Early childhood

and

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Early childhood and the ability to cope with trauma

Introduction

There is significant variability in how each individual copes with trauma. That variability can be attributed to what is called resilience. The three main sources of resilience are individual traits, support from family and support from a person or group outside the family (Atwool, 2006). The purpose of this article is to review the literature on the origin of those traits that contribute to (or detract from) individual resilience.

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Stress from adding a new member to the family

Pregnancy and the ensuing introduction of a new family member are stressful life events. Unlike a job where you can quit or a regular relationship which you can end, the role of being a parent is permanent. Training for this role is often limited. New parents usually go by how they were parented and by informal learning (Miller B, Myers-Walls J, 1983).

Most often, the stress involved in becoming a new parent is motivational and helps parents cope with their new responsibilities. But less frequently, the stress becomes more problematic resulting in child maltreatment and "[…] observations of indifference in parent-child interactions" (Miller B, Myers-Walls J, 1983). Statistics compiled by the Centers for Disease control for 2005 detail what happens in the worst case scenario. There were 3.6 millions children reported as abused or neglected. Of those, Child Protective Services classified 899,000 as victims. A total of 1,460 children, most under the age of 4, were reported to have died of child abuse or neglect (CDC, 2008).

Prenatal development

A fully functioning human body grows from a single cell. Sharing the same body with their maternal host for nine months, everything that happens to the mother or is ingested by the mother can have great effect. Existing research has shown that ingesting alcohol or drugs during gestation can affect the prenatal child. For example, "Nicotine directly interferes with fetal development due to oxygen starvation, while alcohol crosses the placenta and enters the fetal bloodstream" (Alder J, Fink N, Bitzer J, et al, 2007).

Research also implicates paternal alcohol use and exposure to toxic chemicals with abnormal fetal development (Karr-Morse, Wiley, 1997, pp. 227-229).

But newer research also links maternal stress with a higher likelihood of schizophrenia (Khashan, et al, 2008), ADHD (Rodriguez A., Bohlin, 2005) and autism (Beversdorf, Manning, et al, 2005). Animal studies and more recent human studies show a wide range of effects from maternal stress during pregnancy.

> [...] pups of stressed [rat] mothers [...] were more fearful and irritable and produced more stress hormones. [...] prenatally stressed monkeys [...] result[ed] in a wide range of impairments including neuromotor difficulties, diminished cognitive abilities, and attention problems.
> [...]
> Researchers hypothesize that a mother's stress hormones can damage the developing brain of the fetus. Very recent research shows that maternal stress hormones released during pregnancy may adversely affect human fetal brain development (Stien, Kendall, 2004, pp. 21-22).

Results like these need to be interpreted carefully. How maternal stress affects the fetus is still being researched and the genetic role is still unknown. Still, these results call for attention. They suggest that the infant which emerges from the womb has been affected, perhaps dramatically, during this earliest phase of human development.

Attachment in infant development

> We need others. We need others to love and we need to be loved by them. There is no doubt that without it, we too, like the infant left alone, would cease to grow, cease to develop, choose madness and even death.
>
> Leo F. Buscaglia

Until just the mid 1940's, conventional wisdom dismissed the idea that infants could suffer emotional duress. Papers had been written documenting the distress that infants suffer when left by their caretakers, but they were largely overlooked. Rene Spitz helped to change that with a movie called "Grief: A peril in infancy." In it, he had video of healthy, happy babies who were dropped off at infant asylums. Within months, those same infants were losing weight, lethargic and inconsolably tearful, in a condition to be known as "hospitalism". It was recorded evidence of the essential need of attachment that we are all born with. (Karen, 1994, pp. 22–25)

The secure attachment type

Attachment theory went from obscurity to become "the dominant paradigm in contemporary developmental psychology" (Wallin, 2007, p. xii). Attachment can be broken down into 2 main categories, secure and insecure. Secure attachment is evidenced by a "flexibility and resilience" in the infant when maternal behaviors "reflect sensitivity rather than misattunement, acceptance rather than rejection, cooperation rather than control, and emotional availability rather than remoteness (Ainsworth et al., 1978)." (Wallin, 2007, p. 19).

The insecure attachment types

Insecure attachment breaks down into 3 categories. There is avoidant attachment, where the infant acts indifferently toward maternal comings and goings. Behavioral indifference though, failed to reveal the true infant feelings of distress, which were evidenced by elevated heart rates and cortisol levels. Mothers of these infants "were emotionally unavailable and uncomfortable with physical contact, and they tended to withdraw when their infants were sad" (Wallin, 2007, p. 21). Then there is the ambivalently attached, where the infant is preoccupied with maternal behavior and expresses that with amplified reactions. Maternal behavior here was "inconsistently responsive to their [infants] signals and emotionally available only unpredictably" (Wallin, 2007, p. 21).

The last of the insecure attachments is disorganized, where the infant acts inexplicably towards its mother, "for example, they backed toward mother, froze in place, collapsed to the floor, or appeared to fall into a dazed, trance-like state." (Wallin, 2007, p. 22). This attachment style is highly correlated with abuse (Carlson, Cicchetti, Barnett, Braunwald, 1989). It is theorized that the infant is torn between the opposite urges of wanting to approach the mother and a simultaneous desire to avoid danger.

A note on paternal involvement

The role of fathers is also crucial. Karr-Morse and Wiley write "Frequent visits to their preterm babies [⋯] results in larger weight gains [⋯] as well as better motoric and social development" and "higher involvement by fathers produced fewer behavioral problems" (1997, p. 238).

Emotional regulation in infant development

A key factor in being able to process a trauma and recover without serious long term impairment is the ability to modulate one's own emotions. It allows a person to stay focused on the threat and take appropriate actions in response. It is reflected in the ability to stay "cool headed" in a crisis situation. There is substantial research to show that this ability begins to be formed in infancy.

When excited or excessively aroused, an infant needs to be able to lessen that arousal and return to a baseline of emotional calm. This ability is developed though interaction with a calm, emotionally available caretaker. This learning process is described here:

> When the baby is screaming, the nurturing mother provides soothing to lower the baby's state of alarm. When the baby appears droopy or depressed, an attuned mother will attempt to raise her baby's state to a more elevated mood. These maternal behaviors [···] are also maintaining an even balance of neurochemicals in the baby's brain, resulting in the contentment we observe and the baby's experience of emotional modulation, which over time becomes the child's internalized model for self-regulation of strong emotions (Karr-Morse, Wiley, 1997, p. 208).

When this learning process succeeds, the groundwork has been laid for a calm and well adjusted child. When there is a failure in the development of this ability to self soothe, the child is missing a key adaptive mechanism. In cases of abuse and neglect, the effects are much more deleterious. According to Schore, the caretaker "induces extreme levels of stimulation and arousal, either too high in abuse or too low in neglect, and

because she provides no interactive repair, the infant's intense negative emotional states last for long periods of time." (2001).

How do these early experiences affect our ability to cope with trauma?

The internal resources available to an individual have been shown to have critical roots in early childhood experience. The effects of these early experiences have been shown to be long lasting. According to Wallin:

> Children with a history of secure attachment show substantially greater self-esteem, emotional health and ego resilience, positive affect, initiative, social competence, and concentration in play than do their insecure peers.
> [...]
> As for later development, secure attachment seems to confer a measure of resilience on those so favored early in life. In contrast, disorganized attachment in infancy has been shown to be a very significant risk factor for psychopathology from childhood onward (2007, pp. 23-24).

In the same vein, Perry and Pollard write:

> In humans, studies have demonstrated the key role of the responsive, predictable caregiver in the development of a healthy stress-response neurobiology (37-39). [...] As this infant matures, if she is allowed to explore her 'novel' world and have a 'stable base' she can turn to when overwhelmed, this child is developing resilience to future stress and trauma. On the other hand, the child exposed to chaotic or threatening caregiving develops a 'sensitized' stress response system that impacts arousal, emotional regulation, behavioral reactivity, and even

cardiovascular regulation (74;76). These sensitized children are at risk for stress-induced neuropsychiatric problems later in life (77). (1998)

Are these early effects permanent?

Many of the difficult life experiences reviewed here reduce the ability of an individual to cope with trauma. For example, those who are avoidantly attached will not be able to fully utilize social supports that are crucial in the aftermath of a trauma. But the experiences in early childhood can be altered by later experiences in life. New experiences can cause our brains to change and reorganize. This transformative capability is a relatively recent discovery known as neuroplasticity (Wikipedia).

Early childhood experience has the power to confer benefit or disadvantage on a child. But early disadvantages are amenable to change. Any relationship that is consistently safe and nurturing has the power to transform previous life experiences. These can be relatives, friends or members of a community group such as a church. A transforming relationship or a corrective experience is an essential task of psychotherapy. Wallin, citing the work of several attachment theorists, writes "the [client's] attachment relationship to the therapist is foundational and primary. It supplies a secure base [···] for exploration, development and change" (2007, p. 2).

We are influenced, but not determined, by our beginnings.

When important research has uncomfortable findings

Parents are held in high regard and for good reason. They provide for the material and emotional needs for their children, often neglecting their own needs to do so. A debt of gratitude is owed to all parents who bring the next generation into this world and nurture them until adulthood. But to idealize parents in a way that rejects all review and scrutiny will only prevent advances in the way we raise our children.

When Sigmund Freud, in 1896, heard reports of sexual abuse from all 18 of his female patients suffering from hysteria, he was excited enough to publish a paper. But one year later, Freud couldn't believe that fathers were responsible and instead, theorized that the abuse was a fantasy on the part of the women (McOmber, 1996). What Freud could not accept in 1896 is now a commonly accepted fact; that there is intrafamilial incest.

Prenatal biology and attachment observations point to the crucial role of the prenatal environment and the subsequent care that an infant receives. Karen writes "there is growing evidence that very early attachment experiences influence some of those temperamental traits that were previously seen as genetic" (1994, p. 312). The more recent studies cited earlier reinforce Karen's view and yet this evidence is often relegated to obscurity. For example, in the 1991 PBS documentary called *Childhood*, the destructive implications of maternal deprivation were downplayed, presumably so "that mothers should not be anxious about working" (Karen, 1994, p. 344).

Let us hope that we will not be like Freud, unable to benefit from the stark evidence before us because we have exclusionary, pre-existing beliefs.

A Policy note

Economic stress, relationship stress and many other stressors conspire against a calm emotional state for the expecting mother. With all the risk factors associated with prenatal and infant development, it is clear that wise public policy would address the needs of all mothers and particularly those that are at high risk. Karr-Morse and Wiley write "[…] for parents who have themselves been abused or neglected, or whose families have been encumbered by emotionally destructive patterns, a deeper level of education together with outside support or therapy may be essential for constructive parenting" (1997, p. 217).

Freely available prenatal care, education and stress management would seem a minimal response to such a clear societal need. More public service programming could help spread the knowledge about stress management techniques such as controlled breathing, progressive muscle relaxation and mind clearing.

One can only hope that there will be far sighted public policy makers who will see the near and long term consequences of neglect. Even from a purely economic perspective, early intervention is significantly less expensive than the care that will be required after the damage has been done.

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