the girls, and admired by his friends. He is very intelligent, and in some aspects his talents border on the exceptional. Guy has four siblings – two older sisters who no longer live at home and are married, a younger sister aged 13, and a seven-year-old brother. Guy's father left his mother when Guy was 3, and the mother subsequently remarried. His younger brother and sister are from the second marriage. The mother's second husband also moved out, approximately five years ago. None of the fathers is in touch with the mother or the children.

During the past two years, the school began receiving reports that Guy was involved in criminal acts. He was caught by a police patrol while breaking into an electronics store. A “police file” was opened (a term implying that he formally had a criminal record) for destruction of property after he and some friends burned some benches near his house. At school, he broke a number of windows, and in one of the brawls he was involved in, he beat someone to the point that the other student needed hospitalization. Last year, rumors began circulating that Guy had 'gone up a notch' with involvement in drug deals and large-scale theft.

Guy did not attend school on a regular basis. Every month he was absent on an average of ten days. Yet he took his important tests and somehow managed to pass them. When the school contacted Guy's mother, she said that she herself didn't know what to do. Guy's mother, it should be noted, worked very hard to support her family, and it seemed that she had no energy at all to deal with Guy. Guy himself treated his mother with utmost respect, and sometimes gave her significant sums of money. She avoided situations of confrontation with him, and he in return acted like a patriarch who protects his family members and deserves their respect.

From time to time, Guy's name would come up at faculty meetings. The teachers who recognized his wit and leadership avoided making contact with him. They tended to relate to him amiably but never did they dare to confront him. There was an un-discussed fear of retaliation on his part. One of the rumors circulating in the school was that Guy had slashed the tires of a car belonging to one of the teachers who called his mother to a meeting at school and demanded her involvement around regular school attendance. Guy was viewed in the school as a juvenile delinquent not to be messed with. There was a hope that he graduates without causing damage to his fellow students and to the school's positive teachers-students relations.

During the year prior to the traumatic event, the school counselor tried several times to summon Guy to a meeting. Guy did not show up at most of the meetings. In the meetings that took place, he reassured the counselor that everything was fine. He said that he had a few things to 'work out,' and stated that he had every intention of attending school more regularly. Predictably, the talks were not followed by any change in behavior, and Guy's frequent absences continued, as did his involvement in criminal activities. The school counselor, who was overwhelmed with a heavy workload, decided to stop courting him. She thought that there is nothing that she can do. She anticipated two scenarios that might change his predicament for better or for worse: In the first the school sets a limit by erasing him from the student roster altogether thus "stopping this charade of him being a normative student". In the second scenario, the police catches him in a severe criminal act and he is sent to a juvenile correctional facility for a protracted period.

**The attack** – One Tuesday afternoon, a suicide bomber exploded himself at the entrance of a mall, killing two people and wounding ten others. Guy was one of those wounded. He sustained a light injury to his hand due to injury by a shrapnel. He did not lose consciousness and saw the horrific sights of flying body parts that stuck to his clothing and his skin. He was taken to the hospital for treatment, but was released after a half hour, after refusing to remain for additional examinations. In addition to Guy, two other students from the school were wounded, both lightly.

The fact that several students from the school were present at the attack prompted the school to ask for help. The following day, a psychologist from the school system's psychological service arrived along with the chief-supervisor of the counselors in the municipality. Class discussions were held, the additional mental health professional also contributed in meeting some students individually, and in instructing the teachers as how to respond. Guy himself did not come to school that day. An envoy that went to visit him at home did not find him there. Guy called the school counselor and said that everything was fine and that he would come to school the following day.

Meanwhile, the school was busy caring for the other students who were wounded and the many students who were frightened by this near by explosion that killed two people who had personal ties to other members of the school community.

The next day Guy arrived at school but for two hours only, one of which he spent with his friends. After holding a consultation, the faculty decided to accommodate him and allow him to skip class. This pattern persisted in the following two weeks, where he came briefly to school but remained completely disengaged from all academic activities. He told the homeroom teacher that he has ongoing nightmares and does not feel well.

The homeroom teacher called Guy's mother who reported that he was going out every night with his friends, but she thinks that he is having a hard time: one night she thought that she heard him crying in his room. She did not talk to him about this. She said that Guy avoided going in the direction of downtown, where the explosion had occurred. The homeroom teacher consulted the counselor and subsequently offered Guy trauma-focused treatment. Guy agreed to go to treatment, but he arrived some 30 minutes late to the first meeting, and subsequently stopped coming altogether. Some



members of the staff critically noted that Guy does whatever he wants whereas he needs boundaries and treatment. Within two months, Guy stopped attending school altogether. He was again arrested by the police for inebriation and raucous behavior, kept overnight in detention and then released. The school counselor was unable to contact him and when she did get through to him, he said that he is unable to speak to her and would hang up.

Guy's mother was completely helpless. This became more acute when she was diagnosed with cancer about a month after the attack.

Approximately three months after the attack, Guy was officially dropped from the school roster. According to the latest rumor, Guy joined a gang that stole cars and sold them for used parts in the Occupied Territories.

#### **Case Analysis:**

Guy's case outlines the gradual process of deterioration and disengagement from the normative world, ending in full involvement in criminal gangs. Our outline does not intend to suggest that there is a linear path from sporadic and relatively minor infractions of rules, to post-traumatic cessation of studies, to participation in on going criminal activities. Rather, the early infractions of rules were early signs of anti-social patterns that were left untreated prior to the traumatic event. As we will point out later on, anti-social behavior is only rarely carried out by persons with anti-social personality. More often, it is an expression of loneliness, distress, avoided affects, repeated disappointments, and the sense that the only challenge is to take care of one's own survival. A period of legal infractions and violent behavior can end when the underlying factors are addressed. We would like to suggest, that the trauma that Guy experienced following his exposure to the attack left him scared and unable to face normative challenges. He manifested his difficulties at school and at home hoping, so we assume, unconsciously that the adults in his life would take action and for once help him tackle his difficulties. The failure of the school staff and his mother to respond to the many alarm signals that he created led him to resort to the anti-social solution.

Guy grew up in a dysfunctional setting that offered little psychological containment and support. The mother who was deserted by two husbands is described as overworked and psychologically worn out. Her later diagnosis with cancer exacerbated her inability to fight for her parental role with Guy. What is the contribution of his father's complete absence in his upbringing to his difficulty in upholding social ethics? Did Guy feel unwanted, a victim of his mother's inability to maintain a stable relationship, a bad seed of an unworthy selfish father? These questions are left open since not much is known about Guy's inner world, and therefore much is left for conjecture. It seems that his mother was threatened by him and was unable to be a parental figure that protects his interests and attends to his developmental needs. His needs became even greater following the traumatic, and destructive experience he faced. The audible cry in his room and his willingness to come to treatment, can be seen as indicative of his yearning for care by an adult figure. This yearning was tenuous and he quickly withdrew to his pseudo-self sufficiency once he felt disappointed by the insufficient presence and care from those whose help he tried to elicit.

For as long as two years before the attack Guy was involved in 'criminal acts' and "every month he was absent on an average of ten days." Despite this, he succeeded in surviving in school, since he "took his important tests and somehow managed to pass them." According to the counselor's report, Guy was able to fit in socially. He was well liked, and returned to his peers following the traumatic event for social support. How do we understand the opposite response to him by the school's adults? He was seen by the school's staff as an unyielding juvenile delinquent. The school counselor resigned from helping him after he repeatedly avoided her, and in her fantasies the hardships of life will either "break him or make him". Relying on the insufficient information that we have, the loyalty of Guy's friends towards him and his acceptance by them is indicative of the possibility that towards them he has acted in a loyal, friendly and unthreatening manner. His disregard of authority figures and his breaking into a store or breaking the windows in the school, may imply that in this period the anti-social behaviors were expressed in a limited way, and he was still attached to the normative society accepting normative rules, at least in the social realm with his peers. We are stressing this point since a threatening and manipulative behavior towards peers who conform to social engagement out of fear is indicative of a deeper presence of psychopathic (lack of morals and empathy) anti-social

tendencies. Accordingly, we see the anti-social risk prior to the traumatic event as clearly present but not extremely severe.

The school's concerted efforts to help Guy following the attack – the envoy sent to visit him, the counselor who tried to encourage him to come to school and the psychological help offered him- did not succeed. It seemed that the school went through “the right motions” to feel that it did something to prevent his coming downfall. Schools are usually unprepared and lack the expertise to deal with anti-social processes. Here the challenge was to create an effective intervention that takes into account his entire situation, including his difficulty to connect with adults and trust them. Guy needed someone to take responsibility for his situation, prepared to invest the necessary effort to become a significant figure in his life. He needed someone willing to confront his avoidant reliance on high adrenaline anti-social activities and willing to withstand his aggressive disregard of adult’s help. No such figure was available to him, either before the traumatic event or after it. When he checked out the psychologist upon coming late for the hour, he ambivalently checked out whether the psychologist can turn into the strong, wise and relevant figure he needed. Perhaps the psychologist was not able to quickly prove himself different from all the irrelevant adults in Guy’s life.

As his mother was struggling with a new diagnosis of cancer, Guy faced the possibility of losing the one parental figure who escorted him consistently throughout his life. This potential loss was particularly threatening in the context of the unprocessed abandonment by his biological father and then by his step-father. He who aimed at achieving control over his emotions and physical body by not surrendering to rules and institutions, experienced complete loss of control in the explosion, and then faced loss of control in his mother’s illness. He solved this distress by becoming engrossed with the criminal activities, facing the hardships and tensions of gang life and enjoying a new context that distances him from inner zones of vulnerability.

Guy is reminiscent of the youngsters described by Winnicott in "Delinquency as a Sign of Hope". Through behavior that was destructive to the environment and detrimental to his own future, Guy was looking for his mother's arms to provide him with his basic needs that had not been met. In his real life, Guy was disappointed over

and again from maternal and paternal figures. The ultimate disappointment occurred following the traumatic event and he was left hopeless yearning for help. With no one to help in sight, he joined the tribe of those who decided to survive by joining together and disregarding others, i.e. a crime gang.

## **2. Daniel**

Daniel, is a solidly built young man who radiates power and strength very much due to his noticeable muscular look and his broad neck which give the impression that he is a tough bodybuilder. His short brown hair and mischievous eyes emanate intelligence mixed with a mischievous quality. These contradictory characteristics gave the adults in his environment the feeling that he was only pretending to resemble a criminal, and that he would 'outgrow it.' Daniel is the youngest of three children. His brother and sister followed their parents' example with strong motivation to excel academically. His brother and sister were team-leaders in the scouts, and were considered successful by all social standards (for example, serving in elite army units, etc.) Daniel's functioning, particularly between grades 9-12, was in complete contradiction to the family 'tradition.'

In the ninth grade, Daniel made a life change. He altered his hairstyle, began behaving like a 'tough guy,' and stopped associating with those who had been his friends since elementary school. He formed and led a social circle that included three new friends. This social circle was a kind of alternative to his former lifestyle, and in it he discovered a new world of social coping. Now he was part of a group of brave and loyal warriors. When they walked in the down town area, the other adolescent groups showed them respect by not daring to cross paths with them. Daniel and his friend Roni were the more daring of the bunch, with Roni taking risks and Daniel joining along and seeing to it that the conflicts and scuffles would not get out of hand. Daniel was one of the two 'brains' of the group, a status he earned due to the fact that he was more educated and in his past was an excellent student. He stopped doing school-work at home, but was able, somehow, to maintain reasonably good scores on the various exams. Only in the 11<sup>th</sup> grade, a violent incident made the teachers examine Daniel's functioning at school. This incident occurred about six months before Roni died when a suicide bomber attacked a bus leading students to school.

When Daniel started the 11<sup>th</sup> grade, a brawl broke out between the male students in Daniel's grade and those in the 12<sup>th</sup> grade. One of the 12<sup>th</sup> grade students was taken to the emergency room where he received several stitches in his forehead. Following this violent event there two process that were set-off: a police investigation and an internal investigation by the school-staff. A review of the circumstances leading up to the violence revealed that the 12<sup>th</sup> graders and the teachers saw the 11<sup>th</sup> graders as the instigators. They identified the 11<sup>th</sup> graders as responsible for crude graffiti insulting the twelfth graders, spreading putrid trash in the 12<sup>th</sup> grade classrooms, and setting up a threatening student militia in the corridor that led to the 12<sup>th</sup>-grade classrooms. The teachers noted that Roni was prominent in his involvement in the 'student militia' and described how he provocatively stood in the school entrance explaining why the graffiti was so clever and bold. During a staff meeting about this crisis, the homeroom teacher pointed out Roni's is involved in almost every forbidden act, and she sees that they were all avoiding confronting him. The teachers recognized for the first time that Daniel was always by Roni's side when he was getting mixed up in violent and provocative acts. Gradually the staff collectively examined Daniel's hidden role in various altercations. Some suggested that Roni admired Daniel and would do anything possible to impress him. It became clear that there was a unanimous and worrisome feeling regarding Daniel: Daniel was not engaged in any scholastic activity except for taking tests, which at present he was just barely passing, the attitude towards him in the class was one of unease, and teachers felt he was treating them with disrespect and overriding their authority by making disparaging comments and acting demonstratively tired during lessons. His manipulative and aggressive leadership, was carried out in a manner which assured that he was never 'caught' although he was involved in everything.

In a talk, initiated by the homeroom teacher, he said that during the present period, what was important to him was life outside the school – friends and soccer games – but that he knew he would do what he needed to succeed in his matriculation exams when the time came. The homeroom teacher, and later the school counselor, felt that he was saying whatever he could in order to be left alone. He did not agree to discuss his active or hidden involvement in vandalism or violence. The homeroom teacher even told him outright that she was worried by those destructive and maybe even

criminal deeds that he was concealing from adults, and feared the path he had chosen. His parents told the homeroom teacher that they were no longer surprised by anything they heard about him, since he did what he pleased and their attempts to restrain him were ineffective.

**The attack** – The terror attack in which Roni was killed occurred at the beginning of the school year. A suicide bomber blew himself up on a bus route that passed by the school. Upon hearing of the attack, the entire school community entered a state of shock, and the teachers began gathering the students and counting them. Within an hour, the names of a number of students who had been injured, as well as the name of a parent who had been killed, were announced. Roni was identified as the only one whose whereabouts were unknown, and Daniel desperately petitioned to head out to the hospitals to try to identify him among the wounded. He had been with Roni until late the previous night, and they had planned to meet the next day at school.

Daniel wandered about the school in a state of disquiet and in tears. The principal called him in and told him that he and the staff were doing everything they could to find out where Roni was. He asked Daniel to help the teachers convene the 12<sup>th</sup> graders in the gymnasium so that they wouldn't disturb the other grades as they attempted to cope with the situation. While the students were waiting for the principal to enter the gym, the principal received word that Roni had been killed in the attack. The principal consulted with the vice principal, the grade coordinator and the school counselor, and it was decided to announce the news immediately. The students were overcome with emotion and crying. Members of the school board psychological staff who had arrived remained with the students in the gym, speaking and feeling the pain together with them. The principal, understanding that his presence and leadership were essential in this situation, again brought the 12<sup>th</sup> graders together and debriefed them on the facts he knew about all the students who had been injured, and about Roni's death. He spoke about the difficult experience of the students, teachers, and himself. He said that what had happened was still beyond comprehension, and added that the date of the funeral would be soon decided on. The principal was visibly upset and choked with tears.

Daniel stopped crying at the end of Roni's funeral. His face was extinguished and his eyes were lifeless. He spent almost all of the seven-day mourning period at Roni's house with his parents. Daniel told the homeroom teacher and counselor that he had nothing to say to them: 'Leave me alone with your psychology,' he said. The counselor decided to insist. She created a group comprising Roni's friends, who cooperated immediately, and asked Roni to join. She explained to him that he was part of the group and that she expected to meet him with the rest of the crowd. Daniel arrived at all of the meetings on time, and listened attentively. The counselor felt that despite his silence, the group was of utmost importance to him. She felt that he was a silent and active partner in the open conversation Roni's friends were having about their pain, the guilt they felt for surviving and leaving Roni behind, and their constant thoughts about preservation and memory. The counselor helped the participants define their innermost feelings. For example, she defined a process which Daniel felt he did not know how to digest: beforehand they had been a group of troublemakers who hurt and insulted one another, and tested their environment without assuming any responsibility for their actions. Now they felt regret and confusion. Had they wronged Roni by hurting him and leading him deeper and deeper into trouble? Who were they now? What was right for them? They had undergone an upheaval, and there was no returning to the carefree world of troublemaking that they had entered carefree.

The group meetings concluded after ten sessions. Towards the end, Daniel's friends told the counselor that they were worried about him. He continued to visit Roni's grave an average of four times a week, he would speak to Roni in various situations, and at soccer games he would reserve a seat for him, saving the place by resting an object on the seat in his memory. In one of the games he called out Roni's name, and his friends thought that he had gone crazy. Daniel listened to the counselor when she invited him for a talk, and said that he really was having a difficult time, but that he did not want to talk to her and needed to go through this period on his own.

The principal, with the counselor's encouragement, approached Daniel. Daniel sat across from the principal in silence, and the latter could feel in the meeting how much Daniel needed help. The principal described to him why he was worried. He saw that he was not emotionally available to participate in school and in his studies, saw the burned-out look in his face, and knew that he was suffering from his mourning over

Roni. The principal said that he himself was dealing with the loss of very close friends, and indeed, that the depth of the pain was proportional to the depth of the relationship. He shared how he had learned the hard way that there was nothing heroic about dealing alone, especially when part of your heroism is trying to conceal how hard it is for you. One needs also needs courage to know when to ask for help. He told Daniel that he wanted him to see a psychologist whom he knew and respected, and that he was willing to come along for a meeting.

This series of activities on the part of the principal and school counselor led to Daniel's meeting with a psychologist during the period of the matriculation exams, after which he was drafted. With the psychologist, Daniel was able to define the upheaval that Roni's death had brought about in his life. Prior to the catastrophe he had behaved like a criminal, and had not thought about what was really important and dear to him. He had hurt the school and all kinds of people, but ultimately, he hurt himself. Now he wanted to do well by others, to make something of himself. He felt compelled to hold Roni's image before his eyes, as an arrow pointing towards the straight path. This was why he spoke aloud to Roni and could see his image at every moment. With his eyes brimming with tears, he described how he was cut off from his friends, who were having difficulty understanding the deep meaning of Roni's death for him. He described his distance from his parents, who had never liked Roni, "and only respond hysterically when I take the car to the cemetery at night."

Daniel decided to focus and to succeed in his matriculation exams, and to struggle with his difficulty in concentrating on his studies. He also became ambitious in relation to his army service, which he viewed as an opportunity to do something meaningful.

### **Case Analysis:**

This case describes Daniel's response to a traumatic event that has a deleterious effect on him at a time when his behavior is characterized by anti-social patterns. The experience of loss created an internal crisis that led to a self-reexamination and created a space for an intense, conscientious looking inwards that he had avoided previously. This case, of an adolescent boy with anti-social behavioral patterns, describes a situation more commonly encountered than a formed anti-social



personality. Daniel used an array of anti-social coping strategies that helped him both to avoid contact with internal hardship and the longing to receive help from his parents, and to run away from a feeling of lack of meaning and having lost the way by taking risks. The external expression of the anti-social patterns was property damage, violent acts, acting inconsiderately and apathetically towards others, and being manipulative towards the school such that for a long period no one related to his academic disengagement and his involvement in anti-social acts. His manipulative behavior was also directed at his good friends, particularly Roni, whom Daniel manipulated and encouraged to dare to violate persons and property.

Close acquaintance with Daniel reveals an ethical person who committed many unethical acts. Some of his acts were public (involvement in graffiti writing, for example) and of a rebellious quality towards the adults in his life. For a long time, his activities did not draw the attention they warranted, neither from his parents nor from the school. In our view, he felt alone in the world, without any adult to play a consistent role in his life or able to handle him. His parents avoided confrontation, and over time, the school also did not discern his partial withdrawal and his manipulations. In the absence of proper attention, his problematic behavior worsened on two counts. First, through an amplification of his risk-taking behavior, unconsciously aimed at winning parental attention, boundaries, and a recognition of his subjective needs. Second, the risk-taking and criminal behavior fully masked his painful and confused state, through 'types of action' that were full of suspense, and tests of courage and loyalty. Anti-social behaviors are an effective 'remedy,' at least in the short term, to areas of internal weakness and pain.

One might imagine that following the disaster Daniel's use of these channels would intensify. Instead, Daniel, as the case description conveys, responded to the disaster – the loss of his good friend – with a will to change his anti-social behavioral patterns. He wished to operate in keeping with the demands of his conscience, from which he had cut himself off – to reconnect to the deep feelings and desires in himself.

The death of Roni shattered an emotional barrier that Daniel had been maintaining through his anti-social persona. The blow of the pain awakened in him thoughts and feelings that he had previously pushed away from consciousness. He felt guilty for

encouraging Roni to engage in destructive acts, and for taking advantage of him so that he would have a partner who would take the guilt upon himself and sponge up the negative attention. He felt miserable and lacking any direction and value, when he said to himself, "Roni didn't do anything with his life, and I must not end up like that." Daniel's conscious recognition of his ethical world and his willingness to experience loss and pain, created a barrier between him and his anti-social coping pattern. He felt confused and exposed, and therefore closed himself inside his house and inside himself. One might understand his imaginary talks with Roni as arising from his desire to receive approval and support for a new path, a path that required turning his back on their shared activity that, in Daniel's view had cut short Roni's life, even before he was killed.

It is important to understand the significant, ongoing activity of the school counselor and principal. The principal rose to the occasion as a leader and authority in the eye of the storm. He recognized Daniel's personal distress, and therefore approached him even before convening the other students. The principal was involved in addressing Daniel's issues beginning with his negative involvement with the graffiti, and confronted him. Daniel's problematic past did not deter the principal from addressing him as a person hurting from the pain of the loss of his good friend. This is an example of crisis management involving recognition of the differential needs of students.

The counselor was determined to see Daniel through. She did not capitulate to his will to close himself off in the pain and confusion from which he was suffering. She insisted by responding, unrelentingly, to his need to be strengthened and guided by an adult. Since his parents did not succeed in serving as significant figures in the mourning process, the school became the main framework for working through the process. His difficulty in making emotional contact, which deterred him from participating in the group, abated when the counselor, in her sensitivity, accepted his quiet involvement in the group. She recognized that he was emotionally involved, and in the throes of an internal discourse. Daniel understood from the counselor's course of action that an adult can be a help. While he avoided open conversation with her, we see that his meeting with her was an important steppingstone towards the subsequent meeting with the principal.

The principal's approach involved a number of critical components that enabled Daniel to continue coping. The principal spoke caringly, as an authority figure who would not let Daniel sink in his concealed pain and helplessness. The way he spoke reflected his personal experience in dealing with mourning. The principal himself felt that for Daniel, going to speak openly with a psychologist would be a courageous and difficult act that contradicted his usually manner of personal coping, which did not allow any outward demonstration of weakness and emotional pain. The principal, whom Daniel regarded with an awe and esteem that even intensified after the attack in which Roni was killed, succeeded in legitimizing the request for help, setting forth a new and challenge values system that Daniel adopted in keeping with his needs, since "particularly for men dealing with independence and hiding their pain, turning for help is an act that testifies to the greatness of the internal process and courage to deal with it and learn from it." [this is a. awkward and b. not quoted in the case study] Daniel experienced the referral to a psychologist as an expression of concern and not as a desire to transfer his problems far away from the school campus. The principal's suggestion to accompany him was since re, and Daniel understood that the principal would keep tabs on him and continue to accompany him in the course of the therapy.

The referral to a psychologist was a continuation of the interventions that began with figures in the school who did not cease making themselves available to Daniel as adult guides and leaders prepared to meet with and contain his suffering and his loss, and who were presenting him with an alternative to the life he led prior to the attack.

### **Summary: School Coping with Trauma among Students with Anti-Social Behaviors**

For young people who have adopted anti-social behavioral patters and were also involved in a traumatic event, the help offered them must be adjusted to their characteristic behavior, which not only does not disappear after the event, but in most cases escalates and intensifies. Attempts by the faculty to offer help without taking into account the tendency of young men with special needs of this sort to avoid real contact with adults in the vicinity, is fruitless and has no chance of leading to real coping. An adolescent boy, who tries through anti-social behavior to call out for help

to strong, loving people worthy of his trust, can only seek help from someone truly committed to saving him and prepared to sacrifice, on his account, time and peace of mind. Any other offer of help is perceived by such an adolescent as apathetic, unimportant, and having no bearing on his life. An adolescent boy, whose behavior is characterized by anti-social tendencies, is unable, by definition, to decide to change. His very 'choice' of anti-social behavior testifies to a lack of basic cognitive tools and emotional resources. In order for such a young person to be assisted by the world of adults, the adults must attempt to create for him the appropriate conditions.

Adolescent boys who are dealing with difficult cases of loss and trauma are almost always forced to pay a high price. It is difficult to envision a situation where the functioning of an adolescent who experienced trauma will remain unaffected, even if s/he receives the most devoted and professional care. The expectation that therapy will entirely prevent the ramifications arising from coping with difficult situations is unrealistic. One can only anticipate that this same adolescent will not remain alone in his coping, but rather will be able to receive help in a human relationship with a significant adult who is prepared to serve as a listening ear to hear his pain and to guide him on his path. Deep, interpersonal acquaintance that was initiated and developed prior to the traumatic event is a factor that shields the adolescent from potential trauma-induced breakdown or disengagement. The presence of an adult in the life of the young person serves for him as an island of stability, a life preserver in the stormy sea of reality. When the family framework is unable to provide the support that the young person needs to survive, a relationship with a teacher or counselor, as busy as s/he may be, can also constitute factor that alters the course of his life.

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### Trauma of the Individual in the School Context\*

#### **Introduction**

Traumatic experiences are, unfortunately, the lot of many children. In this chapter, we will consider how schools deal with traumatic situations of a personal nature, not related to the security situation and to armed national conflict. The attention devoted by educational institutions in Israel to the treatment of trauma related to the Israeli-

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Arab conflict is much more extensive than that afforded students dealing with trauma from another source. As we have explained in the previous chapters, a school's ability to provide ongoing support for traumatized students mainly rests on the following factors: The teachers' view of their role during the protracted recovery period; staff's ability to personally meet their students' trauma; and the non-emergency available resources for students and teachers in need at the school. In the present chapter, we would like to expand on the role of the school in dealing with trauma, and to underline several issues that are central both in the subjective experience of trauma and in constructing subsequent interventions.

Traumatic situations not arising from military conflict raise questions similar to those discussed until now in this book. While the examples in previous chapters focused on trauma resulting from terror and war, the examples in this chapter relate to trauma caused by other factors. Children of all ages deal with traumatic events that they bring to school with them. The school's involvement in the child's life can reduce the negative effects of the traumatic experience on the child's development.

Due to limited space, we will not elaborate on the distinction between different traumatic situations (death in the family, physical injury, humiliation and abuse, emotional damage following an accident, disability, etc.), although there are specific ramifications of the particular traumatic situation on the individual and his environment. For example, the mourning process following the loss of a parent following a prolonged illness differs in certain ways to the sudden parental death due to an accident. The essential characteristics of a trauma that affect the response can be identified through the following questions: What changes and losses resulted of the trauma? Was it sudden, anticipated or ongoing? Was it unavoidable or preventable? To what extent did the incident arouse feelings of confusion, shame and guilt? Are the details of the event clear and known? What was the role of the significant adults in the child's life in the traumatic situation, and in attending to the post-traumatic distress? In this chapter, we will discuss individual trauma in which the school has no direct relation to the incident (e.g. death in the family), as well as traumatic events in which the school itself is directly involved<sup>1</sup> (e.g. student killed from falling over a cliff on a field trip; student killed from falling out of window in school; students injured from a

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<sup>1</sup> Situations in which the school is involved directly in the traumatic occurrences can be likened to a family in crisis, during which the adults for a certain time lost their ability to nurture and protect. For the most part, such a situation requires the involvement of outsiders who can help the staff act in a manner that better suits the needs of the young people and adults alike.

collapsed roof; suicide of student following suspension from school; suicide of student following police investigation initiated by school; suicide of teacher dismissed from school; death of teacher from heart attack after students threw firecrackers at him, etc.)

Within the discussion of various traumatic situations, we will place an emphasis on **the need for the meaningful presence of adults in the life of students** in the aftermath of traumatic events, and on the role of the school in creating this presence. The need of the individual for meaningful adult presence in his life continues throughout the coping process. The ability of the counselor or teacher to become significant in the coping process is influenced by her level of acquaintance and intimacy with the student, and the extent to which she understands the student's full life story. The level of risk posed by a traumatic event is not merely a function of the type of event and its characteristics, but mainly an outgrowth of the way in which the person himself experienced the event and interprets it, and of the way in which the human environment adjusts itself to the manifest and hidden needs of the child. In the first part of this chapter, we will discuss the central post-traumatic experiential processes, and the way the school can have a protective and a helpful role in the recovery process.

In the second section, we will emphasize how continuous and sensitive presence vis-à-vis the student's needs constitutes an important factor in recovery.

In the third section, we will present cases of students affected by trauma that exemplify the different ways in which the system can help students to cope.

#### Part I: Mechanisms Activated in Traumatic Situations and Influence of Adult Presence on Coping

##### **Loss of a Parent and Loss of the "Background of Safety"**

One of the most destabilizing and traumatic situations that children face is the death of a parent or a sibling. In most cases the loss is experienced as sudden, and is characterized by processes similar to those occurring in coping with the loss of loved ones in a terror attack. The parent, sibling or close relation who died was an important part of the fabric that created the child's basic feeling of safety, and this loss has a sweeping effect on the child's continued development (Gamble, 1999; Sandler, 1987).

Sandler points out that the child's ability to cope, to understand his environment and to develop, depend on preserving a 'background of safety.' Such a loss shatters this 'background' on which the child's life relies. Many findings point to the fact that the younger the child is at the time of loss, and the more dependent he is on his parents, the greater the negative effect of the loss of the protective 'background of safety'.

The child's dependence on the "background of safety" is manifested in his fear of losing it and being left exposed, vulnerable and in existential danger. The attempt to prepare for such a catastrophe exists in the child's fantasy and is present in many favorite children's stories that were turned into classical animated Disney films. Stories such as Cinderella, Bambi and Snow White describe the difficult task of survival after loss of one's mother in childhood. The protagonists of these stories express the fears and worries that arise in the child who faces parental death: Who will protect me? Can I depend on someone else? How can I maintain hope and keep going when I have to confront all these feelings of mourning, suffering, and insecurity?

A 12<sup>th</sup>-grade girl whose mother died in a car crash expressed the fear of losing the 'background of safety.' During a session with her father and one of the authors, she said: "Dad, I love you, but you have to understand that Mom was everything for me. I miss her terribly. Without her there's no oxygen in the air. I feel that I'm suffocating. I can't enjoy things like I used to. I don't feel myself and the world as I did then. I feel that I've lost all direction. Nothing is the same." It was difficult for her father to appreciate the vacuum that the mother had left, and to not to be taken aback by his daughter's ongoing sense of loss. His hope that his dedication would suffice was proved wrong, and he realized that she feels vulnerable, pained and at loss. He sought help from the school staff. The homeroom teacher and the school counselor responded to their conversation with him by attending to his daughter in a consistent and personal way. By and by they presented themselves and the school context as a stable and safe environment for her. They witnessed her suffering and were present for her throughout the processes of mourning that she went through. The school counselor and the homeroom teacher had an important role in helping the father understand and make room for his daughter's distress. This joint effort gave this adolescent girl a context on which she could rely through the intensive post-traumatic and mourning processes.

Often, as we have shown in the previous chapters, family members are unable to support one another following traumatic events, since each is busy with his or her own personal suffering. In this context, the school has a role of supreme importance. In the above example, the homeroom teacher participated in the mother's funeral and initiated short meetings with the student, during which she kept watch on her adjustment. The school counselor also followed a consistent schedule of meetings with the girl, and confronted her when she failed to show up for these meetings. They also maintained an ongoing dialogue with the father who appreciated the school's involvement. The school as a system can thus serve as an important support that enables a process of recuperation in instances where family members are unavailable to support the young person in a sufficient manner.

#### Loss of Control and of the Feeling of Self-Efficacy

A disaster – that is, an extraordinary and catastrophic external event – yields post-traumatic reactions in many of the survivors. In a catastrophic event, the trauma is caused by a destructive element that brings about a dramatic and sudden life change. In situations of disaster, the school serves as the "safe shore" in which the child who underwent the trauma can restore his feelings of self-efficacy, self-control, and control over his environment.

Disaster and trauma cause a person to feel a lack of control. A person feels the extent to which reality is unpredictable and understands that his very existence and that of his loved ones is uncertain, and that nothing can be taken for granted. Furthermore, many survivors are troubled by their own lack of control over their own behavior during the event. This is well illustrated by the following example:

In May 2001, the roof of a Jerusalem wedding hall caved in, resulting in the death of twenty-three guests and the injury of over eighty. This event has become part of the collective Israeli memory and is known as the "Versailles Disaster," so-called after the name of the hall. Most of those injured were relatives of the bride and employees of the bank where she worked. The Jerusalem municipal welfare services intervened extensively,<sup>2</sup> but despite this, some of the survivors continued to be plagued by the feeling of loss of control, to the extent that their functioning was impaired.

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<sup>2</sup> Documentation of these interventions (in Hebrew) is available on-line:

[http://www.molsa.gov.il/MisradHarevacha/HomePageMenu/CommunityInfo/EmergencyPreparation/Hirum\\_DugmaotMiShetach.htm](http://www.molsa.gov.il/MisradHarevacha/HomePageMenu/CommunityInfo/EmergencyPreparation/Hirum_DugmaotMiShetach.htm)



A female high-school student, who lost a parent and number of family members in the disaster, stopped functioning in school. She did not turn to the school staff, and remained distant and uninvolved in the academic and social life of her high school. The principal arranged for her to meet with the school psychologist, and counted her therapy sessions as academic hours. The student described to the psychologist how she refrains from doing anything productive: she spends the day sleeping, going to parties, meeting with friends, drinking etc. She reported developing one desire – to dance. She goes to discotheques and dances all the time, sometimes also practicing at home. The psychologist suggested that during the dancing she felt in control of her body and her movements. During the subsequent meetings, she confirmed this by describing her growing sense of bodily control. The feelings of elevation that she experienced during the dancing reminded her of the times prior to the tragedy. Her activities at school seemed irrelevant to her, as if the long-term academic goals were irrelevant. The meetings with the psychologist became a commitment that she cherished and which she viewed as helping her to regain her sense of direction. Since the other members of her nuclear and extended family were immersed in their own post-traumatic experiences and somewhat unavailable to her, the school and the school psychologist become key figures in helping her identify future goals. Through the two years that remained for her in high-school, she learned to view school as a place that contained her, that cared about her well-being, that helped her to regain a sense of self efficacy and control over her life.

### **Trauma and Loneliness**

Loneliness almost always accompanies the post-traumatic experience. Loneliness is often caused and exacerbated by a "cycle of avoidance" which leaves the trauma victim in isolation. The feeling of loneliness has many aspects. It includes a subjective feeling of "being different from other children" and of "I don't want to burden everyone with my story." Sometimes, the loneliness relates to a secret that the child is trying to keep, a secret that relates to shame-inducing acts that he performed or saw, which he fears will arouse negative feelings in others.

The feeling of loneliness is related to a belief that "there is no one who can understand me or help me." This feeling can emerge due to a failure of the child's environment. For example, one common scenario is that family members and friends avoid speaking with the post-traumatic child about the upsetting experience and about the way it affects him. This avoidance is often rationalized with the claim that talking will

sadden the child and will only cause him to recall the experience, ruminate on it and experience the difficult feelings that it arouses in him. The people in the child's environment want him to be able to get on with a normal life, and fear that any extraneous discussion of the negative experience will interrupt this process. They want him to be optimistic, to 'not get too much into it' and wallow in 'self-pity'. An additional factor that contributes to the child's loneliness is that those in his environment avoid getting close to his inner experiences, since they do not want to or are unable to deal with the feelings of fear, pain and helplessness that are evoked in them. Touching the child requires them to get in touch with themselves, to recognize that events of this type can happen to them too or to their loved ones. Here the avoidance is propelled by superstitious fear of becoming "infected" with bad luck, and the distancing serves as an attempt to protect one's private world from disaster. This largely unconscious fear aims to defend the illusionary wish that by keeping distance from the traumatic experiences of others, trauma will not visit us. This process accounts for the social marginalization of those who bear trauma by their social community.

Professionals who intervene with traumatized children carry the risk of avoiding the personal experience of the very children that they wish to help. This is, often, justified as stemming from a desire to maintain "professional distance" and reflects an inner attempt to set down a clear boundary between the child and themselves. Truly touching a child's trauma disrupts the professional's inner equilibrium, and brings into his/her heart the pain and suffering both of the traumatized child and of the intervening adult. Avoidance, in its sundry guises, shallows the counter-transferential reactions as it alleviates the discomfort that is aroused by the intense agony and the troublesome emotions that accompany trauma and the treatment of trauma.

Tragically, a child who experiences trauma contributes to the avoidance since in protecting himself, he avoids coming into intimate contact with others. In such cases, the child feels that others would be burdened by encountering his pain and hardship. He fears a situation in which those surrounding him will take pity on him, not understand him, estrange themselves from him, and treat him as someone who has been deflected from the life cycle. With a heightened sensitivity to the environment, the trauma survivor often feels having a "thin skin" that is easily ruptured by others. Immediate relief is achieved by isolating oneself from social interactions. This

immediate relief comes with a high price tag, which is, shutting oneself off outside help and assistance when it is most needed.

Schools have the capability of fighting the social isolation of the child and his feeling that no one can see his struggles. Typically, the child who is dealing with trauma tries to convince himself and others that he is actually doing just fine and that he is dealing well with his difficulties. We recognize the importance of this response, but we suggest trying to see beyond this functional facade. The child struggles to experience himself as capable of coping, and feels that he can rely on adults only if their contribution does not undermine the basic confidence that he is trying to create for himself.

The following story offers an example of social isolation: Shani was killed in a car accident a few days before the start of 11<sup>th</sup> grade. Shirley, her sister, was in the 8<sup>th</sup> grade at the same school. During the seven-day mourning period, the school staff offered the family any help they might need. The school counselor took Shirley out of class a number of times in order to talk with her, and gave her the opportunity to talk about her feelings. Shirley didn't like this very much. She felt uncomfortable about getting special treatment that threatened to mark her as an 'exceptional' student. A short time after the tragedy, Shirley once again became immersed in her studies, and when it was left to her to initiate sessions with the counselor, the relationship came to a complete halt.

The teachers in the school were very sensitive towards Shirley. They organized memorial ceremonies for Shani, they brought up memories from her past and dedicated a Torah scroll in her name. Shirley participated in the memorial ceremonies and outwardly, functioned in a satisfactory manner; but inside, she was suffering terribly. This suffering was expressed outwardly only a few years later, when her anorexic behavior signaled to her parents that something was amiss. Shirley wanted to feel like other girls, and did not agree to accept special attention that would make her stand out. She succeeded in pushing away every person who reached out to her, to the point that she became entirely isolated and closed off, until her strength gave way. An additional example: a young teacher described to us how difficult it was for a certain student to function as a student in high school while he was dealing with his father's alcoholism. He was involved in dealing with his father every time he became belligerent, especially when he began shouting and acting aggressively towards his mother and his siblings. He was convinced that he was the only child in the school

with an alcoholic father. He was certain that no one in his class was capable of understanding the tremendous family crisis that he was experiencing, since "everyone else has an easy life." He succeeded in concealing his family situation from everyone, including his close friends. Looking back, he could not understand how none of his friends noticed that he never invited them to his house, and how no one ever cast a doubt on the façade of functioning that he maintained throughout the years.

#### The Ongoing Effect of Trauma on Personal Functioning

Trauma affects personality, and becomes a formative factor in its development. The traumatic response is characterized by long-ranging psychological and physiological responses. The child's psychological response reflects an attempt to deal with the effect of the traumatic experience, but it also limits his emotional, cognitive and social functioning.

The long-term effect of trauma on emotional and cognitive processes was explicated already in Freud's first writings (Freud & Breuer, 1893). Freud stated that the victim's inability to respond to the traumatic event left its mark on both memory and feeling. Usually either the events or the affects are repressed, in order to prevent the re-experiencing of overwhelming emotions. However, the feelings associated with the traumatic experience act beneath the surface in powerful covert ways, largely due to the fact that they are split off and dissociated from the traumatic event. The traumatic memories create a hole in a person's psyche. The metaphor of the hole (Cohen, 1985) relates to raw, disorganized and proto-symbolic mental functioning, and characterizes the mental functioning that takes place in the parts of the psyche and the memory related to the traumatic event. Cohen describes the victim's use of the mechanism of avoidance to create a "protective wall" against the destructive forces of the internal hole, which is a threatening demolition zone that is "incompatible with existence" (Cohen, 1985, p. 181). The avoidance of memory makes it difficult for a person to experience emotion, to label it, and to take responsibility for it. The trauma is accompanied by many unbearable thoughts and feelings. Often, the child sees himself as responsible for the trauma and experiences guilt. There is a lack of clarity regarding the distinction between what really happened and what the child only imagines. Ferenczi (1949) summarizes this poignantly: "When the child recuperates from such an attack he feels confused, innocent and guilty at the same time, and his confidence in others is shattered" (Authors' translation, p.228).

We would like to illustrate these phenomena by discussing some processes that characterize traumatic divorces. The extensive and long-term research of O'Connor & Jenkins, (2000) points to the complexity of factors affecting how children adapt to divorce, and concludes that parental separation causes a plethora of emotional problems among children. When does divorce become traumatic? We assume that when children are witness to violent conflict, when their needs are not provided for due to the crisis precipitated by the divorce, and when parents use them as a party to the conflict – that is when they pay a heavy emotional price. Indeed, parental conflict and its ensuing lack of attunement to the children's needs often leads to manifest distress. However, research suggests that “low conflict” divorce has the gravest long term traumatic effect. Amato & Booth (1997) maintain that it is actually those divorces where there is little confrontation that are most detrimental to the child's psyche. This conclusion arises from the fact that divorce without conflict undermines the child's ability to evaluate emotional situations, to feel that his intuitions are correct, and to trust the stability and reliability of those close to him. According to a number of studies, 70% of all divorces are characterized by low-intensity confrontations.

The following example depicts the long-term residues of a traumatic “low-conflict” divorce:

A 16-year-old boy stopped functioning in school after having excelled for many years in all areas of activity and in his social relationships. This behavior was very curious in the eyes of those who knew him, who couldn't understand his motivations for neglecting his studies and cutting off from his friends. The school principal informed the family that unless their son participates productively in the school's activities, he will need to find another school next year. The school suggested that he sees a child psychologist in order to decipher what caused the changes in his behavior.

In the meeting with the psychologist, the student said that he cannot understand his own lack of patience, his disrespect for his teachers and parents, and his complete avoidance of his studies. He noted that he has always been a star student and now he doesn't “give a damn”. He agreed with the psychologist that something unknown is bothering him from inside that he is “on strike without knowing why”. He saw himself as someone who had an easy childhood, supported by his parents and appreciated by his peers. He noted that perhaps his 11<sup>th</sup> year was a complicated one, even though it did not affect him in any clear way.

At the time his parents were still married. From his vantage point as the youngest of five children, he viewed his family as having a good and harmonious life. That year, he became active in sports, and was admired by his friends, among other things because of his athletic ability, and this complemented the intellectual abilities with which he was endowed. He felt lucky and happy.

One day, while the family was sitting down for a meal, his parents announced that they had something important to say. The father asked permission to speak and related, to the children's utter surprise, that he and his wife had decided to separate. He would move out, but would see them as often as possible. The father also said that he and the mother loved them and would continue to love them even when they were living apart.

Only now, at age 16, as he was reconstructing the event to his psychologist, did he understand how much this event changed his life. Afterwards, he did everything in order to be considerate of his mother, who went through a depressed period following the divorce. He tried to induce his father to be proud of him, and tried to be pleasant and not demanding every time that his father took him to his house. He continued to excel in everything that he did, but felt that he was living for other people and not for himself. He was afraid to be spontaneous, fearing that it would lead to aggressive behavior and that he would become overbearing. Now that he has his first girlfriend, he was possessed with fear that she would leave him, since he thought that he is not good enough for her. These fears led him to harass her with endless phone calls. He had a difficult time relying on his perception of their relationship fearing that he might fool himself. He lacked confidence and felt the threat of oblivion every time relationship troubles arose with his girlfriend. His other social relationships were also characterized by dependence and fear of abandonment.

Until the current crisis, he had received recognition and attention through excellence and relinquishing his needs, but the pacifying strategy he had used during the traumatic event at age 11 became suffocating and began threatening the development of his self. In effect, the unanticipated event of his parents' decision to get divorced had a detrimental impact on his confidence in his ability to rely on his emotional and cognitive reactions to social situations. The belief in his parents and in people responsible for his security was undermined. His strengths and internal resources were insufficient for recognizing the painful reality of his parents' separation with which he was forced to cope without out any prior indication that he might have garnered from

changes in the family routine. As a result, he adopted the pattern that his parents expected from him, and responded to what they conveyed to him inexplicitly: that things were to continue as usual, and that there was no reason to worry. The right to cope with reality was taken from him twice: the first time he was deprived of the right to know the truth about the gap that existed between his parents and that led to the divorce, and the second time, he was deprived the right to be pained by the truth. His parents' wish to continue as if everything was alright concealed his needs from him and led to a silent conspiracy, that, over time, gave rise to feelings of a false self, internal dissolution, and a refusal to continue functioning in school and in social life. The first recognition that things were not 'business as usual' and the internal urge that arose in him to 'shake things up', were for him a developmental opportunity to process the pain and insecurity he harboured, and his disappointment and anger towards his parents. This progression contradicted his parents' attempt to turn him into an actor in an ideal reality even when that reality had shattered to pieces. The unspoken communication between the young man and his parents reflected their fantasy that they could protect their children from pain, and this fantasy accelerated the child's quick return to functioning and his escape into excellence, an ostensible confirmation that 'everything was O.K.' The parents' attitude, which arose from a desire to protect their child from difficult feelings, was interpreted by him as condescending, and as a message that they had no faith in his strength to deal with hardship, just as they lacked the strength to contain his and their own existential pain. Paradoxically, the over-functioning that he mustered during the crisis, and his avoidance of connecting to his distress, led him to cut himself off his emotional processes and inner yearnings. The crisis served as an opportunity to assert his distress. It was no less than the crisis that constituted the first recognition of his needs, an appearance of his emerging sense of self, rather than of his parents, and his internal insistence on not giving up on himself. With the help of the school staff, the young man began reasserting control over his life and connecting to the parts of his personality that he had struggled to preserve following of his parents' unexpected divorce.

From our experience and that of others in work with children who have experienced trauma, we find that most children who overcome traumatic situations and succeed in growing and developing in the shadow of tragedy and life circumstances, do so with the help of an adult who is available to them in their everyday lives. This adult affirms their behavior, supports them, and makes their daily functioning easier. Their

presence creates, in a long and slow process, an internal change in the child coping with trauma. It might be said that the nurturing presence of an adult is what enables the child to grow, to develop his self-esteem and to deal with life's challenges; it can even bring the process to a close and lead to recovery. The definition of the word "presence" according to the American Heritage Dictionary is: "1. The state or fact of being present; 2. Immediate proximity in time or space." This definition relates to a live presence – "here and now," in real life. Only such a presence can alleviate the suffering of the trauma victim.

In order for the adult to be present in a manner that enables growth, he must himself be a subject who is connected to his experiences and needs, who feels the inner echo of the other's suffering reverberating in him. It is often easier for an adult to remain as an object in the service of the student, as it is very hard to risk expressions of presence and subjectivity. In the case of the young man whose parents announced their divorce and at the same time continued along, "business as usual," it was "easy" for them to continue functioning at an instrumental level, while erasing their subjective needs and anaesthetizing their subjective world. However, the parent's self-erasure brought about a parallel process in the young man, since one's "self" can only exist in a place where the other grants himself the permission "to be."

There are various sources from the world of psychoanalysis that reach this same conclusion. For example, according to inter-subjective theory (Mitchell, 1993; Benjamin, 1995), child development is a result of the interaction between two subjects – the child and his parents, whereby each recognizes the subject facing him. In order for the other (the parent) to be a significant other to the child's "self," he must be a subject in his own right. He must aspire to be a complete, developed, and coherent subject, with a vision and a conceptual framework, in order to serve as a support for the child's subjective self that is coming into being. A fearful parent who is in a neutral position relative to his inner and world and his emotions, will encounter difficulties being a nurturing support for the child.

How can an adult – in the education system, a teacher – deepen the presence both of his "self" and of the content that he brings to the interaction with his students? How can he continue to exist in light of the natural tendency – both his and his students' – to repress the feelings that threaten their existence?



At first, the intervening adults must overcome the emotional reactions and pitfalls that interfere with their ability to create a true presence that will serve the growth of child victims of trauma. In this context, we should note two common problematic positions:

**1. Encouraging the child to relinquish everyday functioning:** Treating the student as an individual exempted from the requirements of school functioning, on the assumption that these functions will return later. In effect, this response is based on a belief – declared or implied – that "he's in a mourning / recuperation period, and nothing needs to be demanded of him." This belief reflects an attempt to normalize the phenomenon of non-functioning, and it does not recognize the special nature of the young trauma victim's needs, expressed in his non-functioning. While bred from good intentions, this attitude conveys a message that makes the private experience invisible, and leaves the individual twice-lonely – once due to the loss of his loved-ones' support, and a second time due to the loss of his teachers' support. This leads to a dangerous situation, since it prevents the adult from seeing in the child who or what he could be were he to overcome his trauma, and narrows the scope of interaction between teacher and student. The "concessions approach" is often misleading, since although it eases on the student by reducing the demands made on him, over time, as meetings between the teacher and student become more infrequent, it leads to a loss of tolerance, to the point that the student is even sometimes blamed for taking advantage of the situation. This attitude is often accompanied by a referral to therapists outside of the system, who are considered well-versed in treating this kind of objective reality.

**2. Avoiding meeting with a student who has endured a trauma and from getting close to him, due to a fear relating to the adult's inner world:** Sometimes, the adult himself is in an entangled emotional world from which he is cut off and with which he is not in dialogue. In such a situation, the adult's fear reduces his ability to stand by and accompany the student in his emotional state. This fear neutralizes his ability to be present in an interaction in the "here and now," interferes with his attempts at being completely attuned to the student, and strengthens the avoidant patterns of a student in such a situation.

Adults at the school who do not reduce their involvement to a mere objective understanding of the situation and have not made concessions in their demands of the student, who do not surrender to fears and anxieties, and who insist on being present in the student's life even when the student has pushed them away – ultimately learn

that hope lies at the end of this difficult path. Students who see that their teachers relate to them as whole beings – they may lower expectations but do not allow them to stop functioning in reality – over time help heal their wounds and encourage the growth of coping strengths. For adults to approach students who have undergone trauma as subjects with their own life story, requires of the adults themselves to act as present subjects, who carry with them their complete life story. In such a situation, they encounter the student in an appropriate manner, and are able to help address his true needs.

We would like to suggest three main perspectives – three lenses – for viewing the qualities of the facilitative adult- child relationship during the recovery from trauma: attunement to the subjective needs of the student and the difficult effect of the trauma on his relationship to adults; processes of adult-child synchronization and their contribution to coping with tension and trauma; and the art of an adult involvement and presence that creates an appropriate commitment to the trauma process.

These ways of looking at the relationship enable a more sensitive assessment of the processes that take place between the child or adolescent and the adult. The three are inherently interrelated, since they deal with the nature of the inter-personal relationship. They have been researched and discussed at length in the professional literature, and here we present those that are essential to psycho-educational work with students affected by trauma.

### 1.Focus on the Subjective Needs of the Individual Trauma Victim

Children who have experienced traumatic situations experience the effect of a cruel external reality. We repeatedly hear that children and adults who have survived trauma are forced to endure a difficult journey in order to build trusting relations with others. This path is unique for every individual. Some victims describe learning to depend on adults who behaved in a manner deserving of trust, since they consistently insisted on being there for them during the difficult periods. Generally speaking, the development of trust and a feeling of security is a key factor in the process of recovery following trauma.

The school and its staff can become figures who take part in exposing the trauma. A key term in the role of the adult is "attunement to the child's needs." The process of attunement is related to the adult's empathic understanding of the child's hidden needs used to create trust, security, emotional growth, and continual and increasing functioning. The school must understand the child's special needs, while maintaining a normative "supportive environment." It must be prepared to bend the rules, and to change in order to adapt to the child's needs, with an understanding that the child who has undergone trauma needs – more than anything – a stable, known and ordinary environment, even if his behavior and functioning are temporarily not appropriate to this environment. The child needs an environment that recognizes his need to recover from his wounds, and that understands that this process takes time. Most of the resources available to the child are directed towards his survival, and therefore, he is unable to continue functioning as he did prior to the trauma. In effect, this means that sometimes there will be a significant decline in grades, behavioral problems, difficulty in accepting authority, social troubles, etc. The sensitive, committed presence of an adult who is in synch with the child's needs, enables him to internalize into his life a mature person whose attunement to his subjective needs 'recharges' him with the desire to cope with the tragedy and to overcome it. The assisting adult gradually learns to demand from the young person to return to function in life, which is essential to his development, and at the same time to counter his tendency to give up and place himself at risk.

In order to illustrate attunement of an adult at the school to the subjective needs of a student trauma victim, we will present a case of failed support for a girl by adults at the school where she studied prior to the tragedy, and how, in transferring schools, she found a guiding hand and an antidote to her pain.

Sarit, a fifth-grader, stopped functioning in most of her classes, and at least once a week refused to go to school, following a tragedy that befell her and her family: her sister was killed on a hiking trip. Sarit often complained that her teachers' distanced themselves from her, and she was finding it difficult to focus in class and on her schoolwork in general. In the social realm, she fared better. The school counselor and the psychologist invited her in often for talks, but she avoided contact with them. The only channel of communication with the school environment that remained in tact was her functioning in tests. However, with time, Sarit began lagging further and further behind in her studies, and her situation and her grades deteriorated steadily; as a result, she received many scolding for her disdainful attitude towards her studies. She was angry about her teachers' attitude towards her and her homeroom teacher's accusation that she was causing problems in class only to gain attention. The counselor's opinion was that the mother was inappropriately demanding of Sarit to be punctual in attending classes. The counselor thought that the school must relax its demands for functioning. Sarit's functioning deteriorated badly and on her report-card, her homeroom teacher wrote that Sarit was not functioning as a student, and should look for another, less rigorous elementary school.

In retrospect, the move to a new school proved to be a step that led to a turnabout in Sarit's condition. The personal attention and sensitivity to her distress among the staff at the new school helped her to get back in touch with her strengths. The homeroom teacher, who took advantage of every opportunity to get to know her better, found her way to Sarit's heart, and with time, became a central figure in her life. The homeroom teacher discovered Sarit's talents, cultivated them, and learned when to be demanding and when to let up, all the while supporting her with an unwavering caring attitude. The teacher strengthened her and helped her regain her confidence and self-image. With time, Sarit's situation improved tremendously.

## 2. Effect of the Trauma Process: Child-Adult Modeling and Synchrony

Adults mediate the internal processes of children during traumatic events and affect them. Most of the research in this field examines the processes that take place between children and their parents, and documents the importance of the internal processes taking place within the parent vis-a-vis the child's coping following a traumatic event. We have chosen Ruth Feldman's concept of "child-parent synchrony" (Feldman, Weller, Lechman, Kuint & Eidelman, 1999; Feldman, Greenbaum & Yirmia, 1999) as a framework for understanding the influence of the parental role on

the way in which the child processes the traumatic event. This perspective broadens the understanding of children's response to trauma, and also has implications for an understanding of children's responses to their parents' responses. It also has an important application in the coaching of parents and other adults who are in significant in the child's life.

Feldman and her colleagues (Feldman & Hallaq, 2006; Feldman, 2007). examined and analyzed the parent's and child's joint processing of traumatic events. The attitudinal mechanisms were studied, and the findings illuminate earlier and very consistent findings, according to which the parent's sense of self-efficacy is a significant determinant of the child's ability to deal with economic difficulties (), with stressful events (;), and with risk factors ().

There are two applied models that attempt to explain this phenomenon, both based on a cognitive-behavioral approach. The first model focuses on the effect of the parents' modeling on children's beliefs regarding their feeling of self-efficacy and regarding the way they perceive their self-efficacy in the face of the tragedies and crises that have befallen them (Edge, 2002; Gross, Sambrook & Ardel, 2002; Fogg & Eccles, 1999; Sroufe, Carlson & Egeland, 1993; Wyman et al., 1999). The second model (Folkman & Lazarus, 1984) focuses on parental mediation of external events.

According to this model, the parents' cognitive evaluation determines the child's cognitive evaluation of children to stressful events, and his resultant emotional experience. Both models have an applied implication on the way in which parents and school staff influence and determine a child's coping style following a traumatic event. Feldman and her colleagues point out that the adult's emotional attunement to the child is the most critical determinant in the child's vulnerability to post-traumatic distress. This attunement, labeled as parent-child synchrony, offers the emotional barrier, the protective function that marks safety and an affective modulation of the external events. This parent-child emotional reverberation dictates the affective and cognitive reaction to external events. The younger the child is, the more impact does this synchronous function has on the post-traumatic outcome.

The cases that follow, surrounding a class trauma in which students were forced to witness the death of one of their classmates, exemplify the power of teacher-student synchrony.

In the first case, a student fell to his death from a 10-meter cliff during a class trip. The shocked classmates waited an hour and a half for the rescue team, which arrived

by helicopter to retrieve the body. Afterwards, the children hiked for two hours to the nearest road, where they alighted onto a bus that took them back to the school. The teacher who was responsible for the hiking trip, who was also one of the school administrators, resigned from her post after their return. The teachers went into mourning, and some of them asked the principal to let them go on leave. In the days following the tragedy, the children gathered in the school corridors, some crying, some wandering around aimlessly, and all unable to return to their studies. Several weeks passed, until the teachers felt that they were able to return to their routine. The trauma continued to weigh on the staff and the students for a long time following their graduation from high school.

In another case, a student had heart failure during a gym class, and after a few minutes of convulsions died in the middle of the room. The teacher tried to revive her, as the students looked on, dumbstruck. She frantically sent one of the students to alert the principal, who ordered the secretary to summon an ambulance and then joined the teacher in the resuscitation efforts. The principal also asked one of the teachers to return the children to the classroom. Half an hour later, after the student's body was removed, the homeroom teacher and the gym teacher gathered the children together after speaking with the school counselor. They opened the meeting by describing their state of shock, and how they were having difficulty believing the sudden death of the student. They said that it was even difficult for them to say that they were in mourning, since everything had happened so suddenly, and was beyond comprehension. They asked the students to describe how they viewed what happened. During the week that followed, the school principal initiated a number of meetings with the class's teachers, a psychologist, and the school counselor. In these meetings, the professional staff tried to characterize the students' needs, to define the teachers' difficulties, and to relate to the loss as an event affecting the entire school community. The staff meetings and teachers' meetings with the students emphasized the ongoing processing of the trauma. The position of leadership assumed by the principal and the teachers was critical to their ability to help the students process the trauma in a way that helped them move on to their educational and developmental tasks.

In a third case, Danny, aged 13, fell during a gym class and died. Danny was a quiet child, who did not stand out academically or socially. He was the son of older parents, and had a brother and sister who had already moved out of the house. From a young age, Danny loved to play basketball, and his friends knew him as an athlete. A few

weeks earlier, Danny had celebrated his bar-mitzvah, and as a gift, his parents had promised to send him to basketball camp in England. Danny was very excited, and told his friends with a sparkle in his eyes about the present awaiting him; he looked forward to the summer vacation with great anticipation.

The tragedy occurred a few days after the children returned from spring vacation. It was a Friday, and Danny's class had finished an ordinary gym lesson. Some of the students had already gone to the changing rooms, and Danny continued playing ball for a few minutes together with one of his friends. Suddenly, Danny turned pale, dropped the ball, managed to say that he didn't feel well, and collapsed on the spot. The students who were present were in shock; some of them burst into tears. The gym teacher came running, and when he saw that Danny's situation was deteriorating rapidly, he called an ambulance, and at the same time, called Danny's parents who immediately proceeded to the hospital. Meanwhile, Danny was rushed to the hospital, where it turned out that he was suffering from an aneurism. Despite the doctor's efforts to save him, and following a complex operation that went on for a number of hours, Danny did not survive; he died that day.

Although the event happened on a Friday just before vacation, the rumor of Danny's death spread quickly. That same day, discussions were held between the principal and the school counselor and psychologist, and it was decided that first of all, immediate help must be administered to the members of the physical education staff, who had taken the student's death very hard. As early as Saturday night, the school psychologist held a meeting with them. The meeting was very difficult, and many guilt feelings surfaced, as well as a difficulty to comprehend the tragedy and questions regarding their responsibility for what had happened. The school psychologist felt that she must process the staff's difficult guilt feelings, so that they would be able to come to school and function vis-à-vis the students.

At the same time, the school counselor worked with the principal. At first, the principal decided that she wanted to carry on as usual, including not canceling a previously planned conference on educational matters. Following a talk with the counselor, however, it became apparent that the principal was stunned, unsure as to how to deal with the situation, and operating under the idea that if only she would go on with her routine, the problem would solve itself and there would be no need to deal with the tragedy. The counselor's years-long relationship with the principal enabled her to speak with her about the significance of the event for her. The principal related

that she felt paralyzed by the event, which reminded her of the loss of her brother thirty years earlier in the Yom Kippur War. Now all these difficult feelings and unprocessed grief were welling up in her. In addition, the principal felt terrified at the prospect that the same thing could happen to one of her children. Following the talks between the counselor and the principal over the weekend, the principal decided to cancel the conference that had been planned for Sunday, and instead, to hold a general teachers' meeting that would devote all day to work with the educational staff and the students regarding the incident. The counselor succeeded in containing the fears of the principal and her difficult feelings, and in so doing, enabled her to assume her position as a leader and deal courageously with the difficult event together with the other members of the educational staff and the students.

On the following day, Sunday, the educational staff was convened. The school principal opened the meeting by relating what she knew, and by sharing her difficult experience with the staff: her struggle, as a mother, to meet Danny's parents, and to think that such a thing could happen with no prior warning. The principal's presence and openness enabled the rest of the staff to share their difficult feelings in face of the tragic event. The encounter enabled the school staff to take pause – to not proceed according to schedule, but to direct their gaze inward to what happened to them when faced with difficult situations. The staff meeting was an opportunity to contain the teachers, and enabled them later to enter the classrooms to discuss the tragedy with the students and, in turn, to contain them – their feelings and their thoughts. The students exhibited tremendous sorrow. The entire atmosphere was one of mourning and of shock. A number of students cried, and for some, it reminded them of a previous encounter with sudden or unexpected loss. There were some students for whom the tragedy aroused in them personal problems – anxiety, previous loss, divorce, etc. The psychological staff used an approach of "containment," giving place to the difficult feelings aroused, while processing fears and feelings that students had trouble experiencing and putting into words. Individual and group sessions were held, and homeroom teachers were prepared so that they would be able to work with some of the students during the ensuing period.

Throughout this process, the school counseling staff assumed a leadership role. The counseling staff worked closely with the principal and supported her, including in her own individual process. The staff also physically accompanied the principal in her visits to the family's home. These interventions enabled the principal to be more



"available" for leading the school forward. The pre-existing stable working relationship between the principal and the counselor, made it possible for the counselor to work closely with the principal during the crisis period and assume a significant presence when tragedy struck.

We would like to emphasize, by way of the above examples, what we view to be emotional synchrony between school and student. The confusion and panic that ensued following the student's fall on the hiking trip, and the exhausting guilt feelings that affected the staff's behavior afterwards – both negatively affected the students. Their response was an augmented echo of the staff's inability to adapt their responses to that of the students to the traumatic event. In contrast, after the collapse of the student in gym class, the staff response was synchronized to the needs of the students, and suited the way in which the students processed the traumatic event. It therefore helped them define their feelings of confusion and pain and to control them. Similarly, after the student collapsed after sports class from an aneurism and subsequently died, the school counselor worked to create an emotional and cognitive synchrony between the event and the needs that it raised, and the inner world of the principal, helping her connect with her personal encounter with the disaster. Thus did the counselor help the principal intervene in an appropriate manner, and avoid making too early a demand of the school staff and students to resume their routine. The principal was "available" to attend to the needs of the staff. In her actions, the principal conveyed a belief that the school's coping processes would enable teachers and students alike to experience the loss, and also to become "available" for a continuation of their shared work. The response was appropriate to the tragic context, but did not convey panic or despair.

### 3. The Art of Involvement in the Student's Traumatic Experience

Involvement with trauma survivors is an art. This art poses numerous challenges, including the ability to respond appropriately to the unique needs of a specific person. Like any art, it requires a commitment to the process and emotional openness. As in the medical arts, much can be learned from the accumulating experience and from treatment protocols that serve to guide interventions. The expanding repertoire of the professional making the intervention helps him select the appropriate intervention to a specific case. The matching must be based both on the dynamic encounter with the students, and on insights that arise from an analysis of the interventions that were

effective in the recovery of trauma victims in the past. Two examples of such insights are:

- Children who underwent trauma have a special need for an adult who will help them and who will give them attention and care.
- The intervention of an adult must suit the subjective (and sometimes unstated) needs of the child. The adult must recognize that observable behaviors obscure internal needs, that the child's attempts at coping must be respected, and he must follow the child closely.

The art of intervention with trauma victims is complex, since it requires the adult to assume a conflictual position: on the one hand, respect for the coping efforts, and on the other, insistence on repressed needs. The principles of the dialectical approach can be summarized as follows:

- Stability and consistency coupled with flexibility.
- Expertise, but also personal involvement in the intervention processes.
- Intervention that is consistent and responsible, but not intrusive, and that is able to support the child's need to re-establish feelings of control and self-efficacy.
- Making room for the child's feeling of despair and helplessness, but also focusing on the sparks of hope and progress.

An example from the school context: A homeroom teacher began to worry about a 16-year-old student, who had begun to develop anorexic symptoms. The student was not easily approachable; she was a brilliant student who knew how to keep a distance through cynical comments, and who related to her teachers as an annoyance. The teacher consulted with the school counselor, who assured him that the student doubtless longed for someone to pay attention to her. The teacher asked to meet with the student, and told her that he wanted to speak with her about her continuing weight loss. During the meeting, he said that he had noticed that she had become very thin, and was wearing black clothes that hid her thin figure, and that he felt that something was awry in her life. He added that he knew from his personal experience that people feel very alone when they feel pain. The student's eyes filled with tears. She said that

she couldn't force herself to eat, and that she knew that the fact that she was still alive was a miracle.

The teacher asked her how the situation had so deteriorated, and how it could be that no one had intervened until now. The student said that her mother had died when she was five, and had left her father with four children. In her eyes, her father was the best person in the world, and she was unable to disappoint him in any way. She did not know why she was so depressed. The teacher said warmly that this was a very serious situation, and that he wanted to think together with her about how they could keep her from dying. With her permission, he summoned the counselor to the room and together, they decided to speak with her father and help him refer her to an eating disorders clinic at a nearby hospital.

When the psychological treatment began, the student's academic performance declined and her depression became patent. After she fainted a number of times at the entrance to the school, some of the teachers felt that she should be placed in an inpatient psychiatric care. This attitude interfered with their ability to intervene, since they thought that only a qualified psychiatrist would know what to say to her and what to do with her. The student began attending a day-treatment psychiatric program, except on those days that she had meetings with the school counselor and classes with her homeroom teacher. She told them that she felt like a soldier in shell-shock who didn't know where he was. She saw herself as a five-year-old child, and was unable to deal with the tasks of a 16-year-old.

The homeroom teacher devoted himself to an attempt to bend the school rules for her. He decided, together with the counselor and the principal, to help her create clearer boundaries, which included: more regimented class attendance which she would determine in advance, completion of assignments and papers, and a prohibition against fainting in school. The counselor met with the psychologist who was meeting with the student outside of the school, and convinced him of the importance of the new rules. The girl protested and tried to test these boundaries, but towards the end of the school year, she had resumed academic functioning and was working with the psychologist and the school counselor to process the loss of her mother. The process also enabled her father, who to that point had ignored the child's needs due to the burden he was carrying of raising four children, to become more involved in caring for his daughter. The homeroom teacher proved as pivotal in her recovery process, and in rallying the school environment to respond to her changing needs.

Part 3: Case Descriptions – The School's Encounter with Trauma and its Victims

**The main goal of the school educational staff is to be engaged in the recovery process of students affected by trauma. This type of presence is an outgrowth of teachers' resilience and capability to offer a real live support for their students.**

An educational environment that constitutes a safe and supportive space for individuals who need it, creates an ongoing caring human relationship within the work routine for the manifest and hidden needs of its students. These needs are mostly expressed in the daily functioning of the students. Students who find it difficult to take part in the routine tasks of the school require the ongoing and sensitive presence of adults who can help them span the gap between their internal experience and the demands of reality. This presence gives rise to a deeper insight regarding the nature of the factors that impede on the student's day-to-day functioning, both before and after the trauma. The attempt to connect what appears to be a student's lack of functioning with insights that relate specifically to post-traumatic stress is doomed to fail. The student's ability to heal grows only in an environment that recognizes the range of factors that affect his functioning. The needs of a student who excelled academically, personally and socially before being traumatized by the loss of a close family member, are not identical to the needs of a student who before the trauma had anti-social tendencies and refused to be helped (see below, case of "Moti"). An understanding of the student's full story in routine times is reached through ongoing and stable work with an educational staff that strives to optimally tailor the educational program to the individual's needs. During a time of crisis, this understanding is also the basis for the staff's ability to apply itself to the apparent and hidden needs of the student trauma victim. It enables the development of modeling capabilities, the ability to create child adult-student synchrony, and the art of adult involvement in the student's life, which leads to recovery and healing. Tailoring to the individual student, based on a familiarity with his needs before the traumatic incident and after it, is made possible, among other things, using the typology described in depth in this book.

In addition to tailoring its response to the needs of the individual trauma victim, the school's mission is to simultaneously relate to the needs of the individual and the needs of the collective, and to be prepared in any situation with a response that will positively affect the resilience of all individuals in the system. Many questions arise in such situations: How can the ramifications of the specific traumatic event on the

individual, on the class, on the grade, and on the school, be ascertained?; what should be the response to the individual trauma victim, and how is it possible to respond to those affected by the event at the collective level?; how is it possible to support trauma victims over time when there are no prefabricated symbols or rituals?; how can the collective damage of the event be measured, and how is it possible to navigate between the needs of the individual and the needs of the system?; and how is it possible to deal with situation in which additional vectors intervene that impede upon the school's ability to cope, such as catastrophes that occur at the school.

We have chosen to conclude this chapter with a number of case descriptions from the field that introduce the reader both to failures of the school staff less adept at dealing with young victims of trauma, and to cases where the educational staff operates – both in normal times and following a trauma – as a protective agent that supports its students' development.

#### **Case narrative: Noa**

Noa was in the second grade at "Givolim" elementary school. She had straight black hair pulled back in a braid and big brown eyes. Noa was born prematurely, and had always appeared small for her age. Even now, in the second grade, she was the shortest girl in her class and looked as if she did not even belong in the school, but rather in the adjacent kindergarten. Noa's father was an accountant and her mother worked as a nurse. She had an older brother who was a college student, and a two-year-old sister.

Noa was a very quiet, serious child. It was unusual to see her laugh. She was a very responsible child, and was chosen by her teacher to take on several responsibilities in the classroom. She had two friends in her class, and was neither very popular nor an outcast. She enjoyed school and liked her class. She loved drawing. Noa's drawings decorated her room, and she frequently would stay inside during recess to draw for pleasure, particularly drawings of small animals. When someone would compliment her and praise her drawing, Noa would blush and abashedly lower her gaze.

"Givolim" is considered to be a very good school. The school principal places an emphasis on academic achievement, and the school has received regional and national

awards for excellence for two consecutive years for its students' academic achievements. The principal, thought to be very demanding, believes that school's main role is to impart knowledge. Every year, some two months prior to the national achievement exams, she places the school staff in "emergency" gear, requiring them to invest days and nights and make every effort so that the school will again win the national award. The principal has adopted the practice of rewarding teaching staff according to their classes' achievements: a teacher whose class succeeds on the national test earns great respect and financial benefits, while a teacher whose class does not do especially well risks the principal's angry outbursts and is threatened with reduced hours and even dismissal. The wall opposite the principal's office is completely covered with certificates of excellence and recognition, and when a guest visits the school, the principal takes him or her on a "tour" of the many certificates on the wall.

Noa waited impatiently for the weekend break. Uri, her college-age brother, had promised to take her for a day of fun at the amusement park, including any ride she wished. By Thursday, when her teacher asked about children's plans for the weekend, Noa – her eyes sparkling with excitement – proudly announced that her older brother would pick her up after school the following day, and take her for a fun afternoon at the amusement park.

Noa and her brother Uri had a very special relationship. Although he had left home to share a rented apartment with a friend, he and Noa spoke on the phone almost daily. He would bring her small gifts whenever he came home, and she would proudly tell her friends about him. During the last month, Uri, engrossed in his studies and midterms, was unable to visit. Noa missed him. The thought of spending a whole day with him – at the amusement park, no less – thrilled her.

On Thursday evening, Uri called Noa and asked whether she would mind meeting him at home, because he wasn't sure he'd have time to pick her up from school. Noa responded that it would be fine, but Uri sensed the disappointment in her voice, and called her later to say he would be able to pick her up from school after all.

All that morning at school, Noa had difficulty concentrating on her schoolwork. She declined to play with her friends during recess, and waited by the school's main gate to check whether Uri had come early by chance. When the school day ended at noon, Noa quickly took her bag and ran to the main gate in anticipation, but Uri did not arrive. Half an hour went by without sign of Uri; the school was rapidly emptying of its students and teachers, until Noa remained alone with the elderly guard. At 12:45, Noa saw her parent's car from a distance, approaching the gate. She laughed happily and quickly ran towards the car. When her mother came out of the car, shaking and red-eyed from crying, Noa realized that something terrible had happened.

An hour and a half earlier, on his way to the school to pick up Noa, a truck had hit Uri's car. It had been a horrifying accident. The truck driver had not seen the stop sign and crashed into Uri's car with great force. Uri was killed instantaneously.

The funeral and the *shiva* (seven-day mourning period) were very difficult. Noa refused to attend the funeral, and cried a lot during the initial days. The atmosphere at home, during the *shiva*, was very difficult and painful. Noa's parents were crushed by the death of their eldest son, and did not function for about two weeks. After three days of continuous crying, Noa calmed down somewhat. On the fourth day of the *shiva*, she requested to return to school. Of course, Noa's teacher and friends had come to console her almost daily until then. For the first few weeks after Noa's return to school, her teachers were very protective of her, not pressuring her about schoolwork, and trying to give her special treatment.

Noa, who had been a quiet girl before the tragic event, became even quieter, speaking hardly a word on any given day. Slowly, she withdrew into herself. Her friends, who in the initial weeks after the tragedy still approached and stayed with her during recesses, went back to play and act as usual. Noa refused to go out to the schoolyard with them during recess, preferring to stay in class and draw or to sit under the large cypress tree on the school grounds. Ultimately, within a few months Noa became loner, completely disconnected from her old friends.

During the first weeks after the tragedy, Noa's homeroom teacher would often sit with her during recess, invite her to the teacher's room, and ask how she was doing. At first, she focused on going over Noa's schoolwork, but soon saw that Noa had no

trouble academically. She easily completed the material she had missed, and even excelled. Later, during their meetings, Noa's teacher would ask her personal questions, such as how she felt, whether something was bothering her, how the teacher could help, etc. During these meetings Noa hardly spoke; when asked, she would answer that everything was fine. Some weeks later, her teacher discontinued these meetings. The national exams were coming up, and Noa's teacher, who taught several classes, was under tremendous pressure from the principal to invest great efforts into preparing students for them. She consulted with the school guidance counselor, who supported her decision to stop the meetings with Noa. The teacher felt she had done her best. Noa's apparent normative functioning, her high academic achievements, and her quiet nature all made the teacher's decision easier. During a teachers' meeting, she said that she felt that Noa had overcome the terrible tragedy and was back in the school routine.

After the tragedy, the school counselor began to invite Noa to her office on a regular basis, once a week. Noa was taciturn during these meetings as well. To the counselor's questions, she briefly responded that she was fine, and only rarely would she agree to the counselor's suggestion to draw during their meeting. The counselor felt that Noa was choosing to deal with the event on her own, and that the only thing that she could do for her was to promise to be at her side should Noa seek help. In addition, the school was coping with another difficult event: the death of one of its teachers by a sudden heart attack, which caused great anxiety among the teaching staff. The counselor felt that she was about to collapse under the burden of her work. After about two months of regular meetings with Noa, the counselor decided to discontinue them. She told Noa that her door would always be open and that Noa was welcome at any time. Noa responded to the termination of the meetings with indifference, and did not take advantage of the counselor's offer to approach her on her own initiative. Every few weeks, the counselor tried to catch Noa for a hallway chat and to ask how she was doing, but eventually even these encounters stopped.

Several months later, it appeared that no one in the school context remembered Noa's loss. The effort surrounding the national examination and daily worries pushed the tragedy aside. It seemed that Noa, whose academic achievements continued to be high, had returned to her routine. The only change in her behavior was an intensification of her quiet demeanor on the one hand, and unexpected outbursts of



rage, on the other, which occurred rarely and without any apparent reason. At those rare moments when she was overtaken by rage, Noa would shout, throw objects that were in immediate reach, such as a pencil or a ruler, and bang her hands on the wall or on the nearby table. At the same time, since these outbursts were rare and since she would return to a calm state with the same suddenness that her fury had come upon her, and mainly because the outbursts had no apparent lasting effects, they did not receive any special attention.

For Noa, the only adult in the school who remembered her brother's death was the elderly security guard at the entrance to the school. Noa would sit by his side now and then and look in the direction of the road in silence. The guard, a new immigrant from the former Soviet Union who did not know much Hebrew, would pause from his work when Noa showed up. For example, even if he immersed in reading the newspaper, he would fold up his paper, place it to the side, offer Noa a candy, and then sit beside her in silence.

Things continued in this way until the end of the school year. During the summer vacation, eight months after the tragedy, Noa's parents noticed that something in her behavior was out-of-line. The long silences, the withdrawal into herself and the outbursts of anger, had them concerned. One night, Noa's parents heard strange voices sounding like shouting or crying coming from her room. They hurried to the room and found Noa in her bed, hugging her teddy bear, staring at a certain spot in the room, and moaning like a wounded animal. It was very difficult to wake her up, and when she did finally wake up, she burst into tears and refused to speak with anyone. Noa's parents were terrified, and that week they took her to see a child psychologist. The psychologist diagnosed her as being severely depressed, burdened by strong guilt feelings and suicidal ideation. The psychotherapy was accompanied with psychiatric medication.

#### Case analysis

This case points out how difficult it was for the adults to offer consistent support for Noa after her tragedy. It seems that only the security guard noticed the continuing distress of the young girl who had undergone a terrible tragedy.

On that difficult day of the tragedy, both of Noa's parents came to pick her up from school, even though they had heard the terrible news just half an hour earlier. In so doing they demonstrated an ability to pull together for Noa and to stand by her side, and showed her that they anticipated her tremendous pain. However, this presence

that Noa's parents mustered in the most difficult moments did not continue through the mourning process. Only eight months later Noa created unconsciously a situation that mobilized her parents, when she signaled with her body that she was no longer able to hold up on her own. In all likelihood, her parents were afraid of coming touching the difficult feelings that the loss aroused in them, and fell into interactions with Noa that were characterized by avoidance and repression in order to not have to feel the tremendous pain inside them and in her. This situation made it difficult for Noa to express her own pain, and left her alone, without the beneficial presence of her parents, so that ultimately, a vacuum formed inside her. It seems that the eight years old Noa understood her parents' avoidance of the pain. Her apparent optimal functioning at school lasted until she could no longer bear the tremendous pain inside her.

The adults in the school did their best to accompany Noa in her distress. Teachers and students visited her during the seven-day mourning observance immediately following the funeral and tried to support her and ease her pain. After returning to school, for two months Noa met regularly on an individual basis with her homeroom teacher and with the counselor. Both gave Noa attention and tried encouraging her to open up, and even after the meetings stopped they left their doors open to her. In terms of the school, it seems that Noa was properly looked after. The homeroom teacher, on her part, believed that Noa had dealt with the event and that she was alright, since she was functioning academically and there did not seem to be any apparent problems. A deeper look would have revealed behavior that indicated risk, such as: increasing passivity and silence, outbursts of rage that had not existed in the past, cutting off from her friends, etc. One might even have suspected that Noa's intense involvement in her studies and her investment in academics was a type of flight from the painful feelings inside her – a flight into functioning normatively. It is difficult to expect educators who are not mental health professionals, to be able to identify the subtle cues to difficulty and distress. In addition, it should be recalled that the pressures to achieve in school and the emphasis on academics have further reduced the availability of the educational staff to be attuned to these aspects. Noa's parents, submerged in their mourning and suffering, found it difficult to take a stand beside their daughter at her time of distress. Members of the school staff, called upon to focus on the central task of supporting the students to excel on the national

exams, found it difficult to attend to Noa's needs and to pay attention to the subtle clues to her distress.

Who is the person who validates and acknowledges Noa's inner experience? Who lets Noa know that she is valued, that there is a place for her pain? Who lets her know that he sees her, that she matters? In our case, the elderly guard is the only one who remembers and sees Noa's ongoing pain. He does so in a silent acknowledgement of experiences that are difficult to find words for. His way very much echoes her growing reluctance to use words.

From a therapeutic stance, Noa's outbursts of anger can be seen as a call for help. It seems that she learned that only by shouting could she get the attention that she so needed. The fact that the adults at home and at school were unable to touch Noa's pain did not extinguish her desire for parental attention.

Noa's school resembles many schools in which the level of professionalism and the quality of the teachers are measured in terms of scholastic achievements. This state of affairs often undermines the motivation to conduct a real and ongoing human encounter between adults and students in the school context. Perhaps the school principal herself felt pressured by messages from Ministry of Education superintendents, who evaluate her performance based on the academic achievements of her students, and accordingly directed her staff.

Noa's case, depicts a gradual deterioration that goes untreated, until symptoms require psychiatric and psychological interventions. We would like to suggest that perhaps a consistent care on the part of the school staff might have offered a different post-traumatic course. With parents mourning the sudden death of their son, the sister, Noa, yearned for a caring adult to accompany her through the difficult mourning process. In this particular school, none of the adult assumed the role that she much needed. It is possible that in a school that supports staff's involvement in the personal tribulations of their students, it is more likely that a teacher may enter the challenge of assisting a student who is in the midst of a traumatic mourning process.

#### The Case of Arik

Arik's mother had died suddenly from an illness that was not preceded by any early indication of medical deterioration. Within weeks of the tragedy, Arik's father moved the family from their suburban town to the nearby city. The new school that accepted Arik to the 9<sup>th</sup> grade knew about his situation. Not long after he transferred,

the staff felt that Arik avoided them. He resisted the initiative of any teacher who tried to get to know him, left no opening to touch on his personal tragedy, and was quick to respond with words that revealed no information about himself when he would talk about his new home, or his even his love of soccer.

Arik, a handsome teenager with a lean, athletic body and a blank flat expression, refused contact with adults. He often chatted with his peers and preferred to spend time with them. The school staff was confused by his relationship with his peers, which on the surface seemed promising. Their attempts to get close to him during his initial adjustment at the school were unfruitful. Arik attended school regularly, and even showed up for most activities, but with no academic output. At first, the teachers reacted with understanding, in light of the tragedy that had occurred in his family; but with time, they began to view him as "taking advantage of the situation," "pulling one over on everybody," and "shirking obligations while always demanding privileges." The staff's concerted effort to get close to him alternated between confrontations and avoidance. Arik gave the teachers the message that he wanted to be left alone, and walled himself off to everyone who tried to get close to him. It should be noted that immediately after the tragedy, Arik was referred to a public mental health clinic, but there as well he effectively shunned every attempt to reach out to him.

The staff held many discussions focused on finding a way to get through to Arik. The attempts to reach some kind of coping alliance only escalated his tendency to balk at every demand for functioning. Most of the teachers understood him, and thought that Arik was suffering from existential angst. He stopped functioning, as if he had taken on an oath to cease existing manifesting his loyalty and identification with his dead mother. Over time, it turned out that even when he spoke with his friends, he did so in a mechanical fashion, which protected him from becoming close to anyone. Arik did not apply himself in any realm, including the social, artistic and routine. The interest taken in him, which did not stop even for a moment, led the staff to discover many things about him, but it was always from a third party, in a manner that did not open a window to contact with him. Despite the many attempts to help him after the tragedy, he continued to close himself off.

His father, who was aware of Arik's situation, avoided the school's attempts to meet with him together with his son stating that he is swamped by his responsibilities as a single father. Two further facts emerged: that the family was living with the

grandmother, and that Arik was a talented soccer player who had stopped playing after his mother died.

In one of their conversations in the school corridors, the school counselor informed Arik of her intention to invite his father in for a consultation, in light of his refusal to study and accept help. For the first time, Arik looked right back at her and said: "When do you want us to come?" She felt a surge of cautious optimism, though she did not yet understand what had led to Arik's cooperative response. It was clear to her that in their momentary interaction lay some important personal information that needed to be used wisely as the starting point for their upcoming session. It occurred to her that Arik, unwittingly, was asking for help for his tragedy-struck family, perhaps seeking help for his father.

The following account of the meeting is told from the point-of-view of the counselor:

"In the meeting with Arik and his father, the journey towards a closer relationship with the family began – a journey full of hardship, failures, and new hopes. The father, a talkative type, found Arik's silence difficult. He reprimanded him for not responding, but at every opportunity was quick to answer in his stead. Arik spoke very little, making do with a complaint or two. He sat, turned inwards, his head bowed, and from time to time raised his head a bit and mumbled something incomprehensible, accompanied by a giggle that apparently hid his discomfort and the emotional overwhelm that the meeting created in him. Arik's father was troubled by the possibility that his son might drop out of school, and suggested sending him to therapy. Arik again responded with a laugh, but this time with the addition of the amazingly clear message: "You are the one who needs to go!!!"

Slowly, a vivid picture of the family began to be formed in the room, one replete with thought and feeling. There was now a forum for touching on what needed to be worked on, how to proceed, how to meet... something was in the air, and his father became more communicative. He was ready to make every effort to save his son. At first, Arik's father spoke, responded in his son's name, but after Arik spit out his words, the father began to understand how he was depriving his son and himself the legitimacy of mourning, and how he spoke of his wife as if she were alive and not dead.

When we were about to end the meeting, at a point where we had something to hold on to, Arik again tossed out the same bright-as-day sentence into the open air: "You are the one who needs help, not me!" It seems that the meeting with the father

speaking about himself surprised Arik, and propelled him to be insistent concerning his father. There was great surprise. I collected myself and responded immediately to his invitation: 'I feel as you do. Dad is going through a difficult time, and he needs help with your mother's death...' Arik's eyes welled with tears. His father was quiet, hesitated, and then said that he would come if it was necessary for saving his son. We set another appointment. I thanked Arik and his father.

They both came to additional meetings. Some were attended by the entire family. I succeeded in bringing the father to accept individual therapy. Due to my expanding insight, I was able to advise the teachers as to how to continue to respond to Arik's refusal to function, and how to sensitively and insistently demand that he carry out his tasks while taking into consideration his individual pace."

The fruits of this meeting were apparent in many facets of Arik's life: he became more pleasant, he sought out contact, and he resumed playing soccer. The sessions with him and his father led him to break free of the burden of the silence surrounding his mother's death and from the over-defensive stance of his father, which had interfered with his functioning and his ability to take on age-appropriate developmental tasks. When the desire to start playing in the soccer league was reawakened in Arik, the father warned him that any dreams of future greatness were mere illusions. This presented us with the opportunity to discuss the father's desire to protect his son from another disappointment in life, a worry that ultimately kept him from dealing in any way. It also became clear that the father was intensively engaged with his children, taking them from place to place, watching television with them and playing with them. It seemed as though the father was trying to fill the vacuum that the mother had left, and not leaving room for them to touch on the void left by her loss. The children conformed to an unspoken request until each, in his own way, began to evidence signs of distress as Arik did.

The counselor relates: "In one of the meetings, I could feel Arik's pain when his father mentioned his mother (his father usually spoke about her without pain, as if she were still alive) and I could also sense the father's fear of Arik's pain. Arik took a big step with the support of the school staff when he shared with his homeroom teacher his memory of his mother's last moments: "She said to us: get close, don't be afraid... and from that moment on, we never saw her again." At a certain point, it was clear that the father needed more therapy. I connected him with a therapist only after the walls

between us had come down, and after we had spoken about his wife and about the pain trapped inside him. The grandmother, who was also present in the session, took advantage of the opportunity to urge her son back to life and to accept the loss: "He's holding back everything in his heart. Help him... Arik's also like that..."

The school staff made sure to take advantage of every opportunity to expand the contact and dialogue with him regarding his academic and social tasks, which led to an expansion of the intimacy between him and the staff, and helped him develop a freer relationship with them. Arik felt the empathy, and with time he let go of the burden of his father's difficulties. By leading his father to a source of help, he freed himself to attend to his own developmental needs, which included mourning his mother.

The expressions of empathy towards Arik, along with the expectations that he succeed, the direct talk about his mother and the loss, and mainly, the making of room for his desires as an adolescent who takes responsibility for his life and even guides the school staff in helping his family – all these led to development and growth. Arik became more connected to his pain and more aware of his failures and the academic gaps that had accumulated, and he began investing more in his studies, as well as returning to and excelling at soccer. Soccer also became a way to spend time with his father, who supported his successes and was proud of his achievements, even though he continued to fear that life would disappoint his son.

#### Case analysis

Arik began school under circumstances that induced the educational staff to be highly sensitive to his suffering. Initially, it was clear that in light of his mother's sudden death, Arik was in an existential crisis that made him passive and brought on depression. Arik did not function in his studies and dismissed every attempt of the staff to enter his world. The staff members did not give up on him, and continued in their efforts to seek a meaningful dialogue with him. Slowly, they succeeded in getting closer to him and to understanding the family dynamics that had led to Arik's avoidance and withdrawal. It turned out that his difficulty coping with his mother's loss was closely related to his father's difficult of coping with the loss of his wife. The father's lack of presence in Arik's life, which took expression in his inability to achieve synchrony with his needs and to model emotional coping for him, exacerbated Arik's difficulties in dealing with the trauma of his mother's death and the subsequent move from his old neighborhood. The father's inability to be himself

and be connected to his thoughts, and his unwillingness to enable such behavior on the part of his children, caused Arik to feel uncontained and lonely in his family, and he recreated this picture in school.

The staff's insistence on another kind of presence, one that was not afraid of touching the pain of loss and confronting it, a presence that requires some kind of normative functioning within the limitations of the situation, and an attentiveness to nuances expressed by the student both manifestly and indirectly – transformed his experience and led to the breakthrough in his behavior.

Slowly but surely, the staff undertook to expand its scope of understanding to include the full picture of the entire family's coping. In such a way, it became possible to help bring healing to both Arik and his father.

#### Case Description – Moti

Moti was a very tall young man with a dark complexion, curly hair, giant, telling eyes, and somewhat unkempt. He tended to speak in a very loud voice, such that the moment he enters the school, everyone knew that he was there. His voice carried far, he tended to yell and scream, and his speech was cheap and peppered with expletives. He was "everyone's pal" and a "tough guy."

He arrived at high school following complete failure in elementary school (there was no middle school at the time). His high school entrance exams revealed that his achievements were very poor. His learning evaluation was very low, although he made an impression of being very bright with a quick grasp. It was clear that he had not learned anything in grade school, and he did not pass the minimum requirements. He was slated to learn in a special needs class, which elicited much opposition from his parents and a struggle that was accompanied by much antagonism towards the school.

Moti was often absent. He would jump over the high fence, run away and wander around in the vicinity of the school. It was very difficult to track him down. He would run away and disappear at whim. That year, several youths were caught smoking drugs near the school. There was a feeling that something very bad was happening. Despite his many absences, he treated most of the teachers with respect, did not attack them, was not impertinent and not dismissive. When confronted with his actions, he would nod and apologize, but it was impossible to hold a conversation with him about it. Every confrontation ended with an apology and with promises for improvement. He did not claim that he was being persecuted or singled out, nor did he demand to be



listened to. He would end everything in an elegant manner, say that he was sorry, and promise that it wouldn't happen again. The interactions were very brief, avoidant and even had a certain charm, but in effect it was impossible to speak with him. The attempts of very skilled people to get him to talk led nowhere. Even things that happened in front of the teachers' eyes, incidents in which they "caught him in the act," ended with Moti immediately looking them straight in the eyes and asking forgiveness, so that they would just leave him alone. He was not violent and did not arouse anger and rage in others; rather, he neutralized every possibility of "reaching" him and having a meaningful dialogue. The experience of having a conversation with him was that there was nothing to hold onto, and that he did not give of himself, slipping right through your fingers. He did not volunteer any information about himself, and there was a feeling that it was impossible to know him, to affect him, or to speak with him about anything of significance in his life. When the teachers began looking into his background – who his parents were and how he had behaved in elementary school, it was discovered that he was in conflict with his father and had had no contact with him for a long time. Moti's father, who was traditional in his religious observance, was very angry at him after catching him stealing (about a year before he started high school), and since then refused contact with him completely. Moti's mother was a resigned, passive, helpless and weak. Moti was dismissive towards her, cursed her, and it was clear that he was very embarrassed of and hostile towards her. On her part, she was not really involved in his life. Moti was born to older parents, and his older siblings were hardworking owners of small businesses. It seems that everyone thought that Moti's behavior was CHOTA'AT to the values of the traditional home where he was raised. It was clear that he suffered from serious neglect. His siblings were occupied by their financial troubles and the families they were raising, and Moti grew up on his own, most of the time left to his own devices. With the exception of the original opposition to his placement in a special needs class, no one fought for him or tried to protect him. Even when his mother came to the school, the feeling was that there was nowhere to draw hope from, and that it was impossible to burden her or to ask of her anything that she was unable to do. Despite his experience, Moti's father insisted on punishing him and remained closed off to him. Even in the meetings with Moti's mother, school staff were unable to convince her to do anything for her son. She remained a hard-working woman dealing with the daily economic struggles in a complex reality.

These discoveries about Moti lead the school staff to look upon him more sympathetically. Rather than relating to him as avoidant and off-putting, they began viewing him as a neglected, lonely and abandoned child, who was caught in a cycle of misery, for whom adults were unavailable and whose circumstances cause him to close down and avoid leaning on anyone. They understood that he was in despair, that he had no goals, and that he was coming from experiences of failure in grade school and lack of support from his parents and siblings. They understood that he had no hope, decided that he couldn't get anything out of school, and as a result began roaming the streets. There he met friends, and filled up emotionally, gained status and felt a feeling of vitality.

In the series of meetings that the teachers held with Moti's parents, the school put forth a clear message: we want to help Moti at all costs. If something happens at home, we want you to tell us. The school did everything to try and help him.

In the first half of year, there was a feeling of helplessness at the school. There was a desire to help Moti, but a feeling that the opportunity was passing by and a basic understanding that he was being abandoned. As his failures piled up, he became more of a disturbance in class, until, at a certain point, school became unimportant to him and he began making fewer disturbances coupled with more frequent absences. The pulling away was mutual – he was giving up school, and the school, on him.

Outside of school he was caught stealing, cutting through a fence, taking brand markers off cars and selling them, smoking, and roaming around. He often spent nights with youth of questionable character, and there was a suspicion that he was getting involved in either using or dealing drugs.

As it became increasingly clear what was happening with Moti, his homeroom teacher tried to speak with him and say things to him like: "It's never too late. You're getting into trouble for no reason. You don't rely on yourself – you don't even know what you can and can't do. Give us a chance. You've jumped the fence and crossed the line so many times. Give us a chance – you have nothing to lose. You're beginning to sink. Maybe there are other things that you can depend on..." The teacher made use of information obtained indirectly about Moti in order to try to get through to him, and it seemed that he was starting to listen more and more.

After one of the interactions, the teacher related excitedly how Moti had reacted differently than usual. He didn't meet the teacher's eyes, but rather lowered his head as some tears trickled down his face, and then he turned without saying anything. The

teacher did not relent, hoping to show him that the teachers saw him and were not oblivious to his actions, and for him understand that he was at a crossroads and that it was not too late to turn his back on a future of crime. The feeling was that he was not thinking carefully about what he did, but rather trying to survive, to be and to feel, and was sure that he had no chance any other way.

During one of their conversations, Moti said to his homeroom teacher: "Nonsense. I don't remember when the last time was that I held a pen. I barely remember what school is." The teacher answered: "You know what? I'm dying to see you hold a pen. I promise that I won't make fun of you. I'll respect you. I don't have any idea who you are. What do care if I get to know you? Give me a chance. No obligations – in the worst case, we'll both come out of it as gentlemen." He spoke with him in a way that left the choice in Moti's hands – from a place of shared reasoning. He refrained from forcing him, based on an understanding that when Moti was "taken head on," he simply disappeared.

And indeed, one day Moti arrived earlier, and his homeroom teacher sat down with him and had him solve a math problem. He read it to him and asked him to indicate the correct multiple-choice answer. He intentionally chose something meaningful that dealt with earnings and losses, and asked him: "Where do you think there's more gain and where do you think there's more loss?" It was clear that Moti did not think at all in terms of gain and loss, since his feeling was that there was just one path along which one could never lose. He felt comfortable with his friends – he hung around with them and reaped some gains, but "gains and losses" as a conceptual framework was not a way he thought about things. The teacher said to him: "You see – it's like life. In your life, as in math, there are gains and losses. Think about it, and I want to ask you to write to me about two losses and two gains that you get from what you do." This was the beginning of a meaningful exchange between them, which at this stage was very cautious and not continuous.

During this period, Moti's father became terminally ill. Moti was very stirred up and walked around as if in a trance. It seemed that he was in distress, but he didn't let anyone get close to him. In many senses, he was regressing – he did not continue with the attempt to look at his choices in life. The homeroom teacher said to him: "Look, I know that your father is in a very bad state. Can I help you?" Moti looked down, said "thanks," and that was it. The teacher decided to go to his house. When he got there, he understood that the family was struggling with severe economic strife, and an

overall misery and weariness was palpable. It was clear that Moti was cut-off from his family and unable to find his place.

When Moti's father was hospitalized, the teacher insisted on helping Moti, and encouraged Moti to spend time with him. He took him to the hospital but respected his boundaries, refraining from entering to see Moti's father.

Towards the end of the school year, Moti's father died. Moti continued roaming around with the same young people and his anti-social patterns continued. The school staff was extremely worried about him. The fear was that now that his father was gone, he would YIv'AT everything. His mother was weak and powerless, and the tough father was the only person who had set limits on Moti in his life, despite the fact that they barely communicated. The fear was that now with nothing to restrain him, he would be in even greater danger and would undo all the progress made until now.

The staff feared that if Moti confronted the loss alone, his reaction was likely to be severe. It was therefore decided to call in a professional to meet with him at the school.

The teacher and the principal summoned Moti and said to him: "You're going through a period that's not easy, and at the same time, we know that you care about the things that are happening to you. We care about you very much. It is very important to us how things turn out for you. We'd like you to meet with the school counselor three times, which will help us learn how to be sensitive to you. You have nothing to lose. You can choose to say nothing at the meetings. We'll think together of a time that will be convenient for you." The message was clear and focused. He was not required to answer – just to attend the meetings with the counselor.

In parallel to the meetings with the counselor, the teacher tried working with him on gains and losses. As a result, they got to know each other better, and it turned out that Moti was a person with abilities, that he now lagged seriously behind his classmates, and that he had no strength to invest in catching up. There were no signs of a learning disability; rather, it appeared that the gap was created due to non-functioning over many years that had gone unattended at school.

The teacher created a systematic tutoring program for Moti with a lot of encouragement. From their work together, it became apparent that Moti was lacking in general knowledge about the world and [??in his orientation] – the result of environmental neglect and the ongoing lack of nurturing. And yet, it turned out that he

was intelligent, a coherent thinker and possessed the ability to learn. Gradually, he began succeeding with the teacher and increasingly to enjoy learning. He began attending school more regularly, but there were still many setbacks along the way. In one of his talks with the counselor, Moti described a very significant dream he had about his father. From that time on, the sessions revolved around the things that he would have wanted to tell his father. He began "talking" with his father and said to him: "I'm sorry that I disappointed you. I really admired you. You're a persistent person, who never gave up or got tired, and made a living for the family at all costs." Moti said that at the hospital, before his death, his father listened to him, touched him, and said that he forgave him. He felt that if his father had had more strength to speak, something very good would have happened between them. He said that he didn't want to be a criminal – that's what his father asked and that's what he promised him. "I don't know what to do with my life, but I decided that I don't want to get into trouble any more. I've stopped stealing. I don't do what I used to do any more." Moti said this with great difficulty. Then he added: "I know that I want to be a different kid. Tell me, can my father know that? What do I need to do so that he'll know? I really feel that my father is speaking to me in my dreams." The counselor told Moti that he in fact had already begun speaking with his father about his desire to choose a different path, and that his father already knew that Moti wanted to change. She suggested that he write down the things that he wanted to say to his father. Later, Moti told her that he wrote everything and took the paper to his father's grave. At the same time, he began to apply himself more in his studies and to distance himself more from the problematic social circles.

Slowly, Moti began speaking about his mother with more empathy: "A mother is a Laundromat, restaurant, smells, food..." He learned to more appreciate her efforts, and gave her more place in his life."

And yet, at home Moti remained in a state of terrible loneliness, sorrow, suffering and misery. He felt that no one saw him or even looked his way. He wanted to run away, to leave the house and to go to Tel Aviv. It was very hard for him. He wanted to get away from the unbearable reality, but on the other hand, he was truly afraid that he would disappoint his father. He wavered between the desire to give up entirely and the possibility of mending his ways towards [in keeping with the wishes of?]\* his dead father.

In addition to the ongoing academic help he received, the school reached out to him on many other levels. School became an important and meaningful place for him. He would stay after school hours and help the custodian. There, he found his place.

Towards the end of the year, a joint meeting was held with Moti, his mother and one of his older brothers. The mother professed her thanks to the school for saving her son, and told those present that she expressed this feeling of gratitude regularly in prayers and blessings of the heart. [?ok?]

During his high school studies, Moti encountered many difficulties, setbacks and moments of despair. It was clear that he did not want to join the crime world, and with his teachers' efforts, his police record was deleted. With some of the teachers, particularly those who had spared no effort to help him, a very strong relationship was established, and he, on his part, invested much energy in the subjects they taught.

There were many deliberations regarding whether he should study in a technical school, how he could jump through fewer hoops but still get ahead, and in what he should and shouldn't invest. In addition, the teachers thought together with him about his future, with the main message being that everyone believed in his abilities, that he could choose any vocational training that suited him, and that this would help him recognize and feel his worth as a person.

### Case Analysis

Moti's case is a good example of how trauma is related to the overall life circumstances of the person affected and to his entire life story.

Although Moti was an at-risk student, the death of his father served as a trigger for the family and school staff to devote themselves to turning this tragedy into a source of strength and growth for Moti. Because they had gotten to know something about him, the staff was aware of the special and conflicted relationship that Moti had with his father, and took advantage of the opportunity to process the loss through an ongoing dialogue with the expectation that his father had for him while he was still alive. In the sessions with him, it became clear that the main thought weighing on Moti was to what extent his deceased father could know about the course his life was taking.

When he understood from the counselor that he could continue the dialogue with his father about the expectations that he had not yet fulfilled, he was calmed and encouraged.

Since the staff related to the loss of the father within the full context of his life with the full range of circumstances in view, rather than in an isolated context of coping

with loss and trauma, Moti was able to feel understood and contained, and to come to view the educational staff as a source of support for his troubles. It is highly likely that if the staff had focused only on the pain of the loss of his father, the strong feelings of guilt already brewing in Moti would have grown and caused him to completely close himself off and disconnect emotionally. A proper entry into Moti's internal experience led him to understand that he had the possibility of turning his life around and fulfilling his father's prophecy for him. The delicate approach into Moti's internal experience led him to understand that he could mend his ways and fulfill his father's wishes for him. It was as if he could now grasp onto a safety rope and pull himself back to life.

An additional aspect of this case relates to the school staff's response to Moti's risk-taking behavior. The staff know about Moti's tendency to take flight into crime's embrace (risk processes based on a lack of internalized ethical boundaries), and understood that only this flight gave him a feeling of worth. His hardworking family ignored him, and in school, he accumulated failures and frustrations. As a result, Moti connected with the street out of a desire to feel better about himself. Despite his difficulty talking about it, members of the educational staff, understanding the situation, chose not to sweep their knowledge under the rug, but rather to speak to him about it directly.

The open dialogue and the fact that the staff did not give up, each time taking a renewed interest in his activities both within school and outside it, kept Moti on the "right side"

of the tracks. The staff's presence in his life, and the intensive academic support that helped him catch up in his schooling, contributed to Moti's ultimate understanding that there was an alternative to delinquency and to find within himself the strength to change.

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