

Shadow Boxing

“Someday soon the real Susan will come back.” A mother of 4 children, all adopted, referring to who she has become since adopting the youngest child.”

“I hear him get up in the morning and I think ‘Why are you up. I don’t want to see or hear you. Don’t ruin my day.’ This is not right.” New father, and the at home caregiver, speaking of the oldest of 3 siblings (1, 2 1/2, and almost 4,) who came home 4 months ago.

“I don’t like myself much anymore. I don’t feel like a good mother. This is not me.” Mother of 3 children [the oldest (11) adopted as an infant, middle child (9) born to her] speaking of her relationship with her youngest, a 6 year old girl, who joined their family 1 year ago.

“I lay in bed in the morning and pray to God to help me be nice to her today. Maybe the real Lisa will come back soon.” Mother of 2 children born to her and her husband, who is ‘temporarily’ parenting her husband’s great niece, a child who has been shuffled between her mother and her relatives since her father died.

All of these parents are experiencing a painful and sometimes inevitable reaction to parenting children with unresolved losses, trauma, abuse and/or neglect. Most children in placement, who have experienced losses and interrupted/severed relationships with significant caregivers, act out in ways that trigger impatience, frustration, anger, rage and rejection in their ‘new parents’. Competent adults, who chose to parent, find themselves “transformed” into angry, impatient, sometimes cruel people. These fathers and mothers expected to be able to help children, who have had difficult beginnings in life, heal and thrive.

Mental health professionals know, are taught, that clients' issues and ways of interacting can trigger personal issues and potentially unhealthy responses: recognizing, assessing and controlling this ‘countertransference’ is an essential part of the therapist’s work. The professional counselor must evaluate her emotional

and behavioral responses to the client, to assess what portion of the reaction is the counselor's own issues, current or past, being triggered in interaction with the client. Evaluating countertransference experiences can assist the therapeutic process as any reaction to others in need contains rich material about both the client and the therapist.

The parents quoted above were all experiencing strong countertransference in interaction with their child's pain and their own seeming inability to successfully correct the child's inappropriate behavior. Professionals experience countertransference interacting with children and adults only once or twice a week for 50 minutes. Parents live with their children 24 hours a day, 7 days a week. The children's persistent and 'seemingly bizarre' behaviors often trigger a sense of powerlessness and inadequacy in the parents. The children's pain and rage exhibited in those behaviors, taps the wounded and unhealed or undeveloped parts of the parent. We all have old wounds and unmet needs, some we are aware of, some we have worked on and thought were healed forever and some we have not yet discovered. We all, also, have repressed and unexplored parts of ourselves: parts that we do not like or do not feel competent in expressing and parts that we have not yet activated or developed.

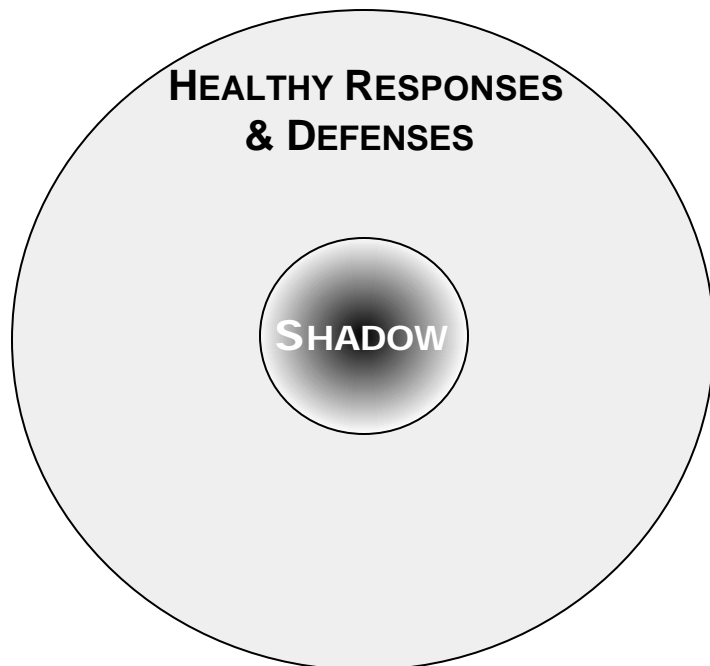
Carl Jung calls all of these repressed and unexplored parts of each of us "the shadow". Jung hypothesizes that the shadow holds valuable, undeveloped competencies/ interests *and* repressed pain, wounds and unacceptable impulses, as well as archetypes of human behavior/existence. Archetypes, simply defined, are themes of human existence and struggle that all human beings are born with, carried in the shadow until activated. Carl Jung believed that most 'emotionally healthy' people meet their shadow sometime in midlife. Meeting your shadow is a perilous and ultimately rewarding journey: a journey of self discovery to explore, activate and tame the negative repressed parts of self and activate the undeveloped parts of self. The perils of this journey are the possibilities of activating but not taming or controlling negative responses and impulses.

Parents of 'wounded children' meet their shadow through daily interactions and struggles with the child's exposed and hidden wounds. Through countertransference, the child's anger, rage and pain (expressed through behavior) taps the parents' old wounds and repressed impulses. When the child's wounds touch the parents' unmet needs and repressed parts of self, an explosion of pain and impulsive, hurtful interactions can occur. It is essential that parents' caring for and living with emotionally damaged children understand this process. If the parent (s) does not understand this process he/she can grow to resent the child more and more. This resentment diminishes the parents' capacity to be empathetic with the child or to develop more effective responses. Parents need education; lots of ongoing support and therapeutic guidance as they face the disliked and wounded parts of themselves, face their shadows.

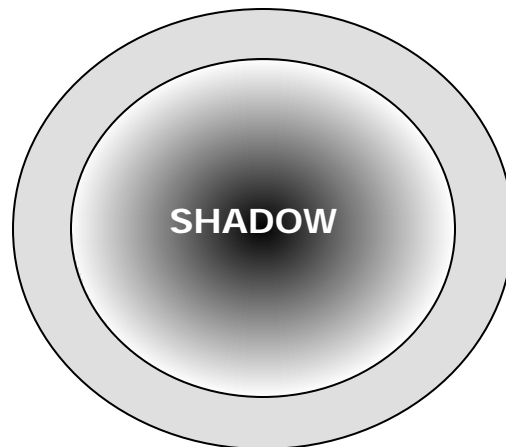
Shadow Boxing: Phase One, Great Expectations

When the wounded child and the healthy parent(s) first meet the parent anticipates being effective as a parent: helping the child to learn acceptable behaviors and to heal from the pain of the past. The child can only really anticipate more of what has occurred in the past, with previous caregivers. The child brings to the interactions a wounded core full of pain, missed developmental stages and unhealthy coping skills.

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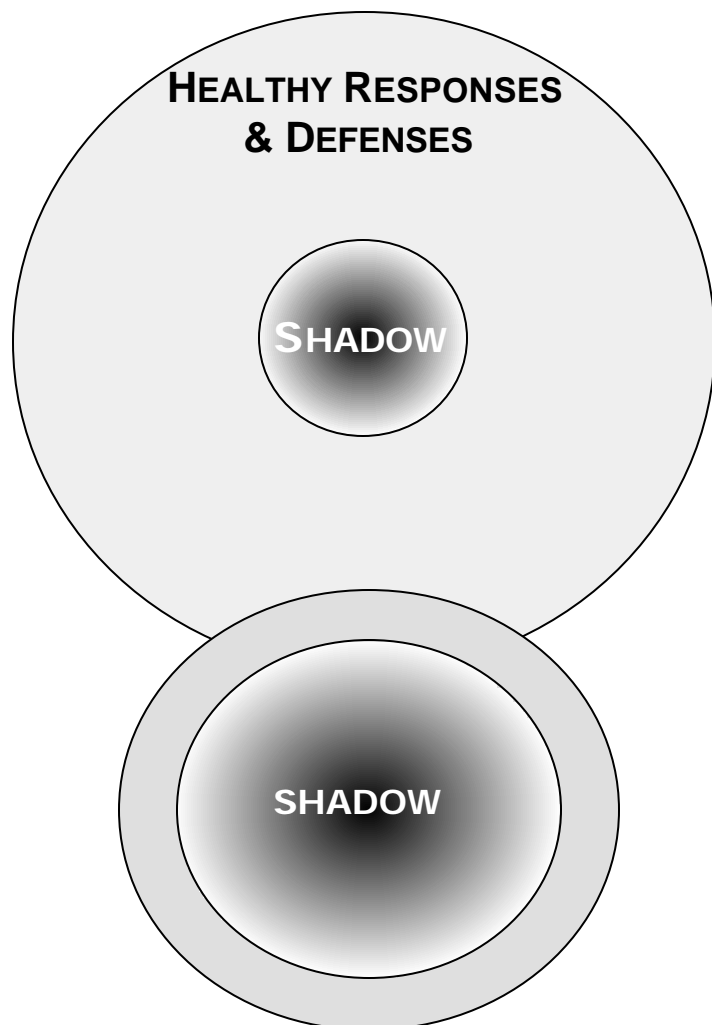
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Phase Two, Conflict Begins

Boundary issues occur when the child's negative/defensive behaviors trigger the parents' reactive/defensive responses; the strength of the parent's self permanence and self constancy is challenged. As the parent struggles with intense negative responses to the child's non compliance and/or inability to return affection his/her sense of self as a "good enough" parent weakens. The parent may have difficulty recalling his/her nurturing side is still present and available, constancy weakening in relationship with the noncompliant child. Self permanence may also weaken as the adult struggles to: hold boundaries, permeability; cope with many roles, flexibility; maintain the previously experienced capacity to control and contain emotions, agency; experience him/herself as the same person across changing emotions, stability; tell the difference between the child's emotions and his/her own internal wounds, differentiation.

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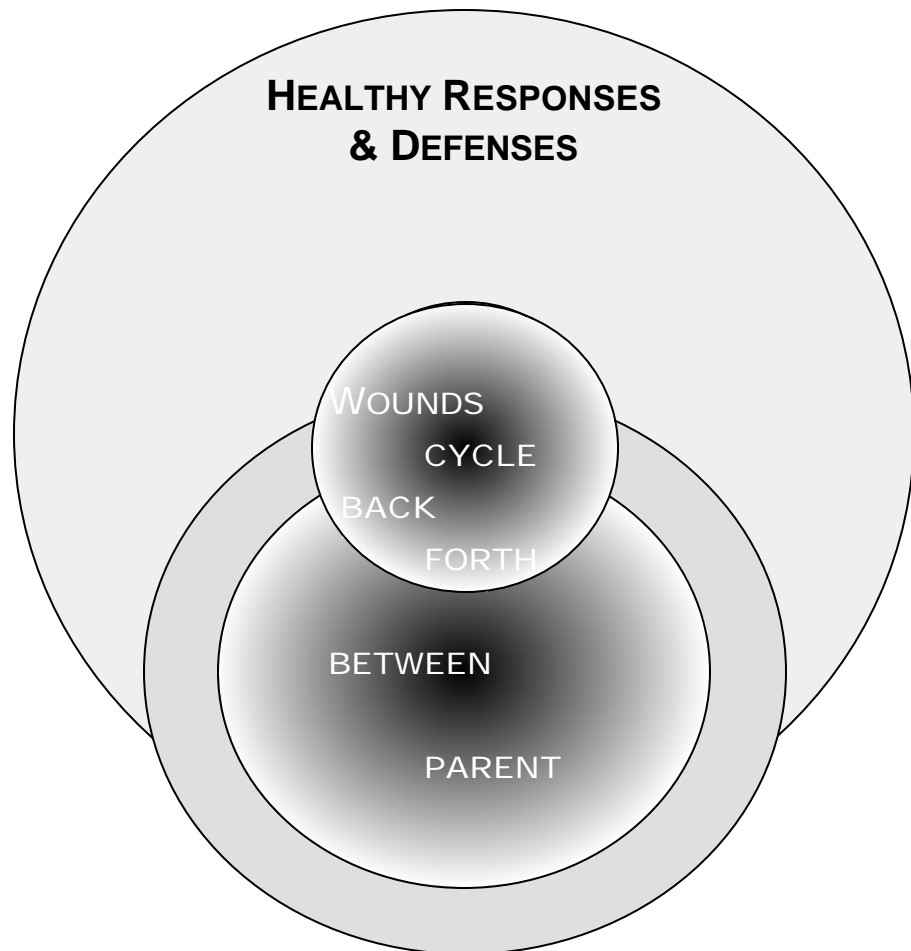
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Phase Three, Meeting the Shadow

When the negative, defensive behaviors between the parent and child go on over time, parent and child begin to trigger each others inner wounds. The wounds of both can become inflamed and grow. The parent finds in him/herself feelings and behaviors that are discordant to his/her sense of self . Boundaries are violated, permeability weakens. Enmeshment and disengagement both can occur.

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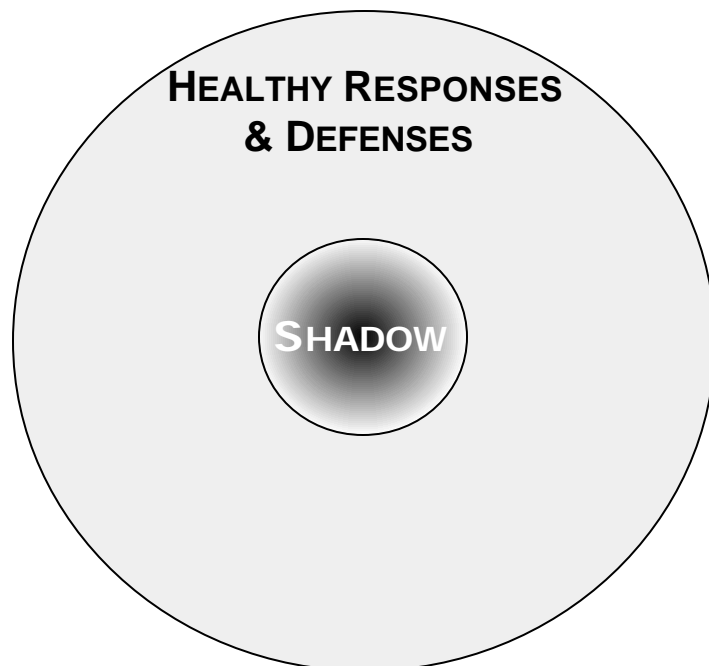


PHASE FOUR, CONQUERING THE SHADOW HEALING

A more stable relationship occurs when the parent, taking responsibility for his/her shadowy responses, begins to accept and control previously rejected parts of self and heal old wounds. The wounded part of the parents grows smaller; parents don't have to become one with the child to get the child to change. Parents now respond proactively at the first (or second) sign of boundary pressures, viewing the child's actions as unmet needs. Parents develop their capacities, previously lost or undeveloped, to contain their own and their child's pain.

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Slowly, tension decreases and empathy increases. Parent & child begin to develop the capacity to be close to (intimacy) and away from each other without fear of loss of self or other. Slowly, as the parent practices new strategies to respond to the child's behavior and meet the child's needs, the child experiences itself in relation to a significant caregiver in a whole new way. The child can begin to heal.



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