**Children after Trauma – Logotherapeutic Approach**

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**ABSTRACT**

The paper discusses the current state of living with uncertainty in the world, with special emphasis on how children approach traumatic events.

Based on theoretical research and references to relevant literature, primarily the logotherapeutic approach of Viktor Frankl, the paper explores logotherapeutic possibilities of helping children as the most vulnerable group. It examines self-transcendence and the logotherapeutic technique of dereflection. Special care is given to emotions which accompany a traumatic event and questions which it poses. Emergency and trauma-oriented pedagogy are also analyzed, as are the phases following a traumatic event, and interventions which can be applied when working with children. The aim of this paper is to find meaningful logotherapeutic interventions in a time of crisis, during and after a traumatic event, i.e., to provide guidelines for quality communication with children. It also warns of the inadequacy of quick solutions and the danger of careless use of words and even (logo) therapeutic “tools”, reasoning, and inviting individuals to find meaning in suffering without deep deliberation and understanding.

Key words: crisis, trauma, children, logotherapy, communication

1. **Introduction**

The uncertain times we live in ask for deep deliberation. Our so-far familiar world has suddenly been replaced by an incomprehensible and uncertain one, steeped in fear of the unknown and unexpected, the invisible but real. The only thing that remains and is not afflicted, but is even amplified by habit, is the virtual world. This state becomes utterly confusing for the modern *homo ludens*, the man often playing with what does not belong to him.

In this world of uncertainties and high demands, under a good deal of pressure to be exposed to the media – children live. Many expectations are put before the children, while their needs are fairly neglected. Are adults in their lives sovereign and free from fear? Do they present them with all the important factors of salutogenesis, such as coherence, meaningfulness, and the ability to manage events? Or is there a lack of clarity and strategies that promise success, on each and every level? Salutogenesis requires the complete opposite of what children are experiencing – they live in a fear-dominated world; they are persuaded that they are carriers of disease; they are being distanced from each other, and from their grandparents; they miss the intimacy; they receive ambiguous messages so they cannot tell truth from lie. Adults are unable to articulate their thoughts and introduce them to children, which is why insecurity becomes so prominent. The world has become a precarious place to live, where anything can turn out dangerous. It can be so dangerous that people who are near and dear to children (their parents and grandparents) could die if they get a fever, because the media keeps mentioning the deaths of older citizens. What if the child should end up alone in the world? What if they contract a fever and infect their parents or grandparents? What if they cough, or sneeze? What if they do not notice they are running a fever, and go hug their grandma or grandpa? Will they die? These are the questions children ask. They have been burdened with the responsibility and guilt connected to people they come in contact with. They are unequivocally told that they are harming others, their near and dear ones, especially elders. And children should learn that they bring joy, laughter, strength, hope, and love to the world around them.

Current research conducted throughout the world shows an almost grotesque increase of fear-related disorders in children. There is an increase in compulsive actions, tics, eating disorders, bed-wetting. Inappropriate instructions on hygiene, introduced with fear instead of with a sense of humor and joy, often lead to avoidable mental burdens. Distance, opposite to a child’s need for closeness, causes disorders in human relations. Being separated from their parents is especially difficult for children in this context. Each day that children live in such a state of crisis is harmful to their health; it weakens their immunity and burdens our future. A healthy psyche keeps immunity strong.

A lot of scientific research is being conducted, or has just been concluded, in connection to mental health of children and youth in times of the corona crisis. We will mention just a few, such as the scientific research of the University Medical Center Hamburg-Eppendorf (Universitätsklinikum Hamburg-Eppendorf) from 2020, under the supervision of Ulrike Ravens-Sieberer. Conducted between 26 May and 10 June 2020, it included over 1000 children between the ages of 11 and 17, and 1500 parents of children between the ages of 7 and 17. (Ulrike Ravens-Sieber, et al., 2021). Another scientific study was conducted by four university medical centers (Freiburg, Heidelberg, Tübingen, and Ulm), also in 2020. Over 2500 children between the ages of 1 and 10, along with their parents, were interviewed – 5000 subjects altogether – in order to determine how often children get infected by SARS-CoV-2, or whether there was undetected infection during the time of testing. It was discovered that children get infected in fewer stances than adults. (<https://www.klinikum.uni-heidelberg.de/newsroom/abschliessende-ergebnisse-der-eltern-kind-covid-19-studie-in-baden-wuerttemberg-veroeffentlicht/>)

We should also mention the study carried out by 13 professors from the Department of Psychology at the Faculty of Humanities and Social Sciences, University of Zagreb, in June 2020. About 3500 subjects, ages 18 to 95, took part in the research, as well as 780 students from the first grade of primary to the fourth grade of secondary school. The study was aptly named “How are we?” The results and the brochure are available online, and we would especially like to focus on the part of research that deals with children. Children expressed their anxiety on a scale of 1 to 6. The Zagreb earthquake received a score of 4.45, while the anxiety about contracting coronavirus got 2.9. Nevertheless, they were worried that someone they held dear might get infected, so this fear scored a high 4.75. (<https://web2020.ffzg.unizg.hr/covid19/wp-content/uploads/sites/15/2020/06/Kako-smo_Preliminarni-rezultati_brosura.pdf>)

This leads us to the purpose and goal of this paper, which are the logotherapeutic possibilities of helping children, first and foremost, as the most vulnerable group. The aim of this paper is to find meaningful logotherapeutic interventions in working with children during and after a traumatic event, i.e., to provide guidelines for quality communication in the times of crisis.

1. **How to approach a traumatic event**

One thing that many definitions of trauma have in common is that trauma serves as an “invitation” to change. It is the degree to which it provokes reflection on everything a person knew or thought they knew before it happened.

Marie Dezelic (2016, 31–32) lists emotions and questions that occur with the traumatic event:

* Anger (Why me? Why did this happen? Why now? What does it mean? What is the meaning of my life?)
* Fear (What is going to happen? Where can I go? How is my family going to fare?)
* Overwhelm, helplessness, giving up (I cannot deal with this. I have no more strength. I am unable to think. I do not know where to start. How can I care for myself and those closest to me in this situation?)

What is a person who claims that they are overwhelmed actually saying, and what do they need or want from us?

Questions listed above do not have a final answer. They are mostly shrouded in strong emotion.

We should not forget that in the present situation children are also in the state of trauma; moreover, of sustained trauma. Let us take Croatia for example, who was hit not only by Covid-19, but also by devastating earthquakes – so much so that the ground still shakes in some parts of Croatia. How can we work with children if the traumatic event is still happening? We also have the experience in working with children and teenagers during the War of Independence. We cannot wait for the traumatic event to pass and seek help afterwards.

Even while danger still lasts, the most elementary thing to do is build an atmosphere of acceptance and trust. Thus, people in need will feel less isolated when they begin to explore the questions we have asked. These can be explored in a conversation very gently, along with strategies that may help face the situation – what helps, what could help, and what would not. Sometimes people are simply unable to see meaning in a given moment. It is too early, because they are overwhelmed by the traumatic event, and they cannot even think about meaning – the word sounds hollow and may even spark anger. They are unable to accept the gift of meaning due to everything they are or have been going through. The same holds true for the gift of faith. Even the mention of an opportunity to convert in that moment can provoke anger in some people.

The quest for meaning cannot be forced. The most important and humane thing to do, at first, is to supply enough time so the event can be processed. When we explore reactions to a situation, we must be careful to offer emotional flexibility instead of emotional pressure. When a person thinks they must do something, and are unable to, it creates harmful emotional pressure. A person does not feel adequate. Emotional pressure is different from effort, which is necessary. Nevertheless, at such a time effort should be directed towards reacting, where it is permitted and even desirable to express emotions, or to take a stand. Only later can there occur the recognition of meaning. Of tragedy. Despite suffering. At that moment, we move from the role of the victim towards freedom and choice, towards the right-hand part of the fate–freedom chart. A person slowly becomes ready to activate the will for meaning, and to truly search for meaning. People often refuse to discuss meaning, to search for it, to be directed to the above-mentioned, because they need time to be with their pain. However, prolonged resistance results in suffering. We can convey this through a formula:

pain x resistance = suffering

We should, however, gradually show the person in need that pain x (*times, multiplied by*) “meaning” = resilience, healing, hope and faith, self-transcendence.

Pain can be transformed by meaning found despite the tragic situation. It has the potential to change our perception and enable us to move forward at least a little bit. We may call it the gift of meaning. Meaning in tragedy is truly a gift, a blessing.

Therefore, human existence is a responsible existence because it is free. Being human means being “decisive”, existing, and not just being present. From a multitude of options, people in their being realize the single one, which characterizes their existence as such. As always, when choosing from a set of options, a person can freely decide on their being. Being human implies the option of being other. (Frankl, 1990, 123–128) People always choose something, and by doing good they finally become a being of good. (Frankl, 2007, 27) Only people have the future which, through intuitive understanding, includes the present action. (Lukas, 2016, 2020) “The future makes ontologically possible a being that is in such a way that it ex-sists understandingly within its ability-to-be. … Factically, being-there is constantly ahead-of-itself, but it is inconstantly readying for its existential possibility.” (Heidegger, 1985, 382–383) Frankl refers to being ahead-of-oneself in existential possibility by his imperative, “Live as if you are already living for the second time, as if you have already made all the mistakes you are planning to do now!” Frankl’s imperative confronts a person with the finality of life, and the finality of what we choose to do with life and ourselves. (Frankl, 2015, 101)

Self-transcendence of existence into Logos is the prerequisite to realize our humanness, whether in loving another person or serving a cause. Human existence surpasses itself, always indicating a meaning. Authentic self is realized in complete dedication to a cause, and in complete devotion to another person. A person truly is only in self-transcendence. We ought to hold sacred the humanness in our person because humans are subject to a moral law, which is based on the autonomy of their free will. (Kant, 1990, 181) Therefore, we can say that humanness is based on awareness and responsibility.

1. **Children affected by a traumatic event**

After the theoretical introduction, and references to sources that directly address the possibility of working with trauma, we will focus on working with children as the most vulnerable group that is affected by the current situation. It appears children have been sidelined with everything that has been happening, or, even worse – they are considered a threat to their loved ones, disease carriers, those who can kill their grandparents…

One of the basic relations between the truth unfolding in adult and children’s worlds is the certainty of tomorrow. Adults, due to their experience and common sense, can understand their tomorrow in the sense that it is not necessarily available or given. To each child with a joyous childhood, tomorrow is a common certainty which belongs to them unquestionably in limitless and all possible tomorrows. Children own the world without inhibitions and limits, the world of illusion, play, and parental presence that transforms, through the channels of parental care, into love and the creation of ethical, mental, and cognitive limits. These limits deny entrance to anything that robs children of their essential intuition and instinctive naivete in the fragility of illusory worlds, and which create positive structures in mental affairs, or in the attempts of children to establish a world and a reality of their own, so as to become individuals, free persons, while handling the reality with the help of a free mind and an uncertain tomorrow. Becoming alienated from their own childhood, navigating towards the unification of their awareness and the fusion with reality that they unwillingly find, children become open to their distinctiveness. They use their body and soul to create an opportunity in which they will, through education and biological maturation, take upon themselves the burden of adulthood in the eternal search for their own meaning of life and their own mission, and those of others.

Grown-up persons – when they step over that threshold and feel their own pain, effort, injustice, and the fragility they carry within themselves since being born, growing up, and maturing – understand their own helplessness before uncertainty, and dive into worry and fear. Children’s fear, which changes as they mature, and becomes unrecognizable from within, is associated with the immediate relationship in positive egocentrism with those who children immediately experience by touching, smelling, and having the visual chains of inextricable connection to the parent. When denied these sensory-perceptive moments, a child reacts with panic, tears, and restlessness. The child comes to know emotional fear, which wanes when the affective symbolic disorder is cancelled by the reflex of identification with the familiar security. A prolonged growing up, which is often prematurely interrupted, creates an archipelago of cognitive fear. Growing up ends with our being thrown into the world to complete ourselves.

Children caught in the tragedy of a grown-up and real time, which adults carry on their shoulders, are suddenly and without preparation burdened with the participation in the unwanted reality, which they are unable to incorporate into their world of child emotions and illusions. This is how they are faced with the grave danger of being unable to form a healthy mental, emotional, and spiritual structure.

Having understood the above claims, we need to accept that children are not to be blamed for fear. They are not to be blamed for our own inner states, whether we are able or unable, whether our resilience is strong or weak, and whether we are neurotic or calm. We have no right to snap at a child. No right whatsoever!

We, as adults, learn the lesson again: We can lose everything except what we carry within.

And again, we ask: What of the children? How to deal with children when the earthquake has taken many young lives? When so many people are without their homes? When we are still estimating the damage, and are unable to comprehend the scope of destruction? For, only after the first shock has passed does it become truly difficult. Fears are great, uncertainty even greater.

How do we offer them an explanation for the inexplicable?

Each child is specific and reacts differently. Therefore, there is no single approach to children. What we all have in common are fear and the sense of helplessness. One person will express them as anger, others as sadness – they cry easily. Still others pretend they are not affected and sink into apathy (“I do not care; it is no concern of mine.”) or a pronounced cheerfulness. There are also those who become paralyzed, entering the victim mode, and are unable to say anything but, “I am afraid, I can’t do anything…”

A conversation with children at this time will be fruitless if it turns into, “Do not be afraid. Everything will be fine. We are here for you…” Children sense that we ourselves have no idea was is coming. They sense our masked fear, see through our act. Therefore, it is important to admit we are also afraid, and very afraid. It is important to tell them we are in this together and that, if an earthquake occurs again, we will still be together. When we say, “Don’t be afraid!” it is like saying, “Don’t think of a pink elephant!” The elephant fills the entire room and becomes impossible not to think about.

The logotherapeutic technique we use is called dereflection, distracting the thoughts, seeking meaning in all the other things that we can still do despite fear, earthquake, or illness.

After a traumatic event, nobody – including children – feels safe about anything. There is no use in persuasion. In order to help children, we need to create again an island of safety, even if it is a tiny one. In any case, something bad has clearly happened, which we have survived, and it is our task to pick up the scattered pieces and make ourselves whole again.

In many countries around the world there are elaborate systems for working with traumatized children. There is an entire pedagogical field called emergency or trauma-oriented pedagogy.

Let us now examine the phases that follow a traumatic event:

1. Acute phase (1–2 days)
2. Posttraumatic stress reaction (up to 8 weeks)
3. Trauma-related disorders (Posttraumatic Stress Disorder – several years)
4. Personality changes

In order to avoid Phases 3 and 4, it is necessary to intervene as soon as possible. The sequence of interventions is as follows:

1. Emergency Pedagogical Acute Intervention
2. Emergency Pedagogical Early Intervention (during Phase 2 after the traumatic event – from Day 2 to about Week 8)
3. Trauma Oriented Special Pedagogy
4. Trauma Oriented Intensive Pedagogy

Let us clarify in more detail the details of interventions, especially Phases 1 and 2.

Emergency Pedagogical Acute Intervention is also called the Shock Phase. Each trauma triggers in children fear, helplessness, disorientation, and confusion. They teeter between passivity and hyperactivity, between apathy and hysteria. They need emotionally stable adults who can handle the situation. Calmness is the best medicine. It is important to promise children they will not be left alone. Speech should be soft, clear, and slow. A lot of repetition is necessary. Children need calm explanations for events happening around them. In the Shock Phase, they may lose sense of time and space. We should answer their questions truthfully, and in the age-appropriate way. To counteract their helplessness and inability, children must not be expected to make decisions, or help during a catastrophe. (They feel unable to do something, because it is too much for them – they need protection.)

Emergency Pedagogical Early Intervention encompasses first days and weeks after the event. The aim is to activate and strengthen defense mechanisms, and self-healing powers intrinsic to each child, and with the aim of processing experiences and preventing disorders connected to trauma. We discover the sources of strength (create “resources”).

When these interventions are properly handled, it is very likely that Phases 3 and 4 will not occur.

1. **Concluding observations and recommendations**

During the entire process just described, it is important to allow children (and adults) to discuss their experiences. (However, we should not push them to do it, or interrogate. Adults are the paragon, and must allow for children’s feelings, instead of negating, belittling, or underrating them – but they should also not encourage, provoke, force, or elicit them.) Adults should be interested in children’s feelings, and support children in their expression.

It is very important to verbalize experiences and emotions because processing a trauma is difficult without speaking about it.

Finding creative ways of expression – such as writing, painting, or creating music – or indirect expression is helpful and welcome.

We should not forget the importance of rituals, despite the chaos that surrounds us. Rituals amid inner chaos create a new order, give orientation and security; it is a new structure that enhances healing. (For example, going to bed – waking up – keeping previous rituals that can be sustained – cuddling, embracing, having customs around meals, putting the child to sleep…)

Since every disturbance in the rhythm leads to emotional discomfort, traumatized children suffer from disorders in basic rhythms (eating, sleeping, bowl movement, memory and forgetfulness, excitement and relaxation). It is therefore important to restore the rhythm. Every type of rhythm strengthens life force, self-healing, and mental health. It is necessary to establish a new rhythm and keep to it as much as possible. Sometimes, it can be impossible to keep even the rhythm of sleep and wakefulness (which is the basic rhythm), but it is worthwhile to at least try, stay with the child, offer security. Next are the rhythms of eating meals, and of play. Rhythmic games with singing, clapping, or patting are more than welcome.

Supporting the sense of self-worth is of great significance for children to be able to gaze into the future. They need help to be able to help themselves. Therefore, it is important to nurture independence, but not to force it. We should keep in mind that children can regress, so we should not insist at any cost on children to do things they were able to before but refuse to do now. The important thing for children is to experience success (e. g. in a game). The most important thing is to show them they are loved and accepted, and that we believe in their competence. In contemporary literature this is called encouragement pedagogy. Children need physical contact, but also have the right to refuse it. We should not insist on physical touch if a child refuses it, but we should give it whenever asked.

It is also important to raise in children the sense of their own efficacy, because during the events that befell them, they felt helpless and useless. After trauma, we often see the lack of activity, a helpless retreat. This can have negative effects and deepen the trauma. Initiate age-appropriate activities – important to process the trauma – such as handiwork, theatre, or welfare activities. Bring awareness to the moment (the current meaning), and what task, or role, needs attention. Focus on the next step and make sure everything that needs doing is done, and that the person we are with is taken care of.

Having lived through the feeling of helplessness, we begin to plan our future. People often become fixated on the past, return to the images of what they lived through. They need a hope for the future, naturally in small steps (such as planning lunch, going on a trip – anything in the near future). Dereflection – redirecting attention towards things that are not a disaster or trauma but are possible to accomplish and within grasp – only now gains in importance as a logotherapeutic procedure.

At the same time, we should remember to nurture thankfulness and hope.

And we should also remember that joy heals, so it is important to react to every shred of joy and laughter, and open our eyes to the beauty that surrounds us.

The finality of human life obliges us to be responsible. Therefore, existential analysis makes us aware of the responsibility towards the irreplaceability and uniqueness of our existence. The freedom of will is confronted by fate, whose grasp we cannot escape. Important matters are denied to the freedom of humans, and fall outside the scope of human power or responsibility. People are free among manyfold constraints. The possibility of freedom exists only in relation to fate.

The immutability of the past evokes human freedom, so that fate becomes an incentive to act with conscious responsibility. The irreplaceability of humans obliges us to be responsible for the shaping of our own destinies because each destiny conceals a meaning. By making the unique possibility a reality, a person saves the realized being from transience, they store it in the past for all eternity. Only unrealized possibilities are transient. (Frankl, 1990, 123–128) Life is an opportunity constantly given to us so that we may exhaust our potential and become what we are still not, but want to, could or should be. (Lukas, 2013, 76)

By accepting humanity, which is based on consciousness and responsibility, it is inevitable that we recognize trauma as a “call” to change; we see the goodness of existence in another person; we discover the goodness of being in the person in need, and we are happy they exist; we say Yes! to the life of the person in need; and by all of this, we affirm life, and not just survival. This is the path of human growth in uniqueness. Being human means being aware of the task which cannot be avoided, and which consists of a responsible recognition of oneself withing the givenness of one’s being-there. A person thus re-discovers humanity which is set before them as the aim and the commandment of their life. Having accepted the calling of trauma, they strengthen their humanity by treading the path marked by trauma. They become “gooder” in relation to their own humanity before trauma. They realize themselves imperceptibly but inevitably, and, in so doing, save the realized being from transience, store it in the past for eternity, and continue on their way into the uncertainty of the future.

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