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Caregivers and the resilience process

Abstract: Professor Boris Cyrulnik is a French humanist, neurologist, psychiatrist and ethologist, a university lecturer and researcher. He served as Director for Teaching at the Clinique de l'attachement et de systèmes familiaux (Attachments and Family Systems Clinic), Southern University of Toulon-Var, and Chairman of the Observatoire international de la resilience (International Resilience Observatory). Currently retired, he still lectures and teaches MA courses. He is a renowned author of books popularising psychological knowledge, such as *The Dawn of Meaning*, *The Whispering of Ghosts: Trauma and Resilience*, *Talking of Love on the Edge of a Precipice* and *Resilience: How Your Inner Strength Can Set You Free from the Past*. He is widely considered a leading expert in trauma and resilience,[1] the subject which has become a focus of vibrant multidisciplinary research.[2] He emphasises the crucial role of the sense of attachment, belonging and security, rooted in a favourable psychological atmosphere produced by the child's caregivers in keeping with the demands of particular cultural settings. He believes this promotes recovery from trauma without erasing the experience of trauma from memory. In the article, the author focuses on the role the explicit, professional caregivers and the implicit, non-professional ones play in the process of resilience.

Keywords: caregiver in resilience, resilience, personal development, trauma

If deprived of a protective emotional niche that channels its development, the child's maturation process is disturbed. The niche is produced by emotional attitudes and manifestations of care displayed by caregivers in simple activities, such as feeding,

[1] **Resillience** – elasticity, flexibility, pliancy, springiness (literal and metaphorical). The author's take on the notion is best conveyed in the following excerpt from his book: "To handle a misfortune one has experienced, one must first be injured, traumatised, violated, ruptured – in a word, go through that which is conveyed in words equivalent to the Greek verb *titrôskô* (to wound). Only then can one discover – within and without – resources that make return to life and further development possible, without obliterating the memory of harm itself. It is then that we can speak of resilience" (Cyrulnik, 2012a, p. 23). (editors' note)

[2] International conferences are regularly held to study and discuss the issue. Prof. Boris Cyrulik was invited by Dr Aneta Słowik to give a talk and hold a workshop at the University of Lower Silesia under the counselling studies seminar project "Horizons of Helping" organised by Dr hab. Elżbieta Siarkiewicz, Professor at the University of Lower Silesia. This article is a transcript of the talk (the note about the author, keywords and section titles were added by the editors).

washing, soothing or talking. Consequently, everyday care-related tasks must not be viewed as banal since they effectively condition the infant's survival and proper development. The structure and kind of emotions communicated by and through the caregiver's body are an essential mainstay of that development. The smell of the supraclavicular fossa, the lustre of the eyes, the pitch of the voice, the rhythm of rocking – all add up to both verbal and extra-linguistic communication that envelops the child in a sensorial aura without which a full sense of security and belonging cannot emerge. The aura is imprinted in the child's memory as early as in the first interactions of the late pre-natal period and, subsequently, in the first months of pre-verbal development and early childhood (Rousseau, 2014, pp. 23-37).

Emergence of a beneficial emotional niche

Even though biologically conditioned, the emotional niche depends on how earlier the grandparents lived their married life, how the parents' collaborate now in building a new family, how much they are "in sync" and how they go about co-creating the conjugal ties. If in childhood both parents experienced care that gave them a secure sense of belonging, they also tend to offer their child such care, ensuing from their coherent and predictable behaviours that regularly impresses themselves on the child's memory. Consequently, the child develops in a stable, secure and motivating environment. However, if the parents themselves, having learned cold and constrained emotional expression in childhood, do not share feelings with each other, the child will have to grow in a niche of emotional distance and reserve. And if the parents' conduct is ambivalent, if they argue and compete for the care and attention of the child, the child's sensory world will be increasingly difficult to predict. Whether the infant will receive enough care to feel fully secure or whether it will be exposed to emotionally ambivalent interactions interrupted by parental disagreements is anybody's guess in such circumstances (see Fivaz-Depeursinge, Corboz-Warnery, 2001).

Clearly, the mainstay of the child's development lies in emotional bonds implicated in its parents' prior development. Healthy parental relationships produce reliable mainstays and create a secure niche for the child's personal development, which inscribes in its memory a pattern of proper, adequate emotional management and facilitates further pre-verbal and verbal socialisation at the crèche and school, respectively. Still, irrespective of family conditioning and cultural demands, the child always very early develops attitudes to itself and others and acquires a (strong or weak) sense of belonging, accountability and co-responsibility, which will affect its later engagements, choices in life and family relationships.

The production of an emotional niche as such is a universal phenomenon. It takes place across cultures and is essential to the child's survival and life. However, the particular ways in which the niche is actually constructed may surprisingly

vary, depending on the cultural setting in which the child lives. A handful of examples suffices to illustrate this. In our Western-European culture, the parents organise their time so that the child is often left alone, usually in a comfortably furnished room for the child's exclusive use. This is an unthinkable arrangement in African or Asian cultures, in which leaving the child alone is altogether out of the question. In Western culture, human individuality has been erected into such an absolute priority that the child will "devote" itself and its meagre powers to "investing in its own development" and, thus, to attain happiness and make the parents proud. The situation will be different in many African tribes, where the child is taken care of by many women rather than by one only. (For example, among the Pygmy peoples, the child may suck the breast of any lactating woman.) The mother image as a source of security is made up by a group of women in their culture. In these tribes, males are usually not involved in childcare as they work in the fields from dawn to dusk. Hence the father image is also rendered as a group of men, and any male may intervene to protect, motivate or admonish (reprimand) the child.

This is how the child's worlds function if they are not disrupted by grave changes, disasters, threats and difficulties. The tests the child inevitably encounters in them are alleviated by affective niches produced by and from the parents' actions and life experiences: childhood memories, prior family life and values cultivated in their culture (IJzendoorn, Sagi, 1999, pp. 713-734).

Trauma, its course and consequences

However, the sensory niche may be destroyed (ruptured) by a trauma. The mainstays on which the child's development has relied so far are torn down. Destructive situations and/or painful liminal experiences may ruin the intimate sphere of affected people's lives.[3] The resources of security are severely undermined, or even wiped out completely (which is what "trauma" designates). If the person acquired considerable resources beforehand, in early development, if s/he has a stable sense of belonging, cherishes strong bonds with close ones and has a capacity to comprehend the meaning of images and words picked up in childhood, s/he will deal with the blow better (which is what "coping" designates). But if the child developed in unfavourable conditions, in an emotional niche impoverished by a lack of happy relationships between parents, limited emotional, intellectual and material resources of the family, social deficits and a low – and often constantly deteriorating – level of culture, the child is far more prone to suffer a neuro-emotional decline (Cohen, 2012, pp. 3-29). Adverse circumstances make such a child vulnerable to trauma even in the face of minor challenges.

A wounded person is confronted with a necessity of making a "life choice":

[3] In the following, a variety of synonymous terms, such as a support-seeker, an affected person, a wounded person, etc., will be used with the author's permission. (translator's note)

1. Burdened, overwhelmed by the calamity and mentally weakened, s/he retreats into him/herself and withdraws, unable to organise his/her further life in the wake of an unimaginable tragedy. (Who can imagine 250 thousand casualties, the death toll of an earthquake in Haiti? How can one life after such a trauma?)
2. In the case of post-traumatic syndrome, when the fear-blighted memory cannot evolve further, the person is imprisoned in the past, unable to erase the persistently returning, constantly nagging and terrifying image that keeps haunting him/her.
3. If s/he wants to resume a "normal" life and regain balance (which is what resilience presupposes), s/he must find new mainstays to support further development. In this case, support can be provided by both formal and informal counsellors – therapists, trainers, educators, teachers and close ones, whom we shall henceforth refer to as "caregivers in resilience." It pertains particularly to professionals – those extraordinary caregivers (addressing emotions, behaviours, speech, norms and socio-cultural patterns) who, if it were not for the trauma, might not engage in help-provision at all. Yet, the loss, breakdown or deformation of the erstwhile foundations of personal development in the affected individual necessitates their greater engagement and interventions, which should be a background feature in normal circumstances.

If the environment can offer the wounded person new development perspectives, the role of "caregivers in resilience" becomes a key one. With their support, the affected person may mobilise strength, invest in him/herself, so to speak, and display unexpected development possibilities, a difficult venture admittedly, but one that helps restore harmony in life (Aïn, ed., 2007, p. 27).

Who can be "a caregiver in resilience?"

"Caregivers in resilience" can be divided into explicit and implicit ones.[4]

Explicit caregivers are those who openly propose to help the support-seeker. The group includes, besides therapists and counsellors, also rescuers, social workers and school psychologists. The function may be performed also by members of other professions, such as priests, teachers, artists or athletes – identified as "carriers" of particular values – to whom the trauma victim turns to regain a sense of security. In a country torn by war or natural disaster, tacit presence is far more effective than any words as a booster of security. In fight, a sense of security may be provided by a fellow in distress, whether already an acquaintance or a newly met person (Clervoy, ed., 2009).

It is not infrequent, however, that the support-giver goes through conflicting emotions or engages with the help-seeker in highly complicated and frustrated

[4] The division has been proposed by Emilio Salguiero from the University of Coïmbra, Portugal.

ways. This happens when the cultural ethos of helping the Other does not allow offering him/her support or, worse even, when a culture entirely abolishes providing a particular kind of support. Approaches to helping basically vary across cultures. For example, in some societies a female rape victim is considered defiled and toxic to husband and children. Therefore, she is excluded from the family. In this way, her personal trauma is aggravated by a cultural trauma, which practically precludes the resilience process.

Implicit "caregivers in resilience" are often family members, friends or people from the counsel-seeker's cultural circle who, though not formally qualified (i.e. without expertise confirmed by certification), are approached by him/her for help. A priest is an excellent help in point insofar as he offers pastoral help in rebounding from a real tragedy and employs religious practices to overcome the sense of shame and abandonment often experienced by trauma victims. Depending on his/her age, temperament and/or gender, the damaged person may seek contact with an artist who will help him/her fathom the traumatic experiences as reproduced in a theatrical performance, suggesting in this way how to understand suffering and working on the tragedy-related emotions (Schauder, ed., 2006).

Given this, it is inspiring to look at Brazil, where police troops are no longer dispatched to poverty-stricken neighbourhoods to combat crime. Instead, the areas are visited by athletes, dancers and musicians, who engage the residents in activities more constructive, jouful and integrating than drug trafficking. In a matter of merely a few years, this approach has boosted scholarisation, encouraging more than half of the children from the poorest communities to engage with formal education. Now, the neighbourhoods are not so much a scene of streetfighting as rather meeting places, where people get together for sports or cultural events. Also group and individual therapy projects are launched, under which psychologists work with illiterate people who, nevertheless, display a considerable talent for relationship buiiliding (Barreto, 2012).

The selection of ways to overcome trauma is facilitated by analysis of comprehensive data and systematic reflection on people in need of help (first of all on their biological development, psycho-affective status and socio-cultural position). Researchers-analysts and/or diagnosticians-practitioners who are dedicated to looking for "monocausal" explanations of trauma, find this way of thinking absurd. We get to hear from them: "So you believe that it is enough for a rape victim to write a poem to forget about the whole sorry business!" However, if we learn to connect diverse facts, processes and events, the way it is done in studying family life, we will easily understand the following interdependence: if both parents maltreat the child, the likelihood of the child never developing a secure sense of belonging stands at 90%. If only one parent behaves abusively, the figure drops to 60% because the other parent provides a sense of security and is a mainstay of resilience. If both parents offer motivation and a sense of security, 30% of children anyway grow up experiencing insecurity. Similar proportions are reported across the entire population.

The statistics encourage searching outside the family for factors that disturb the rise of a secure sense of belonging (Glaser, 2012, pp. 199-218).

The conditions and course of the resilience process

He effectiveness of caregivers' efforts and resilience chances may be assessed based on the model below, which takes into account multiple data from before, during and after the trauma.

Before trauma. Experimentally, we could consider two protective factors and assess their relevance to the resilience process:

- ***Secure sense of belonging*** – in the culture of amicable cohabitation, in peace, in a family that guarantees an adequate sense of security – will enable two out of three children below 10 months (i.e. still in the pre-verbal stage) to acquire skills of recognising their environment and coping with distress caused by departure of a person they are attached to. The attachment will be restored, when the person returns.
- ***Development of emotional and mental processes***: when playing by manipulating the surrounding objects in the pre-verbal stage, the child created their mental images; when it learns to speak, it will deal with words in a similar way to mentally master its environment and will be able to name its emotions, giving a verbal form to its attachment to objects and people.

During trauma. A disaster, an unanticipated assault, (various forms of) aggression – they all affect a person who is, as a rule, already formed. If the person developed defence mechanisms earlier, s/he will face up to tragedies and threats, and resist the trauma they engender more effectively than a person who was exposed to early loneliness, stress induced by conjugal violence or sadness caused by the parents' failed, unhappy relationship. Earlier experiences, namely, have made such a person more vulnerable to trauma and harm. Overwhelmed by emotions s/he is unable to control, emotions which disrupt the proper reasoning process, the person resorts to "impulsive acts" (Bateman, Fonagy, 2006). If the tragic events are caused by a stranger, a person the victim does not know and is not related to, the trauma may be severe but not as painful as when the blow comes from a close one (which is often a case). Suffering caused by the blow itself is then additionally exacerbated by despair ensuing from the sense of being wounded and betrayed by the one of whom we expected love and protection.

The impact of the shock experience will differ depending on one's personal development, life experiences and attachment structures. Four kinds of emotional states and behaviours may be expected:

1. If the person "felt" the assault acutely but has strong ties with close ones, s/he will try to comprehend the blow from a stranger in ways promoting mental reintegration. The blow will hurt, but it will not be a source of trauma.
2. If the attachments which fuel defence mechanisms have never been developed, and the emotional niche has always been beset by a fear of trauma, or if the infant was emotionally isolated by unhappy events, cognitive changes in the central nervous system will play an important role. Scarce connections between prefrontal neurons, which have not received enough stimuli from the emotionally depleted environment, cannot hold uncontrollable emotional reactions of the amygdale in check (Bustany, 2012, pp. 45-64). The organism that has not developed the physiological basis of the sense of belonging deciphers signals, insignificant though they may be, as dangerous and threatening. Therefore, even inconsequential events may trigger trauma.
3. If the sense of belonging begins to emerge, but adverse circumstances destroy its still delicate structures, the child may suffer from a kind of affective deformation, due to which the sense of belonging appears but is not sustained. If this is the case, the intensity and sensitivity of attachment will fluctuate and relationships will be so difficult to maintain that the child will undergo an entire chain of traumas, just like individuals positioned at border lines (see Boyarin, 2004, editors' note).
4. If the strong bond is ripped by a disaster (a parent's death, an accident or a grave illness), the resilience process may differ depending on the level of personal development, which in turn may affect the level of the felt need for emotional support from the environment (Ungar, ed., 2012).

Research suggests that the durability of traces left by a trauma in the pre-verbal stage is proportional to the time the child waits for emotional support. In this period, so important for the child's development, even the tiniest fissure in the sense of security, belonging and emotional ties demands an immediate intervention from the caregiver because the synaptic activity is so intense that even the slightest traumatic experience is imprinted in the "neurobiological memory" and makes the child oversensitive to any emotional loss (Cyrulnik, 2012b, pp. 191-204). When the intervening caregivers influenced the person's further (seemingly) correct development in childhood, but their invervention came actually to late – for example, only in the period of puberty or adolesent quest for autonomy – the individual may exhibit considerable ambivalence in adulthood, craving to abandon the safe haven of family and, at the same time, experiencing parting as a painful loss. A considerable proportion of suicidal attempts is reported for this group of people.

After trauma. Resilience cannot be fully understood without two key terms: "support" and "meaning" (Ehrensaft, Tousignant, 2006, pp. 469-483):

Support. In the pre-verbal stage, humans need the soothing presence of and participation in daily activities with close ones. The everyday is not insignificant

in this context; in fact, it plays a crucial role, and activities performed jointly in an atmosphere of security carry a remarkable potential of resilience. We know that, when faced with a threat, we can expect help from explicit caregivers, such as firefighters, doctors or officials, who intervene in case of, for example, a natural disaster. However, we usually deal with "implicit caregivers" who are "at hand" and adapted to the traumatic situation; surprisingly perhaps, they also obtain help from the wounded person, experiencing an increased sense of security. (For example, trauma victims after the Haiti earthquake offered trust to street children, who took care of them, showing where they could find water, shelter and functioning aid points.)

Meaning. A person in need of help, if left to his/her own devices, cannot cope with his/her predicament all alone. S/he usually needs a professional caregiver, e.g. a counsellor who will listen to his/her account of the events, empathically engage in help-provision and mobilise him/her to resume active life. If there is no person qualified to help in this way, the traumatic event remains incomprehensible and devoid of meaning.[5] One ponders it endlessly, once and again exposing consciousness to ever-returning images of horror, which impress themselves on memory and permeate the intimate mental sphere. In such circumstances, even the tiniest detail may trigger trauma and turn a vulnerable person into a prisoner of his/her own past (which is what "the psycho-traumatic syndrome" designates). But if the victim accepts or tries to obtain help form an explicit caregiver, or even an implicit one – "a caregiver in resilience" who makes it possible to engage in "narrative resilience" – s/he is prompted to search memory for words and images to be used later in a narrative told to the empathetic listener, and his/her life may make sense again. For in the narrative process, the advice-seeker (support-seeker) assesses his/her past but also anticipates the future, in both cases engaging in creative work.

Ruminations on the traumatic experiences in solitude monopolise memory and induce depression. Producing a narrative to be shared, on the contrary, positions the damaged person as an agent rather than as a trauma-wrecked victim. However, for individual narratives to reinforce a soothing and, at the same time, edifying message in narrative resilience, they should be consistent with collective stories, disseminated and embedded in a given culture. Narrative production is, thus, viable in cultures which give voice to the affected person. It is not always the case since some societies shield individuals uninvolved in the tragedy against trauma and help them avoid listening to terrifying tales that might by themselves expose them to traumatic experiences.

Consequently, if transmission of the narrative contravenes the entrenched customs and content currently in circulation in a given culture, the trauma-affected person refuses to talk about him/herself or airs that only which the community is

[5] This is expressed in a passage from the author's book: "If a loss-affected person does not obtain support and nothing helps make sense of the loss, what one may do is just huddle up and retreat into oneself to suffer less" (Cyrulnik, 2012a, p. 79). (editors' note)

open to and prepared to hear, condones and generally consents to (Rimé, Christophe, 2008, pp. 131-146). The pressure bound up with restrictions on such permission results usually in the experience of spiritual void, isolation, a retreat into oneself or a nervous breakdown, producing ambivalent behaviours. The latter may happen when, for example, the telling of the story does take place, but the wounded person interrupts his/her smooth and coherent narrative, pausing suddenly, which confuses the listeners, or cites the event that caused prior problems or fears. Such rhetoric, encouraged by a discordant cultural context, impedes resilience.

Conclusion

Reflection on "caregivers in resilience" opposes attempts to identify discrete and linear cause-effect connections in individuals' experience of problems, insisting that the progress or halting of the resilience process is cumulatively affected by a wide array of factors. The varied character of phenomena, situations, activities and micro-processes that add up to this complex process requires research efforts of a multidisciplinary team because no one cannot possibly be an expert in all domains.

The very term "caregiver in resilience" carries a wealth of practical implications. In relation to a young child in the pre-verbal stage, it emphasises the necessity of a sensory niche constructed by and from early experiences and interactions, with caregivers as their source. As soon as the child starts speaking and experiences minor wounds and first difficulties, the term indicates that they are assuaged by their "verbalised image" produced while sharing a narrative with a caregiver. Finally, in reference to an adult, it assumes that when narratives available in a given culture are resonant with stories of trauma victims and help give meaning to the trauma, the resilience process can certainly commence.

Translation based on Aneta Słowik's transcript
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References

Aïn, J. (ed.) (2007). *Résiliences. Réparations, élaboration ou création?* Ramonville: Saint-Agne.

Barreto, A. (2012). *La thérapie communautaire pas à pas*. Paris: Dangles.

Bateman, A. Fonagy P. (2006). *Mentalization-Based Treatment for Borderline Personality Disorders*. Oxford and New York: Oxford University Press.

Boyarin, D. (2004). *Border Lines: The Partition of Judaeo-Christianity.* Philadelphia: University of Philadelphia Press. (editors).

Bustany, P. (2012). Neurobiologie de la résilience. In B. Cyrulnik, G. Jorland (Eds.), *Résilience. Connaissances de base* (pp. 45-64). Paris: Odile Jacob.

Clervoy, P. (ed.). (2009). *Les psy en intervention*. Doin: Reuil-Malmaison.

Cohen, D. (2012). The Developmental Being: Modeling a Probabilistic Approach to Child Development and Psychopathology. In G. Garralda, J.P. Raynaud (Eds.), *Brain, Mind and Developmental Psychopathology in Childhood* (pp. 3-29). New York: Jason Aronson.

Cyrulnik, B. (2012a). *O ciele i duszy* (*De chair et d'me.)*, translator unknown. Warszawa: Czarna Owca.

Cyrulnik, B. (2012b). Limites de la résilience. In B. Cyrulnik, G. Jorland (Eds.), *Résilience. Connaissances de bases* (pp. 191-204). Paris: Odile Jacob.

Ehrensaft, E., Tousignant, M. (2006). Immigration and resilience. In D.L. Sam, J.W. Berry (Eds.), *The Cambridge Handbook of Acculturation Psychology* (pp. 469-483). Cambridge: Cambridge University Press.

Fivaz-Depeursinge, E., Corboz-Warnery, A. (2001). *Le triangle primaire*. Paris: Odile Jacob.

Glaser, D. (2012). The Effects of Child Maltreatment on the Developing Brain. In E. Garralda, J.P. Raynaud (Eds.), *Brain, Mind and Developmental Psychopathology in Childhood* (pp. 199-218). New York: Jason Aronson.

IJzendoorn, M.H., Sagi, A. (1999). Cross-Cultural Pattern of Attachment. In J. Cassidy, P.R. Shaver (Eds.), *Handbook of Attachment: Theory, Research and Clinical Applications* (pp. 713-734). New York: The Guilford Press.

Rimé, B., Christophe, V. (2008). How Individual Emotional Episodes Feed Collective Memory. In J.W. Pennebaker, D. Paez, B. Rimé (Eds.), *Collective Memory of Political Events* (pp. 131-146). New York: Taylor and Francis.

Rousseau, P. (2014). Naissance, trauma, attachement et résilience. In M. Anaut, B. Cyrulnik (Eds.), *Résilience. De la recherche à la pratique* (pp. 23-37). Paris: Odile Jacob.

Schauder, S. (ed.) (2006). *Camille Claudel. De la vie à l'œuvre*, Colloque Cerisy-la-Salle. Paris: L'Harmattan.

Ungar, M. (ed.) (2012). *The Social Ecology of Resilience*. New York: Springer.