



We are Many. We are Different. We Create Life.

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## “Speaking with School Age Children after the Shooting in Texas” Art Pressley

The May 24 shooting in Uvalde, Texas has forced us once to take another look at religion, health and violence and how it is discussed with school age children. In the areas of religion and health, more attention and consideration needs to be given to the “religion” and “health” of children. From the perspective of the child, both terms are understood as profoundly relational, and connectational almost to the point of being synonymous. My approach to the categories of religion and health begins with defining human beings as innately religious. To say that we are innately religious means the fundamental human need is for meaning, which was initially done in a manner that we now call religious. Similarly, therapists, counselors, and social workers understand that one essential role of mental health is to aid people to develop meaningful, empathetic relationships that are essential for human development. We are also aware that these meaningful relationships must extend beyond the family and immediate community to include all the institutions in the child’s life. One of the primary health challenges for children are the multiple factors that make these relationships fragile and, at times, hostile to the wellbeing of the child.

Two days after the school shooting in Uvalde Texas, African American parents of a child in New York city asked if I would speak with them, and their 10-year-old son, about the shooting. Their son was becoming increasingly agitated, afraid of going to school, and asking why someone wanted to shoot children. Even as I felt overwhelmed by this impending discussion, I was curious about why this discussion was just now coming up from their child. I guess this is a recurring question in the social sciences - why now? There has been sufficient violence and shootings for the question to have emerged much earlier in the child’s life. Was it possible that there was so much publicity about this shooting that it opened the door to ask a question that few parents want to address with their child? Is it possible that our society has become so numb to violence – domestic, social, police, school, military and gang – that there needs to be something unique that breaks through our survival numbing? There was another possibility: family, social and religious structures that normally

help children cope with the daily terrors of life have now become so frayed by COVID stress, economic insecurities, political strife, racial tensions, and global wars that our connectedness for religion and health is more tenuous than ever. Or perhaps the shooting in Uvalde, like the murder of Emit Till, is yet another clarion call for communal grief, a reordering of priorities and community action.

The parents of this child and I have been friends for five years, and I knew of their hopes for and commitment to raising a healthy, resilient Black child. Black parents, like all other parents, attempt to raise healthy children, though they typically believe theirs is a more arduous task. Most parents want to instill basic values in their children: hard work, empathy for others, the importance of family, and the significance of doing their best. But for Black parents, parenting also includes the dread of “the talk”. This is the talk about surviving encounters with the police, that is then generalized to frame how to manage encounters with demeaning White people in stores, hostile schoolteachers, or any public space where they are treated as non-humans. Health for the Black child includes not only their orientation towards the world but also what health means in an environment that responds to them as if they are a foreign element inside the American body.

Black people are always astounded by what we perceive to be the acceptable level of violence and neglect of the Black child. The parents of this child believed that the failure of police to act more aggressively was in part related to the devaluation of the lives of Black and Brown people. Historically, Black and Brown children and people have always been perceived and treated as if their existence posed a threat for the White American body. From that vantage point, the country’s violence and neglect begins to make sense. I think that for these and many other Black parents, the shooting in Uvalde, Texas, had to be understood against this larger backdrop of violence against vulnerable and innocent persons. There is an interesting character to the mass and other shootings that have taken place over the past few years. The shootings have occurred in schools, (Marjory Stoneman Douglas, FL; Sandy Hook, CT; Uvalde, Texas), churches (Charleston, SC; Ondo State Nigeria; Irvine Taiwanese Presbyterian Church, CA), grocery stores, (Buffalo, NY) hospitals, (Tulsa, OK), in the home (Breonna Taylor, Louisville, KY) – these shootings have happened in places that are supposed to be sacred, safe, and life-enhancing. Yet, every one of these social locations has now become a kind of hotspot where violence could happen. This means that for the child, entering or driving by any of these locations could now become a trigger for future experiences of trauma. There is potentially no place that feels totally safe. Thus, the healthier child, or health-seeking child, who is empathetic and caring might be more likely to have a fearful reaction, just in hearing about what has happened to others in any of the above hotspots and or social categories where violence occurred. That is also why dialoguing with our children is vital.

Part of the anticipatory challenge of meeting with Black parents and children about the school shooting in Uvalde is that the Black child, in most cases, already lives with higher levels of threat throughout the life cycle. The AMA in 2018 declared Gun Violence to be a public health crisis. This was not only about the number of bodies that are torn and shattered by bullets, but also included all the physiological changes that ensue from these violent acts, such as increased blood pressure, diminished cognitive abilities, lower immunology, changes in how the body reads its DNA. Even more significant, the emotional response to violence, threat of violence, stories of violence, memories of violence, has profound effects on how the child connects with others and themselves. As mentioned above, this attachment is the core element to what it means to be human, to be religious, and to be healthy. The multiple components of violence are part of the cluster of factors that are

organized into the category called trauma. Trauma is not so much a single event that overwhelms the individual or community, but a term that attempts to “connect the dots” so that theologians, physicians, educators, pastors, and artists can interpret the cascade of effects that are likely to unfold, and even self-replicate, within the person and even nation. Trauma is about the violent gift that keeps on giving. When individuals have experienced the confusing and often incomprehensible effects of such terror, they will tend to replicate the experience until they understand and hopefully reshape dynamics of the event.

When the parents asked me to speak with them and their child, they were asking several things. First, how to prevent the ideology, physiology, and sociology of observed violence from becoming a fixed part of their child’s life. This would include the reparative strategies to heal some of the problems of aggressive behavior at school, defiance with parents, and questions about identity that to emerge. Second, how do they talk about the person who chooses to go into a school and shoot 10-15-20 people and children. Is this person like all other people, or are they mentally ill, evil, or politically misguided? Is the tendency towards violence a universal human problem or just a small select number of people? A related question is whether there is anything that can be done to make life safer, and if this is possible why these steps have not been taken.

I was immediately overwhelmed by the request as soon as the invitation was offered for me to speak with their son. Over my career as psychologist, minister, and educator attempting to make meaning of these types of horrendous acts, I often agree with those who argue that these are acts of mental illness, but this typically avoids the complexity of the problems and suggests that these people are different from the rest of humanity. The hard question of how much the shooters are too much like all of us is evaded. I also agree that we need more effective political action that makes guns harder to obtain, and/or limits the availability of guns. I also agree with the spiritual fatigue that expresses a despair that we have struggled with this problem for too many years and yet the violence grows along with the divisions between groups. In working with children, I have discovered that they are really great philosophers and ethicists. They enjoy discussing issues for which there are clear answers and where there are always contradictions. This capacity to play, either with ideas, questions, or various strategies to solve problems is also core to repairing the damage from violence which leads people to desire clear and simple answers. The other assumption I have about working with children is that the question is never as much about the nature of violence, but what kind of person they want to be in light of the violence. Do they want to be a teacher, or an engineer, or a pilot? What are their gifts and how do they plan on using those gifts and their life to improve their community? I always challenge them to be better than previous generations and even their parents. Being better than their parents is an easy concept for most children to comprehend. Next, I always encourage the children to be as selfish as the Good Samaritan. I acknowledge that my perspective on the parable of the Good Samaritan might be a little tilted. At times I argue that the Good Samaritan likely acted for purely selfish reasons. This was likely a road that he often traveled and knew this to be an isolated and dangerous place. Because it was a dangerous road, few people stopped, even for free bagels. The Samaritan thought that on any of his trips he might get robbed and left beaten on the side of the road. The Samaritan thought he needed to change how people treated strangers on this road. The Samaritan assumed that only if all travelers began stopping for the lost and beaten would the dangerous journey become safe and healthy. This would be the only way for him to be confident that she or her family members would be helped if they were robbed and beaten on the side of the road. Making the road better for travelers could only happen when all people responded differently, if she started a social

movement to help the injured. Working with traumatized children is often teaching a sense of agency which is pivotal to a positive self-concept often weakened by violence. To view this as the beginning of a larger social movement is critical so that the action of helping does not become a kind of spiritual/mythic cowboy where one person solves the problem for others. Although there were a number of ways by which I had begun to think about how to approach the parents and their child, I was still intimidated by the thought of the conversation. Although feeling intimidated, I was confident in speaking with this child and his parents because Black and Brown parents have decades of experience raising resilient children. My role was to simply remind them what they already knew. I felt confident because as the parents spent time with their child in churches, grocery stores, and schools, and other “hotspots” their child would learn how to think about these places and have increased feelings of security. My confidence in speaking with the child is based in the awareness that children have an innate desire to fight for justice. A May 2010 New York Times article, based in part on studies from the Yale University’s Baby Lab, demonstrate that by the age of 3 months, infants have a sense of fairness. That by the age of 8 months they want to help others in need, and by the age of twenty-one months will seek to reward good behavior. Before the age of two children show empathy for people in distress, a preference for good people and a tendency to fight for justice. I felt confident in speaking to the child and his parents since my role was to uncover and support what was innate, passed on intergenerationally between parents-child, and at times hidden by acts of violence.