

Destroyed Soul Landscapes

Bernd Ruf



Time and again, children and young people experience the incomprehensible. They suffer the loss of the ones they trust, get pulled into grave accidents, or have to undergo serious medical procedures due to illness. They are victims of natural disasters, wars, torture, flight, and displacement. Millions of children are neglected, sexually abused, and abused by the ones they trust (1). When the inconceivable occurs, the lives of these children and young people are permanently changed. The consequences of the experiences are all the more serious, the younger the child is and "the closer the relationship to the perpetrator" (2).

In the case of children, the experiences need not be quite so extreme to nevertheless elicit penetrating persistently painful symptoms. Children experience and evaluate experiences differently than adults (3). The death of a pet, separation from loved ones, or a move can have a traumatic effect (4). Media consumption can also traumatise children (5).

Psychotraumatization: When psychological wounds occur

Traumatic experiences are experiences where the people affected feel existentially threatened and their inner resilience has not yet grown strong enough to process the experience. "Trauma" means "injury and lasting damage to an existing organism" (6). Psychotraumata are externally caused psychological injuries. As most physical wounds heal after a time, psychological wounds caused by stressful experiences can also heal. However, there may be scars which can break open when subjected to stress again (7). In rare cases, the consequences of a trauma only become apparent many years later. Similar to physical wounds, severe psychological infections can occur as a result of inadequate wound care, which can even lead to death.

After a severe trauma, nothing is as it once was. Traumas change lives (4). In addition to a variety of psychosomatic reactions, such as headaches and abdominal pains or indigestion and eating disorders, the affected children and youth suffer from terrible memories, which forcefully take hold of them and can instill fear of death through so-called flashbacks. Flashbacks are no ordinary memories of completed events that one can look back on from the security of the here

and now. Victims of a flashback feel they are back in the middle of the catastrophe and exhibit the corresponding symptoms and reactions. For others, the experiences are so unbearable that they suppress them into the unconscious and cannot remember them at all, a condition known as amnesia.

Concentration- and sleep disorders are just as many signs of traumatic over-stimulation as are anxiety, fear, and panic attacks. Rhythm disturbances of any kind can also occur after traumatisation. Many children and adolescents are sad, depressed, and appear as if paralyzed after traumatic experiences. The shock has literally gone into their limbs. Others show symptoms such as hyperactivity and lack of impulse control. In the case of young children suffering relational traumas, dissociative symptoms usually occur. The children withdraw from their bodies and from what is happening to them. In the midst of the catastrophe, an inner numbness prevails and a deathlike quiet. Later on, these children and youth often show self-harming behaviour. They cut themselves to experience that they are still alive through physical pain. In children, developmentally regressive behaviour also frequently occurs. They try to save themselves through a retreat to "safe islands of previous experiences" (7), which manifests in bed-wetting, thumb sucking, baby talk or separation anxiety. One can understand that children try to avoid triggers that could cause flashbacks to the trauma. Triggers can be images, odours, noises, colours, movements, etc. Avoidance strategies can also lead to emotional numbness that, together with irrational feelings of shame and guilt, can put a strain on everyday life and relationships.

All of these symptoms, which occur after extreme stress, are normal reactions to an abnormal situation. The symptoms are rational. Fear can save from danger, and hyper-alertness can warn. When perceiving danger, the human body is put into a heightened state of alertness. However, if extreme stress persists for a long time or recurs repeatedly, the brain enters a permanent state of alarm. This overexcited alertness leads ultimately to the perception of dangers that do not even exist (8). The body releases its own substances to prepare for a confrontation that is not there. "Acute stress is a biologically sensible accommodation to a dangerous situation. Chronic stress, on the other hand, is a core cause of civilization-wide diseases "(2).



In the first three years, the child's brain is particularly vulnerable (9) to extreme stress experiences. Through the extreme stress that arises in the case of abuse, the psyche can suffer wounds that are equivalent to "micro-injuries", and in children, these can permanently affect the brain and overall physical development (2). In most cases, the children will lack a conscious memory of the trauma. Nevertheless, it will still persist in the body (8) (10) and can, for example, "manifest as a persistent sense of emotional overwhelm or as diffuse avoidant behaviour." (11).

Long-term Psycho-traumatic Disorders: When psychological wounds infect

In the acute shock phase after extreme stress experience, children and adolescents are usually "frozen" (7). They often react through emotional daze and chaotic behaviour. This phase only lasts for a few hours and then usually the phase of post-traumatic stress follows with a wide range of possible symptoms. In about 85% of accident victims and 75% of earthquake victims, the trauma symptoms subside more and more during this phase and usually disappear completely after six to eight weeks. Rape and war experiences reduce the coping rate to 50%. There is no chance to process relationship trauma in early childhood without external help. If traumatically caused symptoms persist even after weeks and months, one speaks of a post-traumatic disorder. In such cases, most frequently, Post-Traumatic Stress Disorder (PTSD) is diagnosed. A distinction is made between simple PTSD with a single traumatization (type I trauma) and complex PTSD (12) with multiple and multi-traumatization as well as sequential traumatization and developmental traumas (type II trauma). A high number of accompanying illnesses often accompanies complex traumatisations in children. However, all symptoms that occur in response to traumatic stress can also develop into independent disorders: anxiety disorders, compulsions, depression, etc. (2). Children are often diagnosed with separation anxiety (59%), oppositional defiance (36%), phobias (36%), and ADHD (29%) after traumatization. All these disturbances belong to the symptoms of PTSD (13). After extreme stress, chronic post-traumatic stress disorders can lead to persistent identity and personality disorders (23). Those who are affected all too often cannot integrate socially and suffer isolation. They fail in their profession and relationships, and become addicted, delinquent, and suicidal. (24)

Emergency Pedagogy: First Aid for the Soul

Trauma pedagogy is a (curative) pedagogical approach to stabilizing and supporting traumatized children and youth, and it is a necessary prerequisite, accompaniment, and supplement of an appropriate therapeutic process "(11). Emergency Pedagogy is one aspect of trauma education (25). It starts at the moment that defines whether the trauma itself can be managed or whether a psychotrauma follow-up disorder will develop. Its focus is not trauma therapy. Rather, the self-healing powers of the traumatically afflicted child are to be stimulated by means of Waldorf education-oriented interventions. Emergency pedagogical interventions can stabilize traumatized children. They help the child or youth to process the trauma and integrate it into their own biography. Waldorf education methods are used for psychosocial stabilisation in emergency pedagogy. Emergency Pedagogy is first aid for the soul (26).

Through targeted rhythmic support, the traumatised child's being is to be harmonised again and its self-healing powers are to be activated. This process involves, among other things, structured and rhythmic daily routines and regulated eating and sleeping times. Rituals such as

saying grace, and other morning and evening routines provide security, support, and new orientation. Movement therapy approaches of eurhythmy and Bothmer gymnastics, as well as



©Emergency Pedagogy/ Friends of Waldorf Education

massages and rhythmic rubs can help to relieve trauma-related cramps (contraction). Artistic activities such as painting, drawing, modelling with clay, dancing, or making music can lend creative expression to the indescribable, verbally incommunicable, and thus aid the reintegration process.

Experiential pedagogical approaches can rebuild the trust lost through trauma in oneself and others (e.g. through climbing exercises), can help to strengthen the often severely impaired ability to concentrate (e. g. through string games, memory or pick-up sticks), and can playfully compensate for the traumatic loss of social competencies and help develop new social skills. The telling of fairy tales and stories, as well as puppet shows, have also proved to be helpful in the Emergency Pedagogy intervention.

Traumas fixate victims on the past and block their access to the future. Prospects for the future must first be reclaimed. This work can be conducted through joint planning and implementation of projects, such as cooking a joint meal or planning and going on a field trip. In this way, traumatic feelings of powerlessness and helplessness are overcome, new skills are acquired, and experiences of self-efficacy are established.

After psychotraumatization, children and youth need competent and immediate human aid and safety. Not only do they need to be safe in the real world, but they also have to feel safe, because without this experience of safety, the psychological wound also cannot heal. The experienced loss of security in the outer world as a 'safe place' permanently destroys the perception of an inner sense of security of the individual self "(11). "Safe places" can be educational facilities, emergency tents in refugee camps, or simply marked open spaces in ruins (14). Children and youth should receive educational support in these structured, safe child protection centers. "The pedagogical place as an external safe place offers clear structures and sets rules and consequences for (...) children"(13). This process reduces the internal chaos caused by the trauma. The boundary gives a new footing.

The most important factor for healing traumatizations is the formation of relationship (15). It can lead to a strengthening of the trauma patient's personality (12). Neurobiological research shows that the correction after the "violation of basic trust" (16) through the offering of new, dependable relationships can be the most powerful path to trauma processing (9).

Waldorf education as emergency pedagogical crisis intervention

The damaging effects of traumatisation vary depending on the stages of childhood development (7). The resources for coping with trauma are also age-dependent (17). The following explanations are based on sketches offered by the Israeli physician Meron Barak (18):

During the first seven years, trauma has a damaging effect on the connection between the vital organism (etheric body) and the body (physical body). The metabolic-limb system is particularly affected. Rhythms must be nurtured, and the basic senses must be strengthened. The children should be guided in their doing through imitation.

In the second seven-year cycle, trauma mainly damages the relationship between vital organisms (etheric body) and the psyche (astral body), as well as in the rhythmic system. Visual artistic instruction, as well as eurythmy, painting, and music, are healing.

In the third seven-year cycle, during puberty, adolescence, and coming of age, psychotraumatization mainly disrupts the relationship between the psyche (astral body) and the self (ego) as well as the nerve-sense system. There is then the danger that the astral body will either connect too deeply or not deeply enough with the metabolic-limb system (physical body). That is why it is beneficial to encourage social activities, to promote clear thinking, and to offer the young person opportunities to engage with ideals through biographies.

Waldorf education defines itself as a pedagogy grounded in a spiritually expanded, holistic view of humanity (19). Man is understood as a being that already exists before birth and will live on after death. One of the specific tasks of Waldorf education is to support and promote the child's incarnation process, i.e., the phase-specific connection of the spiritual dimension with its physical foundations, through pedagogical interventions.

In Anthroposophical terms, a psychotrauma can be understood as a state of shock (20). In this shock process, the "essential bodies" (21) (19) of man are torn from their normal functional structure. This excarnation process can lead to near-death experiences. It is possible that the partially detached, "dislodged" structures of the essential bodies no longer work together in an orderly, harmonic manner. These states of dislocation can lead to psychopathological symptoms (ibid.)

It is the task of Waldorf Education-Oriented Emergency Pedagogy to aid in the restoration of harmony among the different bodies after trauma. Waldorf education, which understands itself as an aide to a child and youth's incarnation, is in a singular fashion well-suited to offer its contribution to the healing process through Emergency Pedagogy.

Bernd Ruf is a co-founder of and teacher at the Waldorf School Karlsruhe for more than 20 years. His activities spread worldwide with the growing Waldorf school movement, especially in socially under-resourced and crisis areas.

What began with a football World Cup in 2006 and the Waldorf Youth Festival in Stuttgart ended for some in the Lebanon war. A group of students could not travel back to their home country. This was the birth of Waldorf Education as Emergency Pedagogy, cofounded by Bernd Ruf, director of the Parzival Centre in Karlsruhe. Bernd Ruf also co-founded the Parzival School Centre in Karlsruhe in 1999. Today, the Centre comprises various schools, a special education and

counselling centre, the Karl-Stockmeyer Waldorf School, refugee classes (VAB-O), and vocational preparation classes (VAB). In addition, there is a children's home that includes a child day care facility, a nursery, and a special needs kindergarten. In addition, there is a zoo and a school farm on the grounds of the Parzival School Centre, along with social therapy, an outpatient clinic for Emergency Pedagogy, and a centre offering youth services. In 2006, Bernd Ruf discovered another field of work: Emergency Pedagogy. He holds regular lectures and seminars on Waldorf and Emergency Pedagogy in Germany and around the world.

This text, written in 2018, is published in this newsletter with the kind permission of the author.

Literature:

- (1) Ruf, B. (2008b): Wenn Welten einstürzen. Notfall-Pädagogik in der Erdbebenregion Sichuan/China. In: Erziehungskunst. Zeitschrift zur Pädagogik Rudolf Steiners, 72. Jg., 9/ September 2008, S. 979 - 983.
- (1) Ruf, B. (2009a): Trümmer und Traumata. Krisenintervention in Gaza. In: Erziehungskunst. Zeitschrift zur Pädagogik Rudolf Steiners, 73. Jg. 3/ März 2009, 297 - 301.
- (1) Ruf, B. (2009b): In den Köpfen geht das Schießen weiter. Waldorfpädagogik als Notfallpädagogik mit psychotraumatisierten Kindern im Gaza-Streifen. In: Seelenpflege in Heilpädagogik und Sozialtherapie, 28. Jg., 2009, H. 4, S. 6 – 15.
- (1) Ruf, B. (2009c): Pädagogik in den Ruinen von Gaza. Notfallpädagogik mit kriegstraumatisierten Kindern im Gaza-Streifen. In: Punkt und Kreis, Weihnachten 2009, H. 18, S. 8 – 11.
- (1) Ruf, B. (2010a): Erste Hilfe für die Seele. In: Erziehungskunst. Waldorfpädagogik heute. 74. Jg., 2/2010, S. 48-49.
- (1) Ruf, B. (2010b): Verzweifelt, verstört und verlassen. Notfallpädagogischer Einsatz in Haiti. In: Erziehungskunst. Zeitschrift zur Pädagogik Rudolf Steiners, 74. Jg., 5/ Mai 2010, S. 40f. (1) Ruf, B. (2015) Flucht-Trauma-Schule. Beschulung und Betreuung von unbegleiteten Minderjährigen Flüchtlingen am Parzival-Schulzentrum Karlsruhe. Parzival Schulzentrum. Broschüre.
- (1) Ruf, B. (2016) Flucht-Trauma-Pädagogik. Wie Waldorfpädagogik minderjährigen Flüchtlingen helfen kann, ihre belastenden Erlebnisse zu überwinden. Freunde der Erziehungskunst Rudolf Steiners. Karlsruhe. Broschüre.
- (2) Dehner-Rau, C., Reddemann, L. (2007): Trauma. Folgen erkennen, überwinden und an ihnen wachsen. Stuttgart.
- (2) Krüger, A (2007b): Psychotrauma bei Kindern und Jugendlichen: Diagnose und Therapie. In: Kindesmisshandlung und -vernachlässigung. Interdisziplinäre Fachzeitschrift der Deutschen Gesellschaft gegen Kindesmisshandlung und -vernachlässigung (DGgKV) e.V., Jg. 10, Heft 2, S. 42-64.
- (3) Landolt, M. A. (2004): Psychotraumatologie des Kindesalters. Göttingen.
- (4) Eckardt, J. J. (2005): Kinder und Trauma. Göttingen: Vandenhoeck & Ruprecht
- (4) Karutz et Al (2017) Bevölkerungsschutz. Notfallvorsorge und Krisenmanagement in Theorie und Praxis. Heidelberg: Springer.
- Karutz, H., Juen, B., Kratzer, D., Warger, R. (Hrsg) (2017): Kinder in Krisen und Katastrophen. Speziell Aspekte psychosozialer Notfallversorgung. Krisenintervention und Notfallversorgung, Bd 4. Innsbruck.
- (5) Richard, R., Krafft-Schöning, B. (2007): Nur ein Mausclick bis zum Grauen... Jugend und Medien. Schriftenreihe der Medienanstalt Sachsen-Anhalt, Bd. 7, Berlin.
- (6) Hausmann, C. (2006): Einführung in die Psychotraumatologie. Wien. S. 31.
- (7) Krüger, A. (2007a): Erste Hilfe für traumatisierte Kinder. Düsseldorf.
- (8) Levine, P. A., Kline, M. (2005): Verwundete Kinderseelen heilen. Wie Kinder und Jugendliche traumatische Erlebnisse überwinden können. München.
- (9) Hüther, G. (2002): Und nichts wird fortan sein wie bisher. Die Folgen traumatischer Kindheitserfahrungen für die weitere Hirnentwicklung. In: PAN, Pflege- und Adoptionsfamilien NRW e.V. (Hg): Traumatisierte Kinder in Pflege- und Adoptivfamilie. Ratingen.
- (10) Rothschild, B. (2002): Der Körper erinnert sich. Die Psychophysiologie des Traumas und der Traumabehandlung.
- (11) Kühn, M. (2009): „Macht Eure Welt endlich wieder mit zu meiner!“. Anmerkungen zum Begriff der Traumapädagogik. In: Bausum J., Besser, L., Kühn, M., Weiß, W. (2009): Traumapädagogik. Grundlagen, Arbeitsfelder und Methoden für die pädagogische Praxis, Weinheim-München, S. 23-35.
- (12) Herman, J. 2006², Die Narben der Gewalt. Traumatische Erfahrungen verstehen und überwinden. S. 166f. Paderborn: Jungfermann.

- (13) Kumberger, E. (2007): Trauma im Kindesalter. Traumatische Situationen, Auswirkungen und pädagogische Aspekte. In: Traumapädagogik. Heilpädagogische Zugänge zu Menschen mit Traumata. Fachakademie für Heilpädagogik Regensburg. S. 27 – 48. Regensburg.
- (14) Ruf, B. (2010c): Schutzräume für Kinder. Waldorfpädagogisch orientierte „Child friendly Spaces“ für traumatisierte Kinder im vom Erdbeben zerstörten Haiti. In: Die Christengemeinschaft. 7-8/2010, 405-409.
- (15) Weiß, W. (2008): Philipp sucht sein Ich. Zum pädagogischen Umgang mit Traumata in der Entwicklungshilfe. Weinheim-München.
- (16) Erikson, E. H. (2000): Identität und Lebenszyklus. Frankfurt a.M.
- (17) Krüger, A. (2008): Akute psychische Traumatisierung bei Kindern und Jugendlichen. Ein Manual zur ambulanten Versorgung. Stuttgart
- (18) Barak, M. (2006): Guidelines for the treatment of mental trauma. Harduf. (unveröffentlichtes Manuskript)
- (19) Leber, S. (1992³): Die Pädagogik der Waldorfschule und ihre Grundlagen. Darmstadt.
- (19) Leber, S. (1993): Die Menschenkunde der Waldorfpädagogik. Anthropologische Grundlagen der Erziehung des Kindes und Jugendlichen. Stuttgart.
- (20) Ruf, B. (2008a): Wenn sich das Unbeschreibliche ereignet. Waldorfpädagogik als Notfallpädagogik im Umgang mit psychotraumatisierten Kindern und Jugendlichen. In: Schiller, H. (2008): Wirklichkeit und Idee. Stuttgart.
- (21) Steiner, R. (1992⁴/1907/GA 34): Die Erziehung des Kindes vom Gesichtspunkt der Geisteswissenschaft. Dornach.
- (22) Fischer G., Riedesser, P. (2009⁴) Lehrbuch der Psychotraumatologie. München: Reinhard Verlag.
- (23) Ruf, B. (2014) Loarnas Suche nach sich selbst. – Traumapädagogik und Identitätsbildung bei komplex traumatisierten Kindern und Jugendlichen. In: Neider, A. (2014) Lernen, Entwicklung und Gedächtnis. Menschenkundliche und pädagogische Aspekte der Identitätsbildung im Kinder- und Jugendalter. S. 100-131. Stuttgart. Edition Waldorf.
- (24) Reveriego, M & Bernd Ruf (2013) Wenn Kinder aus dem Rahmen fallen. Traumaorientierte Intensivpädagogik. In: Kaschubowski, G. Maschke, T. (Hrsg.) Anthroposophische Heilpädagogik in der Schule. Grundlagen-methoden-Beispiele. 206-237. Stuttgart: Kohlhammer Verlag.
- (25) Karutz, H. (2011) Notfallpädagogik. Konzepte und Ideen. Edewecht: Verlagsgesellschaft Stumpf & Kossenday.
- (25) Weiß, W., Kessler, T. Gahleitner, S. (Hrsg.) (2016): Handbuch Traumapädagogik. Weinheim-Basel: Beltz Verlag.
- (26) Ruf, B. (2011) Erste Hilfe für die Seele. Wie Kinder durch Notfallpädagogik schwere Traumata überwinden lernen. In: Neider, A. (2011) Krisenbewältigung Widerstandkräfte, Soziale Bindungen im Kindes- und Jugendalter. S. 173-228. Stuttgart: Verlag Freies Geistesleben.

Further reading:

- Bausum, J., Besser, L., Kühn, M., Weiß, W. (Hrsg.) (2009): Traumapädagogik. Grundlagen, Arbeitsfelder und Methoden für die pädagogische Praxis. Weinheim-München.
- Bölt, F. (2005): Junge Menschen stark machen gegen Widrigkeiten und Belastungen. Umgang mit Belastungsstörungen bei Kindern und Jugendlichen in der Schule. In: Pädagogik, 57. Jg., Heft 4, Hamburg.
- Egle, U., Hoffmann, S., Joraschky, F. (2005³): Sexueller Missbrauch, Misshandlung, Vernachlässigung. Stuttgart.
- Endres, M., Biermann, G. (2002): Traumatisierung in Kindheit und Jugend.
- Fischer, G. (2003): Neue Wege aus dem Trauma. Erste Hilfe bei schweren seelischen Belastungen.
- Glanzmann, G. (2004²): Psychologische Betreuung von Kindern. In: Bengel, J. (Hg): Psychologie in Notfallmedizin und Rettungsdienst. Berlin. S.133ff.
- Gschwend, G. (2004²): Notfallpsychologie und Traumatherapie. Ein Handbuch für die Praxis. Hausmann, C. (2005²): Handbuch Notfallpsychologie und Traumabewältigung. Grundlagen, Interventionen, Versorgungsstandards. Wien
- Hilweg, W., Ullmann, E. (1998): Kindheit und Trauma. Trennung, Missbrauch, Krieg. Göttingen.
- Herbert, M. (1999): Posttraumatische Belastung. Die Erinnerung an die Katastrophe, und wie Kinder lernen, damit zu leben. Bern.
- Juen, B. (2002): Krisenintervention bei Kindern und Jugendlichen. Innsbruck.
- Karutz, H. (2004): Psychische Erste Hilfe für unverletzte – betroffene Kinder in Notfallsituationen.
- Karutz, H., Lagossa, F. (2008): Kinder in Notfällen. Psychische Erste Hilfe und Nachsorge.
- Kocija-Hercigonja, D. (1998): Kinder im Krieg. Erfahrungen aus Kroatien. In: Hilweg, W., Ullmann, E.(1998): Kindheit und Trauma. Trennung, Missbrauch, Krieg. Göttingen, S. 177 ff.
- Kolk, B. A. van der (1999): Zur Psychologie und Psychobiologie von Kindheitstraumata (Developmental Trauma). In: Streeck-Fischer, A.: Adoleszenz und Trauma. Göttingen.
- Krüsmann, M., Müller-Cyran, A. (2005): Trauma und frühe Intervention.

Landolt, M. A. (2000): Die Psychologie des verunfallten Kindes. In: Anästhesiologie, Intensivmedizin, Notfallmedizin, Schmerztherapie, 35, S. 615ff.

Landolt, M. A. (2003a): Das psychisch traumatisierte Kind. In: Pädiatrische Praxis, 63, S. 599ff.

Landolt, M. A. (2003b): Die Bewältigung akuter Psychotraumata im Kindesalter. In: Praxis der Kinderpsychologie und Kinderpsychiatrie, 52, S. 71ff.

May, A. (2003): Traumatisierte Kinder. Pädagogische und therapeutische Möglichkeiten der Intervention. Berlin.

Perry, B. (2003): Gewalt und Kindheit. Wie ständige Angst das Gehirn eines Kindes im Wachstum beeinflussen kann.

In: May, A., Remus, N.: Traumatisierte Kinder. Berlin.

Servan-Schreiber, D. (2006¹⁰): Die neue Medizin der Emotionen. Stress, Angst, Depression: Gesund werden ohne Medikamente. München

Streck-Fischer, A. (1999): Adoleszenz und Trauma. Göttingen.