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Misfortunes in the Life of a Child and its Family

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Last winter I was asked by Frédéric von Orelli whether I could speak at this conference about my experiences with children and teenagers afflicted by great misfortunes. I am delighted about the honour and privilege of being invited here and express my heartfelt thanks to you. I speak out of my professional and life experience. I am not a scientist, but an everyday hospital practicioner. Following medical studies and 2 years of clinical experience in internal medicine and children's surgery, I was a full-time mother of 4 children and a housewife for 12 years from 1980 to 1992. For me this time was my 'second education' and getting to know myself, which I see as very beneficial to my present work. I experienced many ups and downs and learned to know my own limitations. Difficulties and crises were also part of everyday life and had to be solved.

When our youngest child was in his first year at school, I re-entered my profession and took the entire further training as a child psychiatrist and psychotherapist part-time. When I was not at home, my mother-in-law or my husband looked after the children. For 6 years we were a three-generation family for half of each week.

For more than 12 years I have been leading the Liaison Psychiatry and Psychosomatics at the Children's Hospital Lucern, for 7 years as lead doctor. ”Liaison” is the everyday intimate, interdisciplinary teamwork of paediatricians, child-surgeons and child-psychiatrists. But it also means that we work closely together with psychologists, social-workers, carers, dietary advisers, ergo- and physio-therapists, and chaplains. This integration has been increasingly accepted as the norm on all levels at our Children's Hospital. Psychosomatic means that in all our thinking we take into account the somatic, psychic and social aspects. They form a unity. Nevertheless, the whole is more than the sum of the individual parts.

Day by day we are confronted with misfortunes in the Children's Hospital. Children, youngsters and their families who come to us find themselves confronted with unexpected and frightening questions and problems. Often these have to do with existential questions of life, death and disability. We have to then discuss among ourselves questions of, for example, what normal patterns in life are, and where therapy is needed e.g. psychotherapy, or other measures like placements. Fortunately we do not decide this as individuals but always integrated within a team, consisting of paediatricians, child-surgeons, child-psychiatrists and child-psychologists, carers and parents. Debating about the "right way" to do so must be decided anew in each and every case. There are no universally applicable rules and answers.

I would like to tell you something of my experiences in borderline situations and misfortunes, to share information, pose questions, and report on beautiful things as well as the difficult ones.

I will tell you first the story of the - let us call them - the Stoll Family:
The Stoll parents lived with their five children on a remote farmyard in the centre of Switzerland. It was a battle to obtain the daily bread. The children often had to help out on the farm. The family lived in poverty. The parents had a lot of tension between them. It came to the point where the father used violence against the mother and children. The mother decided to move into the village with her children, in order to protect them. The father remained alone on the farm, but soon could not cope with the daily workload and increasingly sank into despair. It went so far that the father killed his wife, several other adults and finally himself. The five children became orphans and had to be hospitalized at the Children's Hospital as an emergency case. They were 2 girls and a boy between the ages of 11 and 15, a 3 year old girl and a baby of 9 months.

In this extreme situation, it was impressive how the children helped one another to cope with the irreversible situation. The older ones looked after the younger ones and consoled them. The young ones seemed happy to see familiar faces. Otherwise they did not as yet understand much. In dealing with the younger children, the older ones had an important task, which gave them structure, support and comfort. It became clear that as a matter-of-course they knew how to look after the younger ones from their previous experience and did so.

The father and mother had both come from families with many children. We quickly sought to contact the original families of the mother and the father. Uncles and aunts came with their spouses and children to visit and took the orphaned children on outings. The children were often depressed after these gatherings and did not want to intensify the contact. Two uncles and aunts seriously considered to adopt the children. The children refused. The families had fallen out among themselves and hardly knew the children as yet. In the father's family there had been many trans-generational conflicts. Thus it soon became clear that an intra-family placement was not possible.

The appointed guardianship authority wanted to place the children according to age, i.e. the older ones together and the younger ones together. The boy would have been placed alone in a pedagogic institution, because already in the past he had had behavioural abnormalities and severe problems in school. Many people stepped forward, offering to adopt one or several of the children. It soon became clear to us that all the children had to stay together, because they depended on one another and supported one another well, and that further losses and relationship breakdowns must be avoided at all costs. Finally there appeared a couple who were childless and declared themselves ready to adopt all five children. Since then several years have passed. The children still live with the same foster parents. The two eldest have successfully finished their education. They have occasional contact with colleagues in their former place of residence, but little connection with their original families.

Over the course of the years all the children for a shorter or longer period had a psychotherapeutic support. Guidance for the foster parents was also important. In sum, it may be said that the course of events is very pleasing and that all the children have so far developed well.

Looking after these children in the hospital could of course only be solved in an inter-disciplinary way. A large team of specialists of the care service, liaison-psychiatry, social services, paediatrics and the group for child-protection looked after them. Contacts took place with relatives. The children were accompanied at the funeral services. We went with the older ones into the home and they decided what they wanted to take away with them. We accompanied them in their former school classes, where they were able to say goodbye.

The contact with relatives and the authorities was only conducted via the social worker and myself. Consequently, the children were shielded from the media, which showed great interest in the story. With one exception this was also respected.

For the team it was imperative to support and be there for one another, when events threatened to overwhelm us. We spoke a lot amongst ourselves, comforted one another and made sure that we had enough time to relax.

This story, which was extraordinary even for us at the Children's Hospital, confronts us with many questions. What happens when children witness the running amok of their own father, which the two eldest saw? What do they need and when, so that they do not permanently become psychically ill, but rather are able to overcome this trauma? Where are there resources? Who can be a positive male role-model for the elder son? What will the preceding experiences of violence mean in the everyday domestic run for their future development?

As early as the fifties, the question of how people learn to cope with life after great misfortunes was taken up by a group of American scientists. On the island of **Kauai**, belonging to the US State of Hawaii in the Pacific Ocean, they observed 700 children for 40 years, questioned them again and again, and supported them. In so doing they were particularly researching which of the children remained psychically sound, which of them took ill psychically and how both these groups developed as adults. Besides individual factors, a supporting relationship with at least one important care person was decisive for a long-term positive development. Depressive young adults felt subjectively most supported by their social surroundings and, astonishingly, by drugs, less by talking with professionals. Sympathy, support and advice from marriage partners, friends, members of the extended family, teachers, masters, work colleagues and members of church groups were also seen as helpful.

I am now going to explain some more theoretical explanations.

A **trauma** is an extraordinary experience, which greatly threatens the physical and mental integrity. It is the sudden and unavoidable breaking in, the strongest possible confrontation with the finite nature of being. The more severe and longer lasting the feeling of helplessness, of total despair, of uncertainty and of being alone after the trauma, the more severe will the traumatisation be. A heavy trauma can, even in people who have previously been psychically sound, provoke a shorter or longer lasting psychic disturbance. We distinguish between acute, unforeseeable traumas, such as an accident, earthquake, flooding, sudden illness, or rape, and chronic ones, i.e. traumas recurring over a longer period, such as war, torture, famine, chronic illness, or sexual exploitation. Even after severe traumas, about half of the afflicted will be sound again following a temporary crisis. The others will for a longer time, i.e. weeks or some months, have severely restrictive symptoms, be unable to work and

need an adequate psychiatric and psychotherapeutic treatment. However, only few will remain impaired. Obviously, one who already previously had psychic problems or who has been repeatedly traumatised will be more vulnerable. Of importance here is the subjectively experienced burden, the missing control and variability, the extent of uncertainty and ambiguity, as well as the danger of recurrence. The better a critical situation has been overcome, the stronger the conviction will be even on a further occasion to master a threat. The more strongly the sufferer feels trapped and cannot influence anything, the greater will be the helplessness, the mental overload, and hence the trauma.

Additionally, signs of stress appear, such as heart palpitation, quick breathing, nausea, stiff muscles, trembling, cold sweat, etc. Alternatively there are signs of psychic overload, such as fear, restlessness, confusion, a meaningless frenzy, anger, aggression, flight and panic, or, on the contrary: paralysis, petrification, apathy and amnesia, i.e. gaps in one's memory. These are all normal reactions for anyone who has become caught up in an extreme situation. Within a few days or weeks these symptoms will, as a rule, vanish.

It may also happen that only after a latent period of a few days or weeks a so-called "catastrophe hangover" appears, with irritability, lack of concentration, careless work, reduced performance at work, fear, sleep disturbances and oppression. Even a "catastrophe hangover" is still to be termed a normal reaction. It should disappear with simple measures such as sufficient time for rest, relaxation and positive contacts with one's circle of acquaintances.

If the symptoms are distinctive immediately after the trauma, we speak of **acute stress disorder**, which later can turn into a post traumatic stress disorder. To acute stress disorder belong dissociative symptoms such as emotional numbness, damage of conscious perception, derealization and a dissociative amnesia, as well as flashbacks and the avoidance of reminders of the trauma. Additionally, there will be signs of fear and arousal, such as sleep disturbances, irritability, hyper-vigilance, shock and restlessness, as well as difficulties in coping with everyday tasks.

The risk factors for an acute stress disorder directly after the trauma include among other things the missing satisfaction of the primary necessities such as eating, drinking, sleeping, resting and exercise. This means that the satisfaction of fundamental necessities after a trauma is an important point for avoiding further disturbance. Feeling secure therein for patient and relatives is the first and most important point. Do the patient and his relatives have something to drink and to eat? Where can they relax and sleep? Can they go for a walk? Has they all been adequately informed? This last point is particularly important. The prolonging of uncertainty is hard to endure, e.g. as to whether injuries have been found in the X-rays, or whether an operation is going well. Life seems to come to a standstill and minutes become an eternity. All available information should therefore be handed on without delay to the persons affected.

I would like to show you this also by means of a further example. Some time ago in Lucern a serious car-accident happened. The father and his 9 month-old baby died. The mother, let us call her Mrs. Meier, had to be watched in intensive care. The 2 year-old girl Salome was admitted with a fractured leg to the Children's Hospital. Although a carer was always with her, the girl wept and cried for her mother and

father. I ordered that her Godmother and Grandmother, who were with the injured mother, came to the girl. I myself talked to the mother and ordered that the chief children's surgeon should go to her. I brought her a photo of her daughter, who sat in her bed in the Children's Hospital. On the next day, the mother was able to be transferred to the girl's room in the Children's Hospital. For both, this was comforting and gave them mutual support. The family had a good and supportive network of relatives, who helped them. Besides looking after the family, our liaison-service then also had the task of supporting the friends and relations, so that they had the strength to be there for Mrs. Meier and Salome.

We were very touched when, 7 ½ months later, we received the birth announcement of the third child. At the time of the accident, the mother had been in her 6th week of pregnancy. She had told this to her husband only a few days previously.

At the Children's Hospital we especially make sure that primarily relatives look after and accompany children and youngsters. It is part of our duties therefore as professionals to support these relatives and enable them to help the children. If the mothers are calm and relaxed, the children feel better and often need fewer painkillers than if they are alone. By contrast, if the mothers are stressed and exhausted, this is conveyed to the children, who for their part cry more, are restless and sleep badly. In this case it is our duty to tell the mothers and encourage them to look after themselves as well. We talk with them and teach them relaxation exercises. We encourage them to go for walks with visitors and to go home to sleep.

In connection with misfortunes, as both the aforementioned families experienced, we speak in the context of child psychiatry of 'resilience':
'Resilience' is the ability of a person to master crises induced by challenging, difficult and burdening experiences and to use them for personal development. Those affected resort to inner and outer resources and thereby stay psychically sound. Resilient children and youngsters have within the family trusting relationships with at least one person they relate to. If both parents, due to their own problems, cannot sufficiently grasp this task, it may be partly or wholly taken up by other relatives, neighbours, teachers, music- or sports- teachers. Resilient children have good extra-familial social contacts. They are active in school and at work and have fulfilling leisure pursuits. They can precisely and adequately judge stress factors and react to them. They have a realistic assessment of their own possibilities and competences. They show self-reliance and confidence in their self-efficacy and react adequately to situations. They know how to find the help they need when they need it. Such healthy, strong, i.e. resilient people can overcome traumatic childhood experiences.

Even the children of the Stoll family already previously had, despite occasional quarrels, a supportive relationship among themselves. Before the running amok of their father, they experienced support by way of extra-familial people they trusted such as teachers and neighbours being helpful and supportive.

For a sound development a **secure bonding** is necessary as the most important protective factor. This task can be taken up jointly by father and mother from birth onwards. Bonding is a genetically anchored motivational system, which is activated between the parents and newborn child after birth. Nearness means security. From the beginning onwards, the child is an active interaction-partner in the mother-child and/or father-mother-child relationship; the child starts to react towards his

counterpart, which secures his survival. Already shortly after birth the newborn knows the smell of his own mother's milk. Not long thereafter, it realises whether its parents or unknown people are carrying it around. Only later does it learn to recognise the voices and faces of its parents. In order to develop a secure bonding, the newborn child needs an emotionally open communication with its parents. This means that the parents should perceive the whole range of the newborn's feelings and react accordingly. This leads to a higher self-esteem, a faculty to open up towards others, to become adaptable and able to deal with conflict. Such securely bonded children can integrate themselves in groups and have the faculty for emotional openness and intimacy.

If children feel emotionally secure, they start when they are older to explore their surroundings. If insecure, then they seek out once again the nearness of mother or father and want to make sure that all is still well.

I made these observations from direct experience with our youngest son. When he was two years old, we moved from Wallis to the centre of Switzerland. We lived in a complex of 5 homes for bigger families with 60 children under the age of 12. It was customary that the mothers sat on the playground, talking with one another, reading the paper, or knitting, and keeping an eye on the children at the same time. At first, I could not leave the playground without my son Martin starting to cry, even when I explained to him I was only going into the house and would come back to him right away. Only if one of his siblings explicitly took my place was I able to leave for a few minutes. However, if I sat down there knitting, then he would often suddenly disappear, because he had felt a great need to explore his surroundings. Once I found him in a neighbour's strawberry-patch, once in another house in the lift, which he could not work and therefore could not leave. When I opened the door of the lift for him, he came walking out without so much as a glance at me and went back to the playground.

Mother and father should therefore provide a secure emotional base for the child, from which the child explores the surroundings. They should always be there for a social reassurance. This is called **Social Referencing**. If the parents radiate security and calm, this is conveyed to the children. If the people they trust are very anxious when they need to leave the children on their own for a moment, this will influence on the one hand the child's pattern of bonding, and on the other hand, the child will grasp less the initiative to explore its surroundings.

We experience this again and again in children who are hospitalised and have to be separated from their mother. If the mother is anxious and does not want to leave the child's bed, because she fears that every separation will harm the child and that it cannot be left alone even for a moment, then the child adopts this pattern and for its own part reacts with fear, even when the mother simply goes to the toilet or gets a cup of coffee. However, if the child has a stable identity, then it feels strong enough to be on its own for a moment. The mother can distance herself without the child getting into excessive and overwhelming stress. Obviously in addition, the mother should inform the child about this, briefly and in clear language, and say when she will be back.
This was already understood even by the 2-year-old Salome Meier. The mother frequently had to be away for out-of-town appointments. Salome said every time, “Mummy will be back in the evening”, and thus comforted herself with this thought. At

the second parting she only cried a little at the start and then remained calmly in the Children's Hospital in her Grandmother's care.

Next to bonding with parents, the most important relationship is that with siblings. The **relationship among siblings** is the longest-lasting familial relationship in life. It evolves all the time. During childhood, siblings are very close, then begin to develop more and more individually in puberty, distance themselves one from another and go their own ways. If the relationship is a good one, they can always meet again and support one another. If a family has several children, this also increases the number of the dyadic relationships from three, between one child and his parents, to, for example, 15, with four children and their parents. In literature it is related that siblings promote the development of resilience, even if the children are different in temperament, intelligence, interests and behaviour. Earlier literature on the subject of siblingrelationships focussed in the first instance on envy, rivalry and retardance tendencies due to lack of encouragement by the parents. Today the attention is sooner directed towards the enrichment and opportunities of a family of siblings.

To cope with great misfortunes, a child needs a good **coherence sense**. This is the ability of having a generalised, enduring and strong sense of trust in life and the conviction that fate and the life-world can be positively influenced, that everything can be attributed to a meaning and that existing problems can be solved. Also belonging to the coherence sense are the following convictions: There are resources available to be sufficient for the demands of everyday life. These are worth acting upon and being engaged in. The events in the course of life are structured, determinable and explainable. Even the unforeseen and the difficult can be dealt with by making special effort and getting help, gains a meaning during the course of life, and becomes integrated in the life-story. This coherence sense is developed in a child approximately by the age of 10 years.

Misfortunes such as the Stoll and Meier families experienced shatter the very foundations of the coherence sense. It takes a lot of time before this is rebuilt. All the people involved must sooner or later come to terms with the misfortune. This most readily happens through psychotherapy, though possibly through a chaplain, or accompanied talks together with the siblings. When the right point of time for this has come cannot be predicted.

In my daily work in the Children's Hospital, happily not all too often, I have experienced situations, which have deeply shaken me and the team, and put to us the question as to why a family then experiences so many misfortunes.

Here is an example:
Lately, a 14 year-old female adolescent - let's call her Melissa - was hospitalised, because she had drunk too much alcohol. The father had been in a concentration-camp during the Bosnian war and thereby became severely traumatised. He now works full-time in the building trade, is prematurely aged and has many ailments. An elder sister of our patient is severely mentally and physically disabled, and lives in a care home. Melissa also has a 9-year-old brother who has great problems in his school work. Two years ago, the mother of the children within a short time died of an acute leukaemia. Shortly before her death, she gave Melissa the order to look after her younger brother. Despite all the great efforts of the carer system - which includes lunch, help with homework, a household help, special needs support in school, etc. -

the children have too little structure and support. The father is totally overwhelmed by the task of bringing up his children and dealing with the household alongside his full-time work. The mother had previously been responsible for this. Now Melissa does most of it. The father tells us that in the evenings he always looks at his late wife's photos and weeps. He denies having other problems and rejects further help. Again and again the question arises among the carer network as to whether the children should be placed in a boarding school or in a foster family, which would probably also entail the separation of the children. Father and children have been very closely bonded through the great misfortune. They help one another - despite problems and tensions. Melissa often became homesick in the Children's Hospital for her father and brother. In the child protection group in the Children's Hospital, we came to the conclusion that, despite the problems, a placement would not be the right way to support the family, rather on the contrary it would be a further trauma.

I am glad to have female and male colleagues in the child protection group, to whom I can time and again put questions as to the "best way", and who earnestly seek answers and optimal solutions. Time and again we have to challenge our own limits. Moreover, time and again we ask ourselves where we are trying to impose our own ideas, value judgements and convictions on others without need, and where an intervention is really necessary.

If in the team we assess a situation in totally different ways, I always return to the image of Mount Matterhorn: From Zermatt we see the distinct and characteristic view of the mountain, which is known worldwide. However, if we go on the Italian side to Cervinia, then the mountain is unrecogniseable. It is broad, inconspicuous and looks harmless. Only when we fly around the mountain do we see that it is the same one. Generally speaking, only from a *meta-position*[1] can we assemble different aspects of an issue, a situation or a problem into a whole. Incidentally, I use the same metaphor also in family conversations, where everybody relates the same experience totally differently.

In this context I would like to say something about **attitudes** and **value judgements**.

When we speak with families from different cultures at the Children's Hospital, we notice time and again that these people make a great effort to live up to our expectations. They declare themselves ready for everything, do not contradict and agree to everything. However, when it comes to putting this into action, then "they do nothing". One day they say this and the next day something else, to one person this and another person that. To us, this often comes across as lying. If those affected are confronted with this, they confess only as far as that which can be "proven". Much will be denied or swept out of sight and trivialised. Many of my colleagues become agitated and get the impression that these people are not reliable and bend the truth. Through a friend, Dr. Hannes Wiher, who for many years was on missionary service in Guinea as a doctor and theologian and who has written a theological dissertation on the subject of “Shame and Guilt”, I was made aware that the attitudes and value judgements of people with a shame-oriented consciousness are different from our own. We in Western Europe and in the USA have, during the

1 *Meta-position*: "a location outside a situation which enables you to see the situation from a broader perspective."

last century, developed a very individualistic and often also egoistic life concept. Our own personal view is requested, we strive to be autonomous and independent. We say what we feel and follow our own goals. If something no longer serves our own interests, we let it fall, sometimes without considering what consequences this might have for others.

Lately, more and more often I encounter the consequences of such an attitude towards life among adolescents, who have never learned I have realized more and more that youngsters are showing such an outlook on life, who never learned to take a stand for anything. They are hard to please. They become spoilt by the parents, who “do everything for their children.” They know no duties and do not learn to make an effort for something. They do not realize that they cannot survive alone and that for a good life they need others and also need to accomplish something for it.

In many other cultures by contrast, survival in the community is the central point. The community protects the individual. The individual therefore owes it loyalty and obedience. The children learn how to think in “We-terms”. Harmony is important. Conflicts are avoided. The goal of the education is conformity with the given cultural and religious parameters. A private life hardly exists. Collective interests dominate individual ones. If something is requested, the answer will be 'yes', even if the individual concerned can neither implement it nor wishes to do it. In particular in front of outsiders, any problems are denied. In order to make binding decisions with people of these cultures, the consent of the leader of the community is required.

Recently, I have realised that dealing with other value judgements should be quite consciously nurtured. If people from different cultures feel they are respected in their being different, even a conversation about a difficult subject is possible. Looking back, during the course of the last years I have had contact with people from every continent. When I put questions to them, I realise that they live in different worlds, think differently and act differently. I experience this as great enrichment and as a challenge.

The two value judgements, i.e. relationship orientation among people with a shame-oriented consciousness and law orientation among people with a guilt-oriented consciousness, cannot be be set off one against the other. The ideal is a healthy mixture of value judgements, which respect and hold in esteem both the individual and also the community.

Recently a prematurely born baby boy was admitted to us, because his parents hardly came to visit and the mother scarcely dared to touch the child. Carrying the child around in a carry-bag, which is so important for these children, was completely alien to them. Moreover, prematurely born babies, even if all goes well, often need especially a lot of care during the whole of babyhood and as toddlers. In conversations, the young mother told us that she attended a special-school and then had worked at a sheltered place of work. She was married to a man from Kosovo and already had a 2-year-old daughter. The maternal grandmother is only 49 years old and has been working full time for many years on call-out duty. She lives in the same house. The grandmother consented in the conversations to give up her work and stay at home to look after and bring up both the grandchildren. Happily, the guardianship authority of the residential community consented to compensate for the grandmother's loss of wages. Thus a 'win-win situation' could be achieved, which

brings advantages for all concerned, for the two lttle children, for their mother and the father, the grandmother, the other members of the family and ultimately for the residential community.

Mutually held value judgements in a collective, be this a family or a larger community, are, precisely in times of crises, also a resource. The members support one another and nobody is alone.

I am approaching the last part of my lecture, to **security factors**, which help to develop resilience and enable us to cope with the challenges and misfortunes of life.

The protective factors in the child itself include its personality characteristics. Someone who is outgoing, emotionally approachable, supportive and appreciative will have it easier in life, even simply on the grounds of these partly gentically controlled traits. Physical and pyschic health as well as normal intelligence are part of this. A school that imparts a sense of achievement is important. This is more important than the highest possible school grade, as a sense of achievement boosts confidence and strengthens self-efficacy. Communicative abilities also belong to the security factors, as does a good level of contact with children of the same age. And finally it requires functional coping strategies, i.e. the ability to cope successfully with problems and crises.

For children, security factors from the parents are also important. This includes a stable, open, esteeming relationship between the parents and their ability to deal respectfully with conflicts between themselves, and to return to amicable terms after an argument. Parents need a network of relatives and friends to support and complement them in bringing up the child. Parents and children should be stably and securely bonded with one another. Parents must understand the responsibility for their children even in adolescence, pose debates for themselves and negotiate compromises. They must find a measure for bringing up their children, for setting limits and at the same time gradually letting go. They make the decisions, but have to stand up for them as well. They should not themselves solve their children's problems, but rather empower them to learn to solve the problems. Parents should be tolerant and supportive, so that children cultivate diverse, stable and complementary relationships outside of the family and can also find help there when they need it. Such parents provide strength and structure. They are dependable, predictable and calming in times of insecurity or upheaval. This produces mutual trust and respect among all concerned.

Security factors are also required in the surroundings and in the community. Children who grow up in a multiple family dwelling, where neighbourly help functions, develop a good sense of security. This microclimate is destroyed with every move, even within the same town, and then takes time to reform. Especially younger children can be made to feel extremely insecure because of a move.

Migration into another culture is often a risk factor, except in cases where poverty, war and deprivation prevailed at the former place of residence. Living in peace, economical and financial security, good teachers, music teachers or sports coaches are security factors, which help a child to develop.

Membership in a religious community also functions as a security factor. Faith brings the assurance that life has sense and meaning. In time of need, it helps one gain strength and confidence and not be alone. It helps one bear pain and suffering in the certainty that things will turn positive again.

For me personally, the Christian faith is a foundation and a value, to which I adhere and which helps me time and again to cope with situations and find comfort and strength. People of other religions in my experience also find comfort in these. I encourage people to seek help in their own faith in time of need.

I am coming to the end of my lecture:

If I look back on the 12 years I've worked in the Children's Hospital, then the many enriching encounters with people for me stand at the forefront. I have experienced encouraging stories, but also many sad ones, in which those concerned had to endure much suffering and pain following misfortunes. I have seen with how much will to live and dignity those affected endure situations and ultimately also accept. Most of them have overcome the crises and now live once more in stable and positive conditions. Some have had to learn to accept the irreversible and inspite of it to find a 'yes' in their lives.

In my work, I was always able to count on the support of a team, without which I could not have coped with my tasks.

Thank you for listening and I wish you many stimulating discussions in your work-shops.

Lucern, 25th May 2011

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English translation by Kathy Wiliams

Questions for the group workshops on the subject of “Misfortunes in the Life of a Child and his Family”

- What kind of misfortunes have you suffered yourself? How did you fare in these? What resources did you have? What was missing? Were the crises ultimately opportunities, or have they left painful scars even until today?
- What kind of stories in your occupational daily routine were for you particularly defining and unforgettable? How did the stories end? What has most strongly influenced your opinion following the development?
- Where do you seek support if you yourself encounter a boundary?
- What value judgements do you have? What is important to you? Which value judgements of other people can you accept and which ones are for you unacceptable?
- What experiences do you have with people from foreign cultures? How do you succeed in finding a mutual basis for problem solving?