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Healing Presence:

Being with Kids in Pain

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One evening, 18-year-old Lars anxiously came to my tent, and without notice, he pulled out a jack knife and held it to my throat. "I want to go home. Get me an airline ticket now, or I'll cut you and take the money myself." The event happened on a trip to Spain with a group of high-risk youth. During my teacher training I had taken a course or two on classroom management but had never learned to handle a situation like this. I had no understanding of or experience in listening to the turmoil of a young person's inner world. Lars and I had had talked several times, and I knew he often tried to drown his pain in alcohol, which he affectionately called "my pain killer." I had learned to talk with kids when they "acted out" rather than trying to control them. In this situation, it was clear that Lars felt desperate. In the present moment, he certainly had the upper hand. With the knife to my throat, I thought about what to do next. I did not know if Lars had been drinking, and I decided not to reason with him. Attempting to sound assertive, but with a shivering voice, I said, "Lars, put the knife down." He became more fidgety and held the knife closer to my throat. Obviously, that was not what I had hoped for. "What are you going to do? Stab me with that knife? You can certainly do that. I am sorry I have not paid attention to you wanting to go home. If I had, you would not have put a knife to my throat to make your point." As I acknowledged his goal, I noticed he relaxed a bit and continued, "You know, my job is to work with you so you can go home. You really want to go home right now, don't you?"

"Yeah."

"Do you know how to get to the airport to buy a ticket? ... If you stab me and take the money, the other group members will be stuck. If you were one of them, would you like to be stuck in Spain without money and with your teacher-counselor stabbed?"

"Not really."

"Why don't you put the knife down? That would make it a bit easier for us to talk." As soon as I said this Lars pushed the knife harder against my throat. I continued, "You know, there is a chance I can help you figure out how to get back home

without having a felony on your record. If you hurt me, you may also get to go home, but I'm not sure about that."

"What do you mean?"

"They may catch you and try you for the incident here in Spain... I don't know how they treat prisoners here in Spain. What do you think?"

"I'm not going to prison here in Spain, that's for sure!"

"Listen," I said, "I think your chances of going home are much better if I help you."

***At the core of healing presence
is the ability to respond
rather than react
to the emotions of others.***

To my surprise, Lars put the knife down but not away. I spent the rest of the night listening to him talk about his life and how he had started drinking at the age of 8. He said his parents and others told him he had

a drinking problem, but he always denied it. I listened and asked questions to help him make sense out of his situation. As the night progressed, Lars concluded that alcohol controlled his life. When he asked if I could help him conquer his alcohol problem, I answered that I didn't know anything about alcohol treatment, "but I am hopeful you can beat the alcohol—you know, nothing will ever stay the same."

The next morning, I called Lars' social worker to arrange for his return to Denmark to enroll in a detoxification program. As he said goodbye, his eyes filled with tears, and he thanked me for listening. I never thought about asking him to give me the knife.

When I returned to Denmark a few months later with the other youth, I contacted Lars' parents to hear how he was doing. They told me that as soon as Lars had gotten off the plane in Copenhagen, he had robbed a storekeeper at knifepoint and gone on binge until he was caught. He had been sentenced to seven years in prison.

The Power of Just *Being* with Kids

On that evening in Spain, I had no idea that I had my first experience with creating healing presence. I knew I had done something that worked in the moment. I had created a space where Lars realized

he needed help with his alcohol problem. This first lesson sent me on a path to explore the conditions that are essential to creating healing presence—a space where kids in psychological or spiritual crises feel safe, respected, and encouraged to find their inner strengths to cope with their pain.

To create healing presence, we fine-tune our inner experience to the inner state of the other person. We transform ourselves in response to the basic needs of the person we are trying to heal and to help. Ultimately, we find within ourselves the psychological and spiritual resources required to nourish and to empower the other human being. Breggin (1997, p. 5)

Resilience science focuses on the study of human abilities to bounce back and become strong in the face of hardship. Research over the last couple of decades has revolutionized our understanding of resilience, i.e., resilience is not the fate of the few but rather the norm for people who grow up in adversity. One of the foremost insights of resilience research is the tremendous power that relationships have on resilient outcomes. Pioneers in the field have long been keenly aware of the importance of helping relationships. Urie Brofenbrenner (1986) declared that all children need at least one adult who is unconditionally crazy about them.

Carl Rogers (1961) explored ten characteristics of a helping relationship:

1. Can I *be* in some way which will be perceived by the other person as trustworthy, as dependable, or as consistent in some deep sense?
2. Can I be expressive enough as a person that what I am will be communicated unambiguously?
3. Can I let myself experience positive attitudes towards this other person—attitudes of warmth, caring, liking, interest, respect?
4. Can I be strong enough as a person to be separate from the other?
5. Am I secure enough within myself to permit him his separateness?
6. Can I let myself enter fully into the world of his feelings and personal meanings and see these as he does?

7. Can I accept each facet of this other person which he presents to me? Can I receive him as he is? Can I communicate this attitude?
8. Can I act with sufficient sensitivity in the relationship that my behavior will not be perceived as a threat?
9. Can I free him of the threat of external evaluation?
10. Can I meet this other individual as a person who is in the process of *becoming*, or will I be bound by his past or my past? (pp. 50-55)

August Aichorn (1937) believed that love was the key to reaching wayward youth, but Bruno Bettelheim articulated that *Love is Not Enough* (1950). He argued that youth had to be removed from the environment which fostered their anti-social behaviors to be helped in structured residential treatment facilities where professionals could nurture, observe, interpret, and take responsibility for their learning.

Being present

During a one-week process with Elizabeth Kubler-Ross in the 1990s, I learned a song that so beautifully captures the state of presence.

*How could anyone ever tell you
You were anything less than beautiful
How could anyone ever tell you
You were less than whole
How could anyone fail to notice
That your loving is a miracle
How deeply you're connected to my soul.*
~Libby Roderick

Since I began my work with youth in the 1970s, I have participated in numerous professional development workshops and courses. Most of this training has focused on developing skills, e.g., active listening, assessment, diagnosis, and crisis intervention skills; in other words, teaching me what to *do* with children. However, I cannot recall any training that has really taught me how to *be* with children in intense emotional crisis situations. Healing presence is a way of *being* with another person and begins with the helping individual becoming in sync with the other person's emotions and situation. This transformation creates a healing place in time and space or a healing aura as Peter Breggin (1997) calls it. Thus, the helping individual taps into his internal resources to *be* with another person rather than to do

something with or to the person. During a training, Mary Shahbazian used the term *preemptive connection* as a way for a helping adult to proactively and unconditionally connect with a child before a crisis. In creating healing presence, the helping person engages in preemptive presence transforming himself to unconditionally respond to the other person's needs. The dictionary defines presence as "something (as a spirit) felt or believed to be present." Thus, there is a spiritual aspect to *being* present. In the following, I will outline four disciplines of healing presence.

1. *Being empathic*

To be of assistance to youth in our care, we need training, information, skills, and wisdom. However, without empathy there will be no healing or growth.

Empathy is the ability to see and feel the world through the eyes of another person, the ability to read and understand another person, and to be in tune with or resonate with that person. The ability to empathize is directly dependent on one's ability to feel one's own feelings and identify them.

When you are endeavoring to capture the whole inner world of another person, it takes all you have. It means laying aside something of yourself, of your own personal values and attitudes, in order to really match the attitudes of the other person.

In responding to that other person's world, it's saying: "I'm trying to be a companion to you in your search and your exploration. I want to know, am I with you? Is this the way it seems to you? Is this the thing you're trying to express? Is this the meaning it has for you?" So, in a sense I'm saying, "I'm walking with you step by step, and I want to make sure I am with you. Am I with you?" Rogers (1985)

2. *Being vulnerable*

Contrary to most professional training I have attended, my work with youth has taught me that being vulnerable and willing to acknowledge I often don't know what to do is okay. I have often heard a sigh of relief from youth when I have said, "I really don't know what do next. Do you?" Truthfully, I often do not know what to do next! Secondly, I have learned from youth that it is so much less painful to be with a person who does not act like a know-it-all or an expert. Just think about how difficult it may be to share your pain with a person who seems to have it all together! Showing your vulnerability allows kids to face their pain without shame. Being truly vulnerable allows us to get close to one another.

3. *Being satisfied with our own lives*

We must be satisfied with our own lives if we are committed to helping others. Several studies have shown that a high percentage (>50%) of people working with kids have chosen to do so because they have experienced some of the same pain as the children in care. Professionals know about the power of people who have been healed—those who have bounced back from adversity have authenticity to impact people in treatment. However, less documented in the literature, many well-intentioned youth workers who have not resolved their own personal pain often attempt to control kids expressing their pain to protect themselves. Therefore, to develop healing presence, youth workers must have largely resolved their personal nightmares.

3. *Being responsive*

At the core of healing presence is the ability to respond rather than react to the emotions of others. Instead of embracing problems as opportunities to gain insight and establish bonds with kids, we often react to kids in crisis by



wanting to restore calm and give the impression that we are in control. Thus, we often recreate the dynamics of trauma we were supposed to alleviate. Rather than reacting to kids, we want to respond effectively by not doing anything dramatic. Anglin (2002) wrote, “The manner and degree to which pain is responded to is one of the key indicators of the quality of care in a residence as experienced by the youth” (p. 111).

Developing healing presence

My understanding of the importance of healing presence has matured over the years. Until recently, I thought that the fundamental skill required to reach kids was the ability to establish caring relationships—a way of doing and not of being. While these skills are important, they do not take into consideration that adults who are truly committed to helping kids must act preemptively. So how do we best learn to be present? While emotional intelligence is not sufficient to developing healing presence, it provides a strong foundation.

We must be satisfied with our own lives if we are committed to helping others.

Throughout most of the previous century, research focused on determining what was wrong with people, and the preoccupation with behavioral sciences stifled exploration both of resilience and emotion. However, over the last couple of decades we have experienced a revolution both in resilience and in emotional intelligence science.

Emotional intelligence (Goleman, 1995, 1998) is the capacity for recognizing our own feelings and those of others and for managing emotions well in ourselves and in our relationships with others. Doesn't it sound amazingly like some of the principles associated with healing presence?

Emotional intelligence is based on contemporary brain research, which has shown that humans are emotional beings. We receive the emotional signal of an event before it reaches the part of the brain that makes us think rationally about it. Contrary to past knowledge that assumed our brains were fully developed and stagnant by adulthood, current research has shown that we can develop and become attuned to emotions throughout our adult lives. Thus, one of the best ways to develop healing presence is by developing emotional intelligence.

Another story and conclusion

A couple of years ago, I worked with 16-year-old Julie after she had failed in numerous foster home placements. One morning after Julie had been with us for about three months, the gym teacher called for assistance. During PE class, Julie had gotten into a fight with another student. After she calmed down, she asked to go to the restroom to wash. The teacher gave her permission and stayed with the rest of the class, but since Julie had not returned within a few minutes, she checked on her. She found Julie on the restroom floor having attempted to slit her wrist with the broken lid from a make-up kit. When I arrived, I asked Julie to show me the cut, and I noticed that it was just a surface wound. After administering first aid, I began to offer her emotional first aid.

I said, “I feel really bad.”

She looked at me with astonishment, “What do you mean? You feel bad?”

“You know, I was just thinking that it's pretty bad that none of us adults could tell you needed help. So, you had to do something like this to get our attention. I had hoped we were better at reading kids like you. You know, when you really need help. I'm really sorry.”

She said, “You wouldn't understand anyway.”

I nodded and said, “You're right. I don't know what it feels like. But if you will try to explain it to me, I'll listen.”

“Are you going to do something to stop me from cutting on myself again?”

I realized that I had not taken the piece of plastic she had used to cut herself with and said, “I had really not thought about that. I'm sure you will make good choices. I am here with you and will be with you as long as it takes.”

Feeling affirmed that I trusted she could make decisions about herself, she said, “I just want to take my own life. That hurts less. Things will never get better. Have you ever had anyone threaten to seriously hurt you?”

I nodded, “Twice.”

“Really? How?”

I told her that as a young person I drove a bus through Afghanistan. “One evening a group of robbers attacked the bus and began shooting at us. A bullet came through the window on one side of the bus, between the heads of two of my friends, and went out through the roof on the other side. Several men on horseback chased the bus while continuing to shoot at us, but we got away and drove to the nearest police station.” Next, I told her about the situation with Lars in Spain. Julie listened intently and asked if I had been scared. “Incredibly scared, and I didn’t know what to do.”

“That’s exactly how I felt all those years when my mother’s boyfriend held a knife to my throat as he raped me.” While it was suspected that these events had taken place, Julie had never before shared this with anyone.

Over the next couple of hours, Julie shared her story with me. Regularly she checked to see if I understood what she said. I nodded and asked a few questions. I realized that my presence provided a space of spiritual and psychological support where she could sort through her thoughts. During the process, Julie gained the confidence to overcome her immediate crisis. She did not seek answers to questions. Instead, she engaged in deep dialogue to feel connected to another human being and to be heard. As I reflected on her story, I asked questions that helped her consider the future. Emotional crisis situations are opportunities for learning. If the helping person does not react in a dramatic manner to the situation, it can then become a situation for insight and human connection. As I listened intently to Julie, I moved beyond my traditional models to create a safe environment where Julie, with my support, became empowered to take control of her situation. Our reflexive dialogue allowed us both to experience Julie’s strengths and empowered her to take steps toward the future. Senge, Scharmer, Jaworski, and Flowers (2004) wrote that moments of presence are created through a mutual effort between the helping person and the person in pain, creating space for realizing an emerging future.

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