

# WHEN CHILDREN MUST LEARN TO LIVE WITHOUT LOVE:

## COMPLEX TRAUMA AND RESPONSES

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In investigations of historical abuse in boarding schools, individuals commonly express many permanent effects on their lives from the complex trauma of the boarding situation, abuse or both. These anecdotal accounts presented in investigations are well-supported by psychological research.

The title is not intended to express that all missionary kids or all children going to boarding school were unloved. It does express that for a percentage of these children, they did not have a sufficient perception that they were loved, or access to that love in a steady and secure way. Thus, regardless of what their families felt and believed, the children were affected. Abuse was more obviously damaging, but abuse was not required for a detrimental effect on the child.

Complex trauma sometimes resulted both for children who were abused and for children who experienced environmental factors leading to attachment issues. Some children were harmed intentionally by perpetrators. Some children were also harmed by negative environmental factors that were not created intentionally by the adults involved—but still caused harm. Complex trauma can lead to lasting consequences such as mental health disorders. While this summary is not intended as diagnostic or comprehensive, for some it may help to explain individual TCK responses to their situation and perhaps facilitate understanding and healing.

### **I. Definition of Complex Trauma**

Trauma is an emotional or psychological response to a terrible event in a person's life. Trauma is an event, or series of events, that causes significant stress and is typically marked by a sense of horror, helplessness, serious injury, or threat of death.<sup>1</sup> “Complex trauma” refers to childhood exposure to *multiple* traumatic events, usually invasive or interpersonal, which has wide-ranging and long-term effects.<sup>2</sup> These events can include abuse, witnessing violence, and even psychological battering. These exposures usually “occur within the child's caregiving system and include physical, emotional, and educational neglect and child maltreatment beginning in early

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<sup>1</sup> Centers for Disease Control, Department of Health and Human Services, USA, *Coping with a Traumatic Event*, <https://www.cdc.gov/masstrauma/factsheets/public/coping.pdf> (last visited October 18, 2021).

<sup>2</sup> The National Child Traumatic Stress Network, *Complex Trauma*, <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma> (last visited October 18, 2021).

childhood.”<sup>3</sup>

Complex trauma can cause a large array of cognitive and mood disturbances such as anxiety, depression, anger or aggression, low self-esteem, self-blame, hopelessness, and expectations of rejection.<sup>4</sup> The symptoms of trauma can also include avoidance, denial, intrusive thoughts, numbness or hyper-arousal, or even a compulsion to repeat the trauma.<sup>5</sup>

Additionally, complex trauma can cause difficulties in properly regulating emotions as well as difficulties with interpersonal relationships and substance abuse addiction. Some studies have found that complex trauma substantially interrupts an individual’s spiritual well-being in a way that is different from traumatic events which are acute or situational.

## **II. Boarding School and Abuse as Causes of Complex Trauma**

While it is generally understood that child abuse, particularly multiple events of abuse, can cause trauma, trauma can also be associated with the child’s living situation, such as at boarding school.

### **A. Trauma Associated with Abuse**

Sexual abuse is well-known to produce long-term trauma, and this type of traumatic stress is associated with alteration in brain structure.<sup>6</sup>

Harsh physical punishment can also produce depression and anxiety in children.<sup>7</sup> The child can experience less self-esteem or a sense of powerlessness.<sup>8</sup> Corporal punishment can even have detrimental effects on brain development, though the harshness, frequency, and the span of time

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<sup>3</sup> Bessel A. Van der Kolk, MD, *Developmental Trauma Disorder. A new, rational diagnosis for children with complex trauma histories*, *Psychiatric Annals*, 00:0 Month 200X.

<sup>4</sup> John Briere & Joseph Spinazzola, *Assessment of the Sequelae of Complex Trauma. Evidence-Based Measures*, *Treating Complex Traumatic Stress Disorders, an Evidence-Based Guide*, the Guilford Press, 2009, at 106.

<sup>5</sup> Peter Levine, *Healing trauma* (Sounds True, Inc. 2005); Barbara Wainrib, *Healing crisis and trauma with mind, body, and spirit* (Springer Publishing 2006); John p. Wilson et al, *Treating psychological trauma and PTSD* (Guilford Press 2001).

<sup>6</sup> (*Reduced Prefrontal Cortical Gray Matter Volume in Young Adults Exposed to Harsh Corporal Punishment*. Akemi Tomoda, Hanako Suzuki, Keren Rabi, Yi-Shin Sheu, Ann Polcari, and Martin H. Teicher, *Neuroimage*. 2009, 47(Suppl 2): T66-T71)

<sup>7</sup> Christina M. Rodriguez, *Parental discipline and abuse potential effects on child depression, anxiety, and attributions*. 65 No. 4 *Journal of Marriage and Family* 809, 809; Michele Knox et al., *History Postpartum Depression and the Odds of Maternal Corporal Punishment*. 33 No. 4 *Families Systems Health* 395 (2015).

<sup>8</sup> Murray A. Straus, *The Primordial Violence: Corporal Punishment by Parents, Cognitive Development, and Crime* (Walnut Creek CA: Altamira Press 2003).

over which the child is punished all have to be taken into consideration.<sup>9</sup>

While typically child abuse is conceived as sexual or physical, maltreatment can also include psychological battering, such as being bullied by peers or pervasively reprimanded by teachers or dorm parents. While this behavior would not normally be categorized as abuse unless it reached extreme levels, the children experiencing it can still be at risk of developing severe psychiatric problems.<sup>10</sup> In other words, an investigation might not be able to identify or corroborate behavior as abuse, because of the difficulties of establishing what happened and how severe the behavior was, especially after many years. But the harm to the child is not dependent on such definitions and should not be dismissed.

When the child felt that parents or other authority figures would not intervene, or worse yet in cases where the child was not believed, this would also have played into the secure attachment issues discussed here.

## **B. Trauma Associated with Boarding School**

A growing body of research has shown that sending children to boarding school can cause trauma. “A young child is sent away from home to live with strangers, and in the process loses their attachment figures and their home. They’re exposed to prolonged separation. They may experience bullying and loss.”<sup>11</sup>

“Boarding School Syndrome” is not a medically established syndrome, but a proposal by psychologists that there are common, identifiable behaviors and emotional states that follow boarding school students throughout their lives.<sup>12</sup> It is important to note that not all boarding school students suffer lasting psychological problems, but for many, the traumatic effects are real. Moreover, because it may not be socially acceptable for adults to complain when they have received a high level of education and are often economically successfully as a result of attending boarding school, the psychological effects can remain hidden.<sup>13</sup>

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<sup>9</sup> Akemi Tomoda et al., *Reduced Prefrontal Cortical Gray Matter Volume in Young Adults Exposed to Harsh Corporal Punishment*, 47(Suppl 2) *Neuroimage* T66 (2009).

<sup>10</sup> Lisa Gauthier et al., *Recall of childhood neglect and physical abuse as differential predictors of current psychological functioning*, 20 *Child Abuse and Neglect* 549, page # (1996).

<sup>11</sup> Brighton Therapy Partnership, *The Long-Term Impact of Boarding School* (June 6, 2016), [Brightontherapypartnership.org.uk/impact-of-boarding-school](http://Brightontherapypartnership.org.uk/impact-of-boarding-school).

<sup>12</sup> *Id.*

<sup>13</sup> Joy Schaverien, *Boarding School: the trauma of the ‘privileged’ child*, 49 *UK Journal of Analytical Psychology* 683, 685-86 (2004).

“The psychological impact of boarding school on the developing child affects the core of the personality.”<sup>14</sup> A sudden loss of early attachment figures leaves children vulnerable and in need of protection. Additionally, the breaking of the familial relationships could result in a distrust of loving relationships.<sup>15</sup> In a way, the children “must learn to live without love.”<sup>16</sup>

The dorm environment, where children were living apart from their parents, and even siblings were separated, could also have contributed to disorders such as anxious–ambivalent attachment syndrome. This could easily lead to some degree of trauma even for children who were never abused.

### III. Possible Manifestations of Complex Trauma

Complex trauma can have multiple effects in a person’s life. A few of these are discussed here.

#### A. Reactive Attachment Disorders

Children who suffer trauma, especially in the context of loss of secure attachment to the family, are likely to develop various attachment problems.<sup>17</sup> For example, disorganized attachment is associated with a number of developmental problems including dissociative symptoms,<sup>18</sup> depression, anxiety, and acting out.<sup>19</sup> Children who receive love from the parents sometimes and not at others may develop anxious–ambivalent attachment, where they are afraid of rejection and may go to extremes to try to get attention. Children going through a cycle of returning to the family and then being sent away again would be likely candidates for this type of attachment disorder.

Children with insecure attachment patterns have trouble relying on others to help them and are unable to regulate their emotional states by themselves. As a result, they experience excessive anxiety, anger, and longings to be taken care of and may act in a passive–aggressive way to get what they need. These feelings could become so extreme as to precipitate dissociative states or

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<sup>14</sup> *Id.* at 686.

<sup>15</sup> *Id.* at 686–687.

<sup>16</sup> Brighton Therapy Partnership, *supra* note 11; *see also id.*

<sup>17</sup> Mark Greenberg, 1999, *Attachment and psychopathology in childhood* 469–496 (Jude Cassidy & Phillip Shaver Eds., Handbook of Attachment 1999).

<sup>18</sup> (Elizabeth A. Carlson, *A prospective longitudinal study of disorganized/disoriented attachment*, 69 *Child Development* 1107 (1988)).

<sup>19</sup> Karlen Lyons-Ruth, *Attachment among children with aggressive behavior problems: The role of disorganized early attachment patterns*, 64 No. 1 *Journal of Consulting and Clinical Psychology* 64 (1996).

self-defeating aggression such as self-harm.<sup>20</sup>

## **B. Post Traumatic Stress Disorder**

It is well established that those who experience trauma can experience post traumatic stress disorder (PTSD), depending in part on how the event is thought about or given meaning, or their own appraisal of the trauma.<sup>21</sup> One form of trauma appraisal is determined by a sense of alienation, or feeling disconnected from the self and others. A sense of alienation can influence negatively the link between the traumatic experiences and subsequent PTSD symptoms.<sup>22</sup> The link between alienation and post traumatic stress symptoms also shows up in survivors of child abuse.<sup>23</sup> The implication is that when the victim of the trauma experiences alienation, the likely long-term effect of the trauma is worse. Correlation to PTSD, dissociation, and depression is higher.<sup>24</sup>

This makes it likely that children who were already struggling with attachment issues with the family were less equipped to be resilient when faced with abuse trauma and more likely to suffer long-term consequences from the abuse.

## **C. Aggressive Responses to Trauma**

Children suffering from the aftermath of complex trauma may show aggressive behavior and even reactive rages.<sup>25</sup> Children who react by being aggressive may not be “callous and unemotional” (i.e. psychopathic) but trying to defend themselves from their past complex trauma.<sup>26</sup>

If not adequately addressed, aggression can manifest as assault or destructive acts that may have significant negative effects on the person’s life.

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<sup>20</sup> To understand the different types of attachment disorder, see R.P. Ascano & S.L. Ascano, *Spiritual Adoption: The Path to spiritual maturity* (WestBow Press 2016).

<sup>21</sup> Rachel McIlveen et al., *A Meta-Analytic Review of the Association Between Alienation Appraisals and Posttraumatic Stress Disorder Symptoms in Trauma-Exposed Adults*, 33 No. 5 Journal of Traumatic Stress. 720, page # (2020).

<sup>22</sup> *Id.*

<sup>23</sup> Rachel McIlveen et al., *Exploring the Relationship Between Alienation Appraisals, Trauma, Posttraumatic Stress and Depression*. Psychological Trauma: Theory, Research, Practice, and Policy (advance online, November 2019).

<sup>24</sup> *Id.*

<sup>25</sup> Barry Zakireh et al., *Individual beliefs, Attitudes, and Victimization Histories of Male Juvenile Sexual Offenders, 20 Sexual Abuse: Journal of Research and Treatment* 323 (2008).

<sup>26</sup> Julian D. Ford et al., *Pathway from traumatic child victimization to delinquency: Implications for Juvenile and Permanency Court Proceedings and Decisions*, 57 *Juvenile and Family Court Journal* 13 (2006).

## **D. Depression and Substance Abuse**

Complex trauma may also manifest in depression and substance abuse.<sup>27</sup>

## **E. Trauma, Suicide, and Self-Harm**

One of the most serious consequences of child abuse is an increase in suicidal behavior.<sup>28</sup> Even short of suicide, there may be self-injury such as cutting as a mechanism to relieve stress and feelings the person cannot cope with.<sup>29</sup>

## **IV. Treatment of Complex Trauma**

With more understanding of complex trauma and related disorders such as PTSD, new treatment programs and even self-help methods are available. A useful feature of these methods is that they are time-limited. Relief may be found in a matter of a few sessions rather than years. Survivors of complex trauma also sometimes find relief in a given time frame with therapy but still may need to revisit issues again at different points in their life. While these treatment methods are not exhaustive, and would not all be appropriate for everyone, they present something to consider.

### **A. Progress Muscle Relaxation**

Relaxation therapies, including progressive muscle relaxation, are part of cognitive-behavior therapies for PTSD, as they reduce the hyperarousal associated with it.<sup>30</sup> Integrating mindfulness has shown promising results.<sup>31</sup>

### **B. Therapeutic Breathing**

Specific breathing practices can reduce symptoms of complex trauma, like stress, anxiety,

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<sup>27</sup> Julian D. Ford et al., *Poly-victimization and Risk of Posttraumatic, Depressive, and Substance use Disorder and Involvement in Delinquency in a National Sample of Adolescents*, 46 *Journal of Adolescent Health* 545 (2010).

<sup>28</sup> Maurizio Pompili et al., *Suicide risk and personality traits in physically and/or sexually abused acute psychiatric inpatients: A preliminary study*, 105 *Psychological Reports* 554 (2009).

<sup>29</sup> Karen Conterio et al., *Bodily harm: The breakthrough Healing Program for Self-Injurers* 29 (New York, NY: Hyperion 1998).

<sup>30</sup> Steven Taylor et al., *Comparative Efficacy, Speed, and Adverse Effects of Three PTSD Treatments: Exposure Therapy, EMDR, and Relaxation Training*, 71 No. 2 *Journal of Consulting and Clinical Psychology* 330 (2003).

<sup>31</sup> Dev. Roychowdhury, *Mindfulness-Based CBT for Treatment of PTSD*, 7 No. 2 *Journal of Psychology & Clinical Psychiatry* 00429 (2017).

depression, and obsessive–compulsive disorder.<sup>32</sup>

### **C. Accelerated Resolution Therapy**

ART is a form of eye movement therapy similar to EMDR, but lasts for a brief treatment period such as several weeks. It is designed to minimize traumatic memories and replace distressing images with favorable ones. It appears to be safe and effective as well as fast.<sup>33</sup>

### **D. Hypnosis**

A relatively new approach to hypnotherapy, along with cognitive behavioral therapy, has been found helpful in treating acute stress disorders.<sup>34</sup> This is typically a very brief treatment, such as a single session.<sup>35</sup>

### **E. Somatic Experience**

Somatic Experience (SE) focuses on resolving symptoms of chronic stress and post-traumatic stress. Rather than a cognitive approach, it involves directing the client’s attention to internal physical sensations of the body, both visceral and musculo-skeletal. It is an internal awareness approach.<sup>36</sup> It can be especially helpful when there are psychogenic physical symptoms.

### **F. Exercise**

Studies indicated significant reductions in PTSD, anxiety, and depression after the person began

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<sup>32</sup> Richard P. Brown et al., *Breathing Practices for Treatment of Psychiatric and Stress-Related Medical Conditions*, 36 No. 1 *Psychiatric Clinics of North America* 121–140 (2013).

<sup>33</sup> Kevin E. Kip et al., *Brief Treatment of Symptoms of Post Traumatic Stress Disorder (PTSD) by Use of Accelerated Resolution Therapy (ART®)*, 2 *Behavioral Science* 115 (2012).

<sup>34</sup> Eitan G. Abramowitz et al., *Hypnotherapy in the treatment of chronic combat-related PTSD patients suffering from insomnia: a randomized zolpidem-controlled clinical trial*, 56 No. 3 *International Journal of Clinical and Experimental Hypnosis* 270 (2008).

<sup>35</sup> Arreed Barabasz et al., *Efficacy of single-session abreactive ego-state therapy for combat stress injury, PTSD, and ASD*, 61 *International Journal of Clinical and Experimental Hypnosis* 1 (2012).

<sup>36</sup> *In an Unspoken Voice: How The Body Releases Trauma and Restores Goodness*. Berkeley, CA: North Atlantic Books; Levine, P. A. (1997). *Waking The Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences*. Berkeley, CA: North Atlantic Books)

a program of aerobic exercise intervention.<sup>37</sup> Aerobic exercise can have a positive impact alone or supplementing standard treatment.<sup>38</sup> Exercise causes significant mood improvement<sup>39</sup> and can reduce PTSD symptom severity.<sup>40</sup>

## V. Spirituality in the Treatment of Complex Trauma

In the context of missionary boarding schools, the religious beliefs of the adult TCK may have an impact on processing experiences, positively or negatively. Whether or not the TCK retains a faith belief, religion enters the equation. There is a growing body of literature on spirituality and coping with trauma.<sup>41</sup>

### A. Religion and Coping with Trauma

Complex trauma significantly disrupts the spiritual well-being of individuals as well as harming them in other ways.<sup>42</sup> Sexual abuse, for instance, can create a negative image of God as being cruel, uncaring, and punishing.<sup>43</sup>

However, religious function can be helpful and healing. “One important way trauma disrupts emotional, psychological, and personality processes is by shattering assumptions about safety, power/control, self, and the world.”<sup>44</sup> Religion can play a role in rebuilding these assumptions.

Positive aspects of religion involve social support and the improvement in one’s perception of the

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<sup>37</sup> Theresa A. Manger & Robert W. Motta, *The impact of an exercise program on posttraumatic stress disorder, anxiety, and depression*, 7 *International Journal of Emergency Mental Health* 49–57 (2005); Caren L. Newman & Robert W. Motta, *The effects of aerobic exercise on childhood PTSD, anxiety, and depression*, 9 No. 2 *International Journal of Emergency Mental Health* 133–58 (2007).

<sup>38</sup> Nicole J. Hegberg et al., *Exercise intervention in PTSD: A narrative review and rationale for implementation*, 10 *Frontiers in Psychiatry* Article 133 (2019).

<sup>39</sup> Crombie, K. et al, *Psychobiological responses to aerobic exercise in individuals with posttraumatic stress disorder*, 31 No. 1 *Journal of Traumatic Stress* 134–145 (2018).

<sup>40</sup> Lauren M. Oppizzi & Reba Umberger, *The Effect of Physical Activity on PTSD*, 39 No. 2 *Issues in Mental Health Nursing* 179–187 (2018)

<sup>41</sup> Hagar ter Kuile & Thomas Ehring, *Predictors of changes in religiosity after trauma: Trauma, religiosity, and posttraumatic stress disorder*, 6 No. 4 *Psychological Trauma: Theory, Practice, and Policy* 353–360 (2014).

<sup>42</sup> Roger D. Fallot & Jennifer P. Heckman, *Religious/spiritual coping among women trauma survivors with mental health and substance use disorders*, 32 No. 2 *Journal of Behavioral Health Services and Research* 215–266 (2005).

<sup>43</sup> Annie Imbens & Ineke Jonker, *Christianity and incest*, Augsburg Fortress Publishing (1992).

<sup>44</sup> J. Irene Harris et al., *Christian Religious Functioning and Trauma Outcomes*, 64 No. 1 *Journal of Clinical Psychology* 17–29, 18 (Wiley Periodicals, Inc., 2007.) (2008).



meaning, purpose, and direction of life.<sup>45</sup> Additionally, religious involvement encourages providing spiritual support to others, seeking spiritual support from others, using God as a partner in problem solving, using religion as a distraction, and deliberately adhering to the standards of behavior expected by the religion.<sup>46</sup> Some positive coping mechanisms of prayer are the act of constantly searching for help, seeking ways to improve one's capacity to accept the stressor, seeking help to improve other coping efforts, and avoiding the stressors.<sup>47</sup>

However, for some people, traumatic life experiences undermine the idea of an all powerful and loving God. Negative aspects of religious belief and trauma include personal conflicts with God, a feeling that one's faith has failed them, feeling ashamed or guilty, or fearing condemnation (hell). Those who have difficulty resolving anger toward God or feel alienated by God reported higher levels of anxiety, depression, and anger.<sup>48</sup> Negative religious coping strategies include a feeling of dissatisfaction with God, passively waiting for God to fix the problem, feeling dissatisfied with members of the faith including clergy, redefining God as less than omnipotent, and believing the trauma and suffering is God's punishment.<sup>49</sup>

Positive feelings toward religion and God and engaging in religion positively have been found to promote healing, but, surprisingly, negative feelings toward religion and God because of traumatic experiences have been found to be *unrelated* to one's ability to cope and heal.<sup>50</sup>

## **B. Religion in the Healing Process**

Religion could play a significant role in the healing process of someone who has experienced complex trauma after years of boarding school—even if that person feels alienated from God. For instance, because many who suffer from complex trauma often feel a sense of hopelessness, religion and spiritual guidance might lead to a renewed sense of purpose and hope about one's life. Most religions impose high standards of moral behavior, which may help some victims refuse to resort to substance abuse or learn to withhold angry and aggressive impulses. And because attachment disorders can cause some individuals to experience difficulties with interpersonal relationships, positive religious involvement might promote interpersonal growth by creating close social relationships with empathetic and accepting faith members which might also improve

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<sup>45</sup> *Id.* at 19.

<sup>46</sup> *Id.* at 18–19.

<sup>47</sup> *Id.* at 19.

<sup>48</sup> *Id.*

<sup>49</sup> *Id.*

<sup>50</sup> *Id.* at 26.

one's trust in loving relationships. Lastly, prayer and involvement in Church activities, including sharing one's traumatic experiences with others who have had similar life experiences, may help victims avoid or process anxiety, depression and feelings of low self-esteem and feel a restored sense of purpose and belonging.

## **VI. Conclusion**

Both child abuse and other detrimental childhood experiences such as the separation of boarding school can cause childhood trauma. Understanding how this happens may facilitate steps toward treating and healing the trauma. For some, religion will be helpful in coping and healing, and for others, their view of religion has become too negative and cannot be part of the process. However, other treatment options exist as well.