

Empowering Children and Caregivers Impacted by the Atrocities of War

Maggie Kline

ABSTRACT

War leaves its mark on everyone, but children are the most vulnerable. Their growing brains and bodies are forming implicit and explicit imprints from what they absorb through their senses. These imprints shape the anatomy and physiology of brain and body. If robbed of their childhoods, will they grow up perceiving the world (and others) only as dangerous? Or, is it possible for them to also perceive the world with safe places? We are being called to action to show them, through our kind eyes and reassuring safe touch, a world teeming with natural beauty, wonder, and joy. The *Resilience Roadmap Model* offers a plan to provide external co-regulating resources to counteract anxiety from war-conditioned threat responses by using the essentials of healthy attachment. Combining principles of Somatic Experiencing® with drawing and movement, interoceptive experiences of safety and self-protection can transform traumatic imprints into new stories with a triumphant ending. May you be inspired to join the movement to plant seeds of well-being for the world's children.

Keywords: children, PTSD, war, Resilience Roadmap Model, Eight Essentials, safety

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*Shock trauma is relieved by working
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As we face global devastation hastened by climate change, it is incomprehensible that despotism and war continue to plague our planet. By now, one would think humankind would bond together to save life on Earth. As a naïve college student in the 60s, I believed that protesting the Vietnam War and chanting, “All we are saying is give peace a chance” would bring a miraculous shift in consciousness. Yet armed conflicts, terrorism, ethnic “cleansings,” and violent drug cartels persist. And now, the unthinkable has happened. Our world is embroiled in a full-scale war with Putin’s destruction of Ukraine, and his fantasy to put the USSR back together with “all the king’s horses and all the king’s men.”

Rather than examining historical re-enactment war patterns, or the politics of authoritarianism and imperialism, or the psyches of oligarchical madmen, my focus is on highlighting the shattering consequences of armed conflict on the young.

Most importantly, what can we do to mitigate the suffering of those caught in the diaspora of war? Using somatic skills to gently ease children and their caregivers back into embodiment through the miracle of nervous system resilience can bring seeds of hope to us all. Among the many challenges is helping to re-establish a sense of relative safety and connection while separation and military action escalate. Although Ukraine has been front and center, ongoing battles have been smoldering and rekindling like wildfires in Africa, Asia, and the Middle East. And, let us not turn a blind eye to the twenty-year “silent war” in the Americas carried out by murderous drug cartels and political violence driving droves of children – often unaccompanied minors – northward to seek asylum from Latin America. We, the international body psychotherapy community, are needed. Jack Kornfield said, “Our children are our meditation.” It is crucial, now more than ever, to help the most innocent and the most harmed – our youth.

Background

Before Putin’s 2022 invasion of Ukraine, I lent guidance in the creation of a small booklet, *Trauma*

Healing Picture Book, based on *Trauma-Proofing Your Kids*, which I coauthored with Dr. Peter A. Levine to restore resilience and joy after traumatic events. The picture book was originally intended for use by adults with refugee Syrian children. It was the humanitarian initiative of Kateřina Honzíkova, the founder and executive director of the nonprofit, Češi pro Sýrii (Czech People for Syria). In affiliation with the European NGO Erasmus, it was written in the hope of easing the lives of refugees. With no time wasted, this project was extended to the crisis in Ukraine.¹ Our intention is that this picture book and the activities handbook, together with the training that accompanies them, be available to everyone wishing to help. My desire is that the materials and tutorial for this project be translated into languages wherever needed to ameliorate suffering.²

My intention for this article is two-fold: to share my research findings on the psychological effects of war on the world’s children, and to provide practical somatic strategies to mitigate acute stress and prevent the long-lasting symptoms of post-traumatic stress. These aims are born out of my experiences as a psychologist working with children in the public schools of Southern California. Some of

Resolving Shock and Grief

War creates shock and grief from a myriad of losses. Shock trauma is relieved by working with the underlying physiology to release terror’s grip on the lower brain circuitry – the brainstem, cerebellum, amygdalae, and hippocampus – which speaks the language of sensations. On the other hand, grief is resolved primarily through midbrain/body circuitry, which speaks the language of emotions. As the first stage of denial or shock subsides, emotions arise as a natural progression of the harsh reality of loss. The grieving process is best resolved within a group. Sadness, anger, and fear from losses, as well as loving memories, are meant to be shared. Activities in this article focus on bringing children out of shock so they can grieve.³

1. Access to the picture book is available pro bono online in English, Ukrainian, Arabic, Italian, and German (with more to come) at <https://cesiprosyrii.org/en/publikace/>. The activities handbook, which includes a section on working with grief, is also available in multiple languages on that website. A page-by-page picture book tutorial is available on the SE YouTube channel provided by the SE Ukrainian Task Force (SEUTF): <https://www.youtube.com/watch?v=SKxUCjDrEko&list=PLwRgVcZDcacZRgCrqguuGOvPYibqWKF39>
2. Number of views for the video tools: The Gingerbread Person, 340; Considering the Needs of Children in War: The 8 Essentials of Healthy Attachment, 628; Tutorial for using the *Trauma Picture Book* for refugee children, helpers, and parents, 355.
3. Please refer to *Trauma Through a Child’s Eyes*, Chapter 8 for activities to help children grieve.

the children I worked with were asylum seekers from Latin America escaping gang violence, while others were Southeast Asian refugees flooding into California from the Vietnam War and the Cambodian Pol Pot regime.

The two main concepts I developed include the “eight essentials of healthy attachment” for youngsters whose secure base has been disrupted. These provide nurturing external resources; while, the detailed art activities foster resilience and calm youngsters’ fears by expanding their own internal resources. Drawing is a primary means of increasing sensory-motor and interoceptive awareness to support completion of a sensitized, unrelenting, threat response cycle. These simple exercises use Somatic Experiencing (SE) basic skills that lead to empowerment by provoking physiological changes that have been empirically shown to calm a hyper-aroused sympathetic, or an overwhelmed parasympathetic dorsal vagal system – with or without a physical movement component.

The Impact of War on Children

Studies on the impact of war trauma on civilians, combined with statistics from international organizations concerned with the welfare of children, are eye-openers. For example, school children merely participating in war preparedness activities experience trauma symptoms. Even at sites considered “safe havens” free of military operations, children’s fears and anxieties accumulated. Knowing about ongoing warfare made children vulnerable to developing symptoms of PTSD and mental disorders, despite being far from actual conflict.

A retrospective study conducted by Árpád Baráth from the University of Pécs, Department of Community and Social Studies in Hungary, surveyed 203 children attending elementary school in relatively safe conditions in the suburbs of Zagreb during the war in Croatia. Measured counts of fear categories in non-war zones were comparable with estimates under lasting war conditions, such as with Palestinian children in the Gaza Strip. The relationship between fear counts and PTSD were present even in the absence of traumatic events. The students were asked to write down current fears, make a free drawing, and complete a PTSD twelve-symptom checklist. Despite all students being in a safe zone, the analysis found six fear categories: 1) war

36.4%; 2) scary objects 9.6%; 3) scary people 5.6%; 4) scary events 32.8%; 5) scary animals 11.1%; 6) scary imagery 4.5%. The correlation between the number of disclosed fears and the total score from PTSD-12 was positive and statistically significant (Pearson $r = .314, p < .0001$).

Staggering Statistics – A Call to Action

In an address delivered in July 2022 on the topic of children affected by armed conflict and violence, Ilze Brands Kehris, United Nations Assistant Secretary General for Human Rights, reported that at the end of 2021, a record 36.5 million children were displaced from their homes as a result of conflict, violence, and other crises. In addition, 99% of Syrian children live in danger of grave violations, Afghanistan has the most children killed or maimed, Nigeria has the highest number of children forced to be soldiers, and Somalia has the highest number of childhood sexual violations in conflict zones. Currently, as a result of the combination of conflict and climactic change in Somalia, James Elder of UNICEF reported on the BBC that one child per minute is admitted to a hospital dying of starvation. The conflict in the Tigray Region of Ethiopia is also dire.

According to Save the Children’s 2022 website, one-fifth of the world’s children are living in war zones. At the time of this writing, only seven months after Putin’s invasion of Ukraine, two million children have fled their homeland, while approximately three million were displaced within their own country. Every child living under such circumstances is a child deprived of basic human rights and protection. Data gathered from UNICEF’s website reports that these children’s greatest fears are that they or their families will be killed, kidnapped, maimed, sexually violated, and/or recruited to fight.

Creating Feelings of Safety in an Unsafe World

The world is not a safe place. Yet, we are not always in imminent danger, even though past trauma may cause us to react as if life threats are inevitable. By resetting the autonomic nervous system (ANS), relative safety can be experienced moment by

Trauma's Impact on the Body

While the magnitude of an event such as war is an important factor, it does not define trauma. Peter Levine, originator of Somatic Experiencing®, teaches that trauma resides not in the event itself, but rather in its effect on the nervous system. Infants and children are the most vulnerable as their brains and bodies are still developing, and their ability to defend themselves is limited. Witnessing an explosion or running to a shelter – in contrast to ongoing familial neglect and abuse – is primarily physiological rather than psychological (Levine, 1997).

The threat response activates an extraordinary amount of energy, automatically unleashing more than twenty physiological responses – among them the redirection of blood flow away from the digestive organs and skin to the large motor muscles for fight or flight. Alternatively, when we cannot defend ourselves, muscles may collapse as the body shuts down, putting us into an altered state that protects us from pain.

The key to avoid being traumatized is to “use up” the excess energy evoked for self-protection, which, when not fully released, remains as easily-triggered body memories.

moment. But when a child is traumatized, almost nothing feels safe – even when they are in a safe place with adults who love and protect them. In an environment of tension and fear, the developing brain and ANS are being fine-tuned for survival, not pleasure. A sensitized hypervigilant amygdala sets off a defensive chain reaction in response to a novel noise, sight, or smell. A perceived minor provocation can be misinterpreted as a life-or-death situation.

Stephen Porges, originator of the polyvagal theory, teaches that the perception of danger and life threat early in life can cause the body to live in a chronic state of defense. Neuroception – gut to brain ANS sensory perception of safety, danger, or life threat – can become faulty. This means that early trauma may cause an inability to inhibit defense systems in a safe environment, or to activate defense systems in a risky environment – or both. Children who cannot detect danger are easily victimized, while others who sense danger when there is none act defensively, unfairly blaming others for a misperceived threat.

This was the case with Sothy, who was sent to me by his science teacher for inattentiveness and agitation in class. Sothy was a Cambodian-American teen who had been sent to live with a community tutor when he was very young. His parents, refu-

gees from the Cambodian killing fields, were both struggling with mental illness as a repercussion of the war, and could not cope with their small child. They asked the Cambodian tutor to foster him. Sothy told me he had flashbacks of being attacked, which were causing him unbearable anxiety. He was unaware of why he was so distracted and tense, and felt like hurting someone “for no reason.” The picture he drew of his anger included broken branches on the ground. He then remembered that the wind causing branches to fall outside the classroom window triggered his agitation. Sothy also told me his teacher always had a mean look that made him anxious. After sharing about his teacher’s scary face and looking again at his sketch, Sothy remembered that the twigs scattered on the ground reminded him of the sticks his tutor used to repeatedly beat him for not reading fast enough during the four-year fostering period. The tutor was most likely re-enacting her own beatings during the Pol Pot regime.

Associations that act as triggers – like those experienced by Sothy – don’t go away by talking. To undo Sothy’s faulty neuroception, we uncoupled the unconscious associations (made conscious through drawing) that were bound by his strong, undischarged, instinctual defensive energies (wanting to hurt someone). A single misinterpreted facial expression from his teacher’s

stern glance, together with seeing a few branches blown to the ground, had set off an alarm that, in a flash, thrust his traumatic past into present time. To safely release these strong and persistent stimulus-response reactions, I supported Sothy to experience the sensations of how his body had the impulse to self-protect, but was unable to do so when he was a little boy. In this case, Sothy, now a weightlifter, was guided to feel his strong adolescent arms pushing his abuser away, ending the violence he felt internally. The threat response cycle completed, and the association between the branches and stern glance no longer caused flashbacks or desire to hurt someone. The mysterious agitation was resolved. I shared one of the eight

essentials – the importance of kind eyes – with his teacher and convinced his parents to let Sothy have a kitten to cuddle for soft touch – another of the eight essentials!

According to Porges, faulty neuroception may be the root cause of several psychiatric disorders. To avoid a mental health crisis, youngsters who have escaped conflict, or are suffering from the effects of intergenerational trauma, need support to release their suppressed survival energies and dissociative patterns from implicit memory. With intact neuroception, they can enjoy the benefits of letting down their guard to make friends, learn, and have fun. Safety is not a thought! It is a bodily interoceptive sensory experience signaling that all is well.

Somatic Tools to Reset the ANS and Calm the Threat Response

This section presents practical activities for caregivers, school-age children, and teens to assist in creating feelings of safety and overcoming fears. Activities are divided according to the two pathways described in my Resilience Roadmap Model: external resources from the eight essentials of healthy attachment, and the discovery of internal resources through the blossoming of interoceptive intelligence.

The first pathway to resilience is a descriptive list of the eight essentials of healthy attachment that provides guidelines for creating safety through co-regulation with grounded, calm, untraumatized humans and pets.

A study on Yemen's children by the British charity Save the Children revealed the following statistics, making it clear how important it is to re-establish secure attachment between children and caregivers:

- 52% of children reported never feeling safe when they were apart from their parents, and 56% said they do not feel safe when walking alone.

- Families are children's primary form of support, but conflict places families under intense strain.
- Children are reluctant to seek help within their wider communities, possibly due to lack of trust, but also due to the stigma that surrounds mental health in Yemen.
- 38% of parents reported an increase in children's nightmares, and 8% reported an increase in bedwetting in children aged 13–17 years.
- 16% of children said they are never, or rarely, able to relax.
- 36% of children reported never feeling that they could talk to someone in the community when they felt sad or upset.
- Many children reported increased heart rates, stomach pains, and sweaty palms, and feeling shaky when fearful or afraid – all typical signs of anxiety.

The second pathway to resilience is teaching kids the magic of their own interoceptive intelligence (sensation awareness) to downregulate overactive

survival brain circuitry. This body wisdom is accomplished through art activities, often together with organic movement inspired by the child's own drawing. These address the widespread issues described above: nightmares, anxiety, fear of walking alone, never feeling able to talk to someone, inability to relax, and the somatic symptoms described in the "Save the Children" Yemenis report above. All incorporate the SE skills of 1) creating safety; 2) tracking sensations; 3) using artwork as image in the SIBAM model; 3) pendulation; and 4) integration of the triune brain and body.

External Resources – The First Pathway to Resilience

The Eight Essentials of Healthy Attachment

Support from people and pets generates oxytocin when the relationships and nurturing touch bring feelings of being loved, valued, safe, and comfortable. All kids and adults heal in the context of pleasurable relationships, but with infants and young children, the co-regulation shapes the anatomy and the physiology of their rapidly developing brains and bodies. Circumstances of war can interrupt the attachment and bonding process. In a study by Moses et al. (2003), the findings point out that one of "the most common fears children experience during war and mass disasters are [...] about separation, abandonment, physical danger or injury and death. During a time of war, children's assumptions are shattered. They no longer believe that they or their families are safe." These fears often become the child's reality. Joanna Santa Barbara, in research published in the *Croatian Medical Journal*, makes clear that children are affected by war in more devastating ways than adults – not only because of education interruption, malnutrition, illness, loss of limbs, and other injuries causing disabilities, but because of the attachment disruption with those adults who provide safety, care, and love. Close proximity to regulated older children and adults, and a large dose of attachment-informed play are recommended remedies.

Caregivers who are themselves scrounging for food, water, and shelter can have limited emotional availability. They may be anxious, grief-stricken, depressed, and terrified. Some children are displaced to live in orphanages, with relatives, or are sent to refugee camps. A Ukrainian colleague gathering information from therapists working with children reported that the most challenging work is being with groups of children who have lost their parents. They are using art materials, and are seeking ways to help restore attachment in a group setting.

The dire consequences of such relational breaches can be mitigated by providing what I call the *Eight Essentials of Healthy Attachment*. These are the bedrock supports underlying physical, mental, and relational health. Relationships continue to need a safe harbor, nurturing touch, and playfulness throughout life. When missing during the formative years, just like malnourishment needs extra aliment, mental health needs supplemental nurturance. With these essentials, there can be a felt-sense that it is okay to let one's guard down, feel connected again, protected, and joyful – even when our family is no longer together, and even if only for precious moments.

Combining as many of the following eight essentials within any activity is most potent for building secure attachments:⁴

1. **Safety, containment and warmth.** Transmitted non-verbally through an adult's co-regulating presence, a calm nervous system with relaxed muscles helps children's bodies settle down and feel protected; wrapping a blanket or shawl around the back and upper arms so boundaries can be felt; holding; rocking; using weighted blankets; bilateral tapping of upper arms as a butterfly self-hug; etc.
2. **Soft mutual eye gazing for infants; Soft kind eyes for children.** Words are powerful, but non-verbal cues "speak" louder. Mirror neurons automatically entrain children to those close to them. Adults can soothe children and help shape a relaxed nervous system by being aware of the quality of their presence. An adult's awareness

4. For detailed activities to accompany each of the essentials please refer to the book *Brain-Changing Strategies to Trauma-Proof Our Schools: A Heart-Centered Movement to Wire Well-Being*.

of their own grounding, facial expression, and nervous system state can relax a tense child.

3. **Shared intention, attention, and focus.** Awareness of body language is key. This intimate attunement is experienced as a desire to learn the wishes, intentions, and energetic rhythms of the other, and be in synchrony or somatic resonance.
4. **Skin-to-skin molding for infants; Safe nurturing touch for children.** Nurturing touch from a calm adult can transmit a sense of safety via the heart-to-heart electromagnetic field of a warm human connection. An adult in a ventral state can soothe a child with the following ways of relaying connection: holding, rocking, hugging, cuddling; hair brushing, stroking or braiding; gentle massage, supportive touch of the head, back, shoulders, or feet; high fives and contact games such as piggyback rides and hand-clapping. Notice what types of touch affect the child in a positive and age-appropriate way. Plush toys, burrowing into pets' soft fur, and comfy pillows can be used for those not yet ready to accept touch.
5. **Sweet soothing sounds and rhythmic movement for all ages.** Being rocked in someone's arms; soft, soothing voice; music; chanting; drumming; rattles and other percussive instruments; hammocks; dancing; swings; rocking chairs help calm the nervous system. The tone, pace, and rhythm of the adult's voice is key. Singing and humming to or with children while moving, rocking, dancing, or resting together can be a mighty healing force that stimulates the ventral vagal complex for resting, digesting, all while experiencing the joy of connection.
6. **Synchronized movement and facial gestures for all ages.** Spontaneous silly games and mirroring activities such as funny expressions or a surprising incident can trigger a synchronization where both participants simultaneously burst out laughing.
7. **Pleasure.** Smiles + Play + Laughter = fun for all ages. Structured or spontaneous as long as they are fun; any variety of active and passive games from patty-cake to puppy piles; silliness for no reason.
8. **Alternating between stimulating and quiet activities.** Depending on the various ages: "itsy bitsy

spider," "ten little piggies go to market," "fox in a box"; chase and hide-and-seek games such as "wolf comes at midnight;" athletics and team sports such as ball play, relay races, rough-and-tumble, jumping jacks or jump rope, juggling sticks, etc. These activities are followed with debriefing by sharing post-activity sensation and emotional changes. These follow up activities can include coloring; story time; reading or being read to; meditation; yoga; listening to calming music or nature sounds; the body map gingerbread person drawing of sensation/emotion; expressive arts; verbally sharing experiences, hopes, dreams, worries, and goals.

Adult facial expression with kind eyes, synchronizing the tonal qualities of the voice, regulated breathing and heart rhythm, along with pacing and playfulness, all co-regulate children and help them feel secure. Adding a sense of humor with zaniness thrown into the mix can make the interaction magical. After play that gets the heart pumping and the muscles engaged through sympathetic activation, rest and debriefing help support parasympathetic de-activation by conditioning the ANS to charge and discharge energy in a healthy flow. All eight elements are important in helping kids separated from family and friends begin to feel secure in new neighborhoods with new families, friends, and classmates. Adults, especially pregnant mothers, need to be supported and their symptoms mitigated, so they can provide this type of healthy co-regulation for their young.

Internal Support – The Second Pathway to Resilience

Activities that Build Interoceptive Intelligence (Sensation Awareness) to Reset the Brain-Body Connection

Art, movement, and play that reflect skillfulness in creating nervous system resilience, together with the Eight Essentials, are intended to down-regulate a stressed ANS. In particular, applying the concepts of safety and containment, along with helping children practice interoceptive awareness, can relieve symptoms such as nightmares, anxiety, numbness, and heightened automatic reactions. Through physical games and art, kids can learn to notice their own physiological and sensory-motor changes. As they begin to feel their strengths

and resources, frozen survival responses thaw as healthy self-protective defenses emerge. The beauty of SE is the ease in which it gently guides the nervous system to rebound after a terrifying incident. As the ability to ground, orient to safety, and track sensations from arousal to settling develops, it has proven time and again to be a magnificent antidote, despite the magnitude of the disaster.

We need to help frightened children experience how safety feels. The lower structures of the survival brain are responsible for resetting equilibrium. When our physiology is balanced, rather than stuck in fight/flight hypervigilance, anxiety, and irritability or the freeze shut-down of immobility, numbness, and depression, we feel safe. War may still be raging and families separated, but through grounding, orienting, and discovering sensations using art and games, kids can feel safe in their present place and time.

Grounding and Orienting to Present Time and Place

The only way to heal is to be present in each precious moment through embodiment. When there is trauma and ongoing stress, people of all ages disconnect from their bodies. It's as though they are living in their heads, distracted, and estranged from Mother Earth. Sensing the pull of gravity is a downregulator of toxic stress. The following are quick ways to come back to earth:

- Remove shoes – socks, too, if synthetic.
- Take time to ground by noticing the details of sensations that arise from contact with grass, earth, or floor.
- Look around at the space, and notice something fascinating or calming.
- Feel any stress; feel how it changes while you orient.
- Inhale to a count of 4 or 5, pause, and exhale to a count of 8 or 10.
- If this is too difficult, inhale to a count of 3, and exhale to a count of 6.
- Take 5-10 minutes to observe and sense the breath: the inhale, pause, exhale, and pause. Wait for the breath to come in on its own.
- Have children touch their ribs or, if lying down, place a small flat stone on their diaphragm to sense the air moving in and out of the lower diaphragm and lungs. This one is especially use-

ful if terror is keeping breathing shallow and in the chest. With both shock and deep grief, often the exhale is incomplete. With an insufficient exhale, the threat cycle remains activated. Encouraging long, full exhales as a daily practice while sitting or walking can reduce stress and shift the ANS response.

Taking 5-10 minutes to orient and ground before art activities and physical games will increase their benefit. As children learn to notice and practice observing their changing sensations, moods, and emotions that may have been either intolerable or inaccessible while in shock, they begin to feel states of safety and empowerment.

When children are welcomed into homes, whether familiar or with strangers, they may be in a safe place. But despite the excitement of new toys, pets, and friends, they may not feel safe. Trauma is not over until the threat response cycle is completed, and the ANS settled. It is common for kids to say that “everything’s fine,” but have nightmares, stomachaches, or startle easily. The following exercise can help them embody a sense of safety.

Drawing a Safe Place

To quiet the threat response cycle, children need to perceive a sense of safety in the here and now, even if temporary. The neocortex, or thinking brain, needs feedback from the gut, heart, and lungs to quiet the hypersensitive amygdala.

The sensory-motor act of drawing, together with sensing where in their body children register the feeling(s) of safety, and sharing their discoveries, can bring them into present time and place.

Instructions:

1. Ask child to remember, build, or imagine their special safe place:
 - Describe a favorite safe place from the past.
 - Make forts or tents using boxes, tables, cloths, blankets, pillows.
 - Describe a brand-new safe place.
2. The adult uses a relaxing guided meditation to take the child on a journey to find and imagine their very own fantasy safe place using all their senses.⁵
3. Draw and color their safe place, and who or what is with them. Do they want people, pets, or

to be alone? The drawing is used as a resourcing image in the SE SIBAM model – S = sensations; I = images.

4. Have children notice how they feel when they look at the elements of their drawing that create a sense of calm and allow them to relax.
5. Have them locate where in their body they feel comfort or safety, and name these sensations and emotions as they examine their drawing.
6. Adults or other children can ask: “How do you know that you know you feel safe when you look at your drawing? Where do the sensations and feelings of safety live inside of you?”

Note: Very young children can show by pointing to the feeling as the adults help them name them. The adult can model by taking time to sense and share their own image that brings sensations of safety.

Typical responses from children after embodying their safe drawing:

“I feel a little bit of sunshine around my heart.”

“I feel warmth in my chest and the tightness is gone.”

“It’s like there’s an island of safety in my chest.”

“My muscles feel relaxed for the first time.”

“Oh, my goodness, it feels like I just landed back in my body.”

When the threat response cycle does not complete easily, children can be in a hyperaroused “stuck on” state with too much sympathetic activation, or they can be in a hypoaroused “stuck on off” or shut down state:

- For youngsters who are “stuck on,” the symptoms show up as restless leg, irritability, looking for a fight, breaking things, fidgeting, darting eyes, difficulty concentrating, speaking quickly, agitation, screaming or shouting, nervousness, or anxiety.
- For youngsters “stuck on off,” the symptoms show up as a collapsed body, spaciness with vacant eyes, little or no interest in favorite activities or food, easily fatigued, poor sleep, lack of motivation to begin or complete tasks, or self-

harm. They may be suffering the most, but are the least noticed because they tend to withdraw.

Either group may experience nightmares and somatic symptoms. Discovering both comfortable and uncomfortable sensations through art, and sometimes incorporating movement, can resolve symptoms of traumatic stress. These activities are described next.

The Healing Power of Art with SE Basics and Movement

Helping children discover their underlying physical sensations is important, because their physiology may be either escalating or blunting strong emotions. Drawing is one of the easiest and most fruitful ways to help kids access and express what words cannot. The two most efficient and non-threatening strategies I have found to increase awareness and befriend sensations are *The Gingerbread Person Body Map* and *The Magic of Opposites*.

Due to their effectiveness and universal appeal, I use these to help children uncover and overpower their anxiety, anger, loneliness, sadness, fears, and/or numbness. Sensations are the cornerstone and guidepost for trauma transformation because they originate from the oldest, most primitive brain structures responsible for our equilibrium and survival. When excess survival energy is released and the hippocampus begins to imprint memories of triumph over defeat, healthy heart rate, digestion, respiration, and sleep return.

The Gingerbread Person Body Map

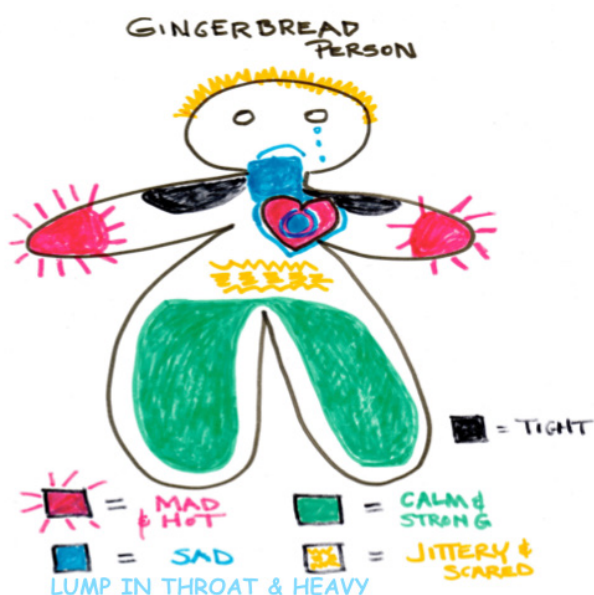
The materials required are simple: paper and a set of a variety of colored crayons or markers. Drawing a plain outline of a gingerbread person is ideal for having body mass to locate and color the places inside where a variety of sensations and emotions “live,” rather than a typical stick figure. As children color what and where they notice what is happening, they have plenty of internal space. The act of coloring creates immediate contact with internal sensations, bringing conscious awareness of the body as the container for feelings. This gives a quick assessment tool for the depth and location of pain a child is holding. It also opens the door

5. See *Trauma Through a Child’s Eyes*, pp. 395–396, for guided meditative journey details.

for children to use words to tell their story. Those whose drawings show mostly unpleasant feelings can be guided to notice, explore, and discover pleasant or neutral resources.

The gingerbread person involves locating and coloring physical sensations and emotional feelings. When they are labeled and written in a key in the margin, feelings are linked with words, creating a whole-brain experience. When anxious kids have difficulty concentrating or settling down, I invite them to draw their anxiety using colors, size, shapes, or actual sketches. Squiggly lines or tiny butterflies are typical. Since anxiety and panic are physiological, rather than purely psychological, it makes sense that fears can be calmed. Finding and befriending sensations of strength and comfort quell the emotional turmoil.

The kids make their own matching color-coded key in the margin. Be sure to encourage both comfortable and uncomfortable feelings to create balance. If a child indicates only emotions, help them name the underlying sensations. For example, if they feel scared, ask how they know. It might be jitteriness in the stomach, a racing heart, or “like butterflies.” Or, if the fear became a stomachache, it might be “hard like a rock.” Sadness might be described as heaviness, a hurting heart, or a lump in the throat, as in the gingerbread person below:



Other typical color-key examples:

- Purple curvy lines = springy and excited
- Pink polka dots = happy and warm
- Gray = foggy, confused, disconnected
- Yellow = anxious and racing heart
- Brown = tight and scared

Emotions such as held-back anger often show up as tension in the shoulders, arms, and fists for fighting or pushing, or in the legs for kicking. The anger may be unconscious until a minor provocation sets it in motion. By coloring and naming the tightness or hot “fire-breathing dragon” sensations underlying the emotion, the pent-up feelings can begin to dissolve – and so does the trauma, because trauma is held in the organs (ANS) and muscles (sensory-motor system) for fight and flight.

Variation on the Gingerbread Body Map

A simple version for the very young, shy, or for kids with a handicap is to have them choose two colors: one for comfortable feelings they like, and another for uncomfortable feelings they don't like. The outline of the gingerbread person can be premade. Four- to seven-year-old kids could bake gingerbread cookies, listen to the story, or, as a readiness step, sing the song about the gingerbread man run-

Gingerbread Person

- Red = hot and mad
- Orange squiggly lines = nervous and jumpy
- Blue = sad and heavy, lump
- Black = tight, numb, and tense
- Green = calm and strong

***“We can create spaces where kids can feel good about themselves again
...even when the world around them is not good.”***

ning as fast as he can to escape. Little ones can lie down on butcher paper to have their body traced; while older ones can draw the gingerbread cookie shape on any size paper, as long as the outline provides lots of inner space to color all sensations and emotions.

Educating children that shakiness, trembling, and other nervous sensations are extra energy to move arms and legs quickly to run, hide, and fight helps allay fears. To access the underlying physiology where trauma is held, invite an exploration. Noticing the color, shape, and size of the physical feeling focuses attention long enough to provoke a shift. For example, if the child feels scared, explore the sensations beneath the emotion. It might be trembling, jumpiness, shakiness, or butterflies. Next, have the child befriend those sensations, and with a reassuring voice, explain that the “scary” feelings are the fuel to escape from danger. As they feel their “energy tank” getting ready, ask where the energy wants to go. The ANS is the engine, and the muscles and joints of the limbs provide the defense. Encourage the movement of the energy into the limbs, and watch the fascinating (sometimes mysterious) automatic impulses release into arms for fight, legs for flight or kicking, and/or neck for orientation away from danger or towards safety. The body has a mind of its own!

When the impetus for movement is encouraged and tracked in very slow motion, excess energy from the stress hormones secreted by the adrenal glands is released. Heat, vibrations, and shaking may be felt as time is taken to allow the body to let go. Repeating the movements a few times with a bit of resistance, children sense the strength in their muscles and the power of their heart and breath as their whole body is involved in self-protection.

Often a spontaneous deep breath, yawning, or relaxed posture, accompanied by tears of relief, follow as the ventral branch of the parasympathetic nervous system returns the sympathetic branch to a resting state. As children sense their strength and mobility, they complete past incomplete move-

ments with feelings of triumph, as Sothy did in the earlier example. As the threat response resolves, the body’s physiology is no longer stuck in a vicious, habitual pattern of defense. And, the hippocampus imprints a new and successful survival strategy.

Pendulation is a word coined by Peter Levine, which refers to the organic process of expansion and contraction. If the child shares only stuck feelings of contraction, a pendulation can be provoked toward expansion by helping the child locate resources, such as strong limbs, grounding, and/or places of calm. If they cannot feel anything, or cannot locate places of comfort, strength, or neutrality, introduce a game that activates the heart rate. Movement is medicine – especially when working with shock trauma.

- ***Learning to track and release stuck sensations.*** These SE skills of befriending sensations with long pauses to notice changes frequently lessen distress. If this does not happen, offer support to locate sensations that feel safe, strong, comfortable, warm, open, relaxed, or resourced. The helper will need to assist the child in finding internal or external resources that shift focus to a positive experience. Gently orienting to something fascinating, beautiful, or calming in the environment brings awareness of the present moment in time and place.
- ***Helping to evoke a nervous system shift.*** Plan an active game such as tag, bean bag toss, running in place, a ball game, “the wolf comes at midnight,” juggling sticks, jump rope, or even jumping jacks. Movement activities that get the heart pumping, lungs opening, and blood circulating throughout the body are fun. Because trauma imprints a conditioned stimulus with a predictable quick trigger in the nervous system, as kids become aware of sensations arising from the autonomic and sensory motor systems, they will respond – not react. Comforting feelings of having fun can rewire perceptions of terror when the heart beats fast from faulty implicit

automatic associations with danger. Have kids pause and put their hand on their heart to feel its rapid beat from the sympathetic activation of play. Movement and fun can bring them out of a dorsal vagal state. As they sense and track their heart and breath returning to a resting ventral vagal state, they are receiving direct feedback of the ANS settling down. Remember to incorporate the eight essentials while playing. By smiling, laughing, using soft kind eyes, keeping the child safe, and carefully attuning to the child's rhythms and needs during play, bonds of trust grow. When the children pause in a quiet way to settle down, they will notice a host of new sensations. As they experience comfortable feelings of aliveness, such as tingling energy, warmth around the heart, stamina, strength in the arms, or stability in the legs, you are helping to build a treasure chest of body-based, internal resources to sustain them and to add to their gingerbread person.

The Magic of Opposites

Making two drawings – one of the traumatic image and the other of its opposite – in combination with movement, is especially useful when working with catastrophes and nightmares. I first combined the principles of SE with “Drawing the Opposite” while volunteering in Thailand after the Southeast Asian Tsunami. Jump was a thirteen-year-old girl who appeared frozen, in shock with vacant eyes, and a collapsed limp body after what she had witnessed during the tsunami. After asking her group to draw anything they wanted, many, including Jump, drew their lifeless fishing village. Her first drawing was devoid of people and homes, showing stumps of dead palm trees and birds scattered in all directions.

Even in a catastrophe where children had witnessed mass fatalities, leaving thousands of homeless and, in many cases, orphaned children, combining the principles of SE with art brought children out of shock.

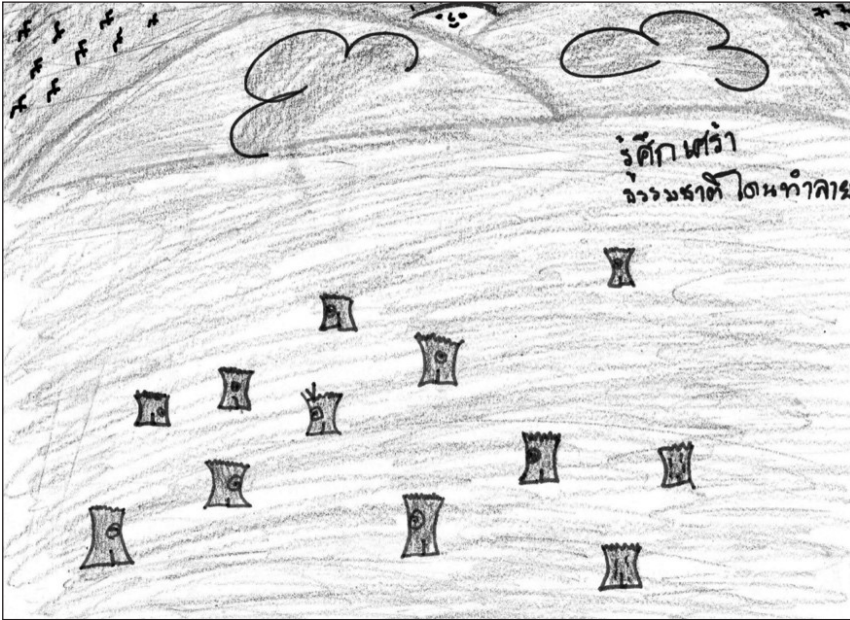
Despite the cloudy skies and the decimated empty landscape in Jump's drawing, the sun peeked out from behind the strong mountain she referred to as “the high ground,” safe from the rushing tsunami waters. It is easy to see what Peter Levine calls the trauma vortex, and also the beginning of its op-

posite, or counter-vortex, in the tiny nascent sun. When an individual is able to sense the opposites internally, the dynamic of both polarities creates the catalyst for transformation. Before having the children describe their first drawing, which, like Jump's picture, showed mostly destruction or the trauma vortex, they were asked to make a second drawing. To stimulate the counter-vortex, the instruction was simply to draw the opposite. For those who have studied SE, the drawings become the I in the SIBAM model which stands for “Image.”

The opposite image brings along with it the internal resources that become the counter-vortex when the other elements of SIBAM are added: S for Sensations, B for Behavior, A for Affect, and M for Meaning. Using both drawings in a brief SE session is a process that can provoke a release of extremely high arousal, which was showing up in Jump's case as overwhelming depression and collapse, alternating with bouts of anxiety.

While looking at her first drawing, Jump described heaviness in her chest. She said, “I feel sad. All nature is being destroyed.” Next, her heart started to pound. She also described shakiness inside her belly. I explained how a fast heartbeat and shaky feelings ignite the fuel inside our bodies to move very quickly when there is danger. Next, I asked her to look at both drawings side-by-side. As we worked together with her two sketches, sensations and movements organically arose. The shaky feelings increased, moving into her legs. I asked her to notice how the shaky energy might help her move. She pointed to the stream flowing from the mountains and said, “I would run to the high ground!” She then began running in place slowly as she imagined moving quickly alongside the stream to the safety of the solid mountains and radiant sun that she had drawn.

Jump ran in place for a few minutes, slowly coming to a stop. She sensed her trembling legs as they gradually became solid and strong, like the mountain. She sat down and examined her second drawing again. Jump described a warm feeling around her heart as she looked at the sun and the coconut palms that had grown back. She smiled and said, “I feel glad in my heart. The natural environment is beautiful.”



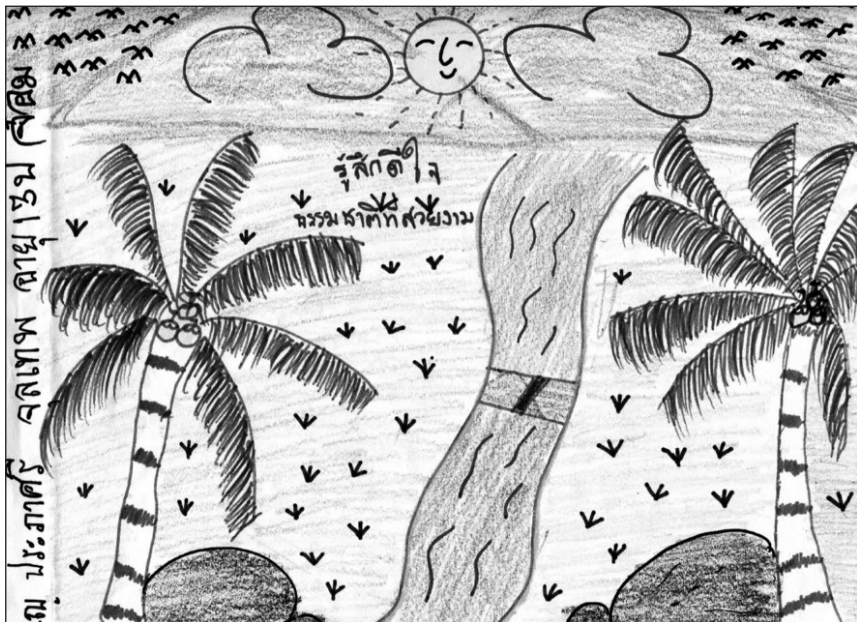
Jump's first drawing after the tsunami

Nightmares and The Magic of Opposites

Opposite drawings work well with nightmares following attacks, horrific events, and losses. Resolving them can be done by working with the fright-

ening dream fragments from past or present, as depicted in Rainer's computer drawings.

Rainer is an 11-year-old boy who had been experiencing nightmares, with the theme of being left alone and unprotected. Another issue included be-



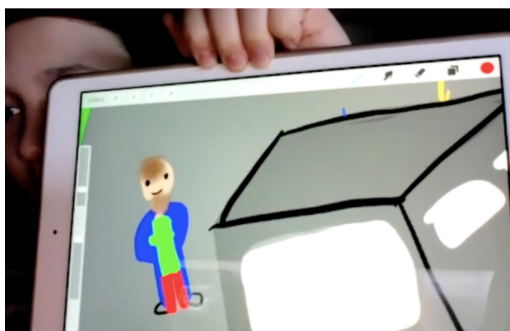
Jump's second drawing: The Magic of the Opposites

ing attacked by a bully. Below is his iPad drawing of a past nightmare, occurring at about the same time he began having anxiety attacks. Since the age of three, he had been panicking regularly whenever he was alone outdoors – the same year his parents had separated. Now, he feels frightened waiting at the bus stop to go to school.

The recurring nightmare images Rainer drew show his father driving away in his van, “leaving me alone and not noticing me.” Arising solely from implicit memory, Rainer had no recollection of his father leaving, and reported feeling loved by his dad. I asked Rainer to draw an opposite drawing or to draw a different outcome the way he wished his dream had ended. This is what he drew:



Father drives away not noticing Rainer



Father sees son, gets out, and hugs Rainer

It does not matter that the imagined ending could not possibly happen. Drawing, followed by experiencing the felt-sense of the desired outcome, gives the hippocampus a new survival strategy to store

in procedural memory. Recording the felt-sense of triumph helps relieve the fear of defeat and helplessness. Self-protective strategies that had not yet formed or could not be accessed early in life due to overwhelm are imprinted deep in the psyche.

After looking at the second drawing, I asked Rainer to feel the sensations and emotions of the desired hug. We also worked with a bully nightmare. Instead of a drawing, I had Rainer enact movements of resistance and victory. I contacted Rainer as a one-year follow-up, and to ask permission to use his story and drawings in this article. He reported that his anxiety was under control, and that what he found most useful was to remember what I taught him about his survival energy, and orienting to present time and space. The following is Rainer's quote:

“I would like you to know that very recently I had a kidnapping nightmare, but ever since our sessions my anxiety about that has severely decreased. Thank you for letting me be a part of this great cause (author's note: helping children fleeing from war) and I'm glad I might be able to help.”

Conclusion

In this 21st century, the alarming reality is that 20% of the world's children live in areas of armed conflict, at high risk for a lifetime of post-traumatic stress and mental and physical illness. Studies show PTSD symptoms have been found even in children who are in safe zones away from actual combat. Art and play in group settings such as schools, libraries, and other community facilities have been documented to be effective in helping the children of war-torn countries. With guidance, art and play are easy to use by trained therapists as well as by paraprofessional helpers and volunteers (Baráth, 2003). When meeting together with others who have been exposed to similar atrocities, children, have been observed to be able to release tension, expand their coping resources, and lower their defenses. Integrating somatic interventions with the art and play suggested here can deepen children's healing by resetting the autonomic nervous system to restore resilience. Using the inherent gifts of body wisdom by increasing interoceptive intelligence is a big step beyond simply coping.

***“When we feel responsible, concerned and committed,
we begin to feel deep emotion and great courage.”***

—The 14th Dalai Lama

The World Bank Group and World Health Organization (Mnookin, S., 2019) report that between 2007 and 2013, less than 1% of international health aid went to mental health. Because of this gross underfunding, it is important to know that the Resilience Roadmap Model proposed in this article can be used by teachers, parents, and volunteers. Ideally, they would be under the supervision of a somatic therapist who is trauma-informed. Training in Somatic Experiencing and polyvagal theory, or both, would be helpful, as trauma healing is more efficient through the lens of shifts in the autonomic nervous system and the bodily postures of the sensory-motor system.

In addition to the synergistic integration of art with SE basics, the Eight Essentials of Healthy Attachment were outlined with brief examples for each. The importance of the quality of the relational aspect in supporting a sense of safety and connection cannot be overstated. The examples of activities to implement each of the essentials show how to provide for that security. We know from the writings of the early psychoanalysts Anna Freud and Dorothy Burlingham, who observed the effects of World War II on children in the London war nurseries from 1939 to 1945, that mandated government separation from the mother through evacuations to the country caused more detrimental symptoms than staying in the combat zone, despite air raids, bomb blasts, and witnessing destruction. This was especially true for children five years old and younger. They argued that the war had its worst impact on children when it broke down family life, and uprooted “the first emotional attachments of the child within the family group” (Freud, Burlingham, 1947: 171-73).

Thus, in conclusion, the importance of being mindful of the eight essentials during playtime, learning, and the daily life of children must be

emphasized, especially for children who have been separated from their families. Building secure attachments with new caregivers, or repairing ruptures caused during flight, are critical for building resilience. Healthy brain growth and the protective factor of resilience are both developed over time through quality interactions with caring adults. They do not develop in isolation. Nurturing relationships provide the glue to increase mental health. Classroom teachers can weave the concepts and attitudes embedded within the eight essentials while teaching, whether working with the entire class or helping individual students. The need is urgent for everyone connected with youth to join the movement of wiring well-being.

Incorporating skillfulness in treating traumatic shock, caregivers and healers can interrupt the cycle of violence, addiction, mood disorders, and personalities distorted by terror.

The concepts and activities described in this article are based in my extensive experience in working with traumatized youth, and being trained in SE, attachment, and somatic relationship skills. They are meant to inspire those helping refugee and displaced children and their caregivers. May these tools mitigate suffering through a “prescriptive” resilience roadmap model for nervous system regulation, stress reduction, health, and happiness.

Research is needed to study the effects of using body-based, SE-integrated structured art activities with children living in conflict zones, and those who have fled. May this galvanize volunteer helpers, leaders, and investigators who set up outcome studies. As a body psychotherapy community, together we can make a difference because we know, as Peter Levine teaches and as Bessel van der Kolk shows in his research, the body, truly does, keep the score.





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