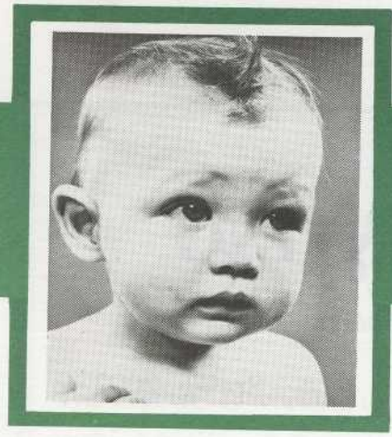

EMPATHIC PARENTING

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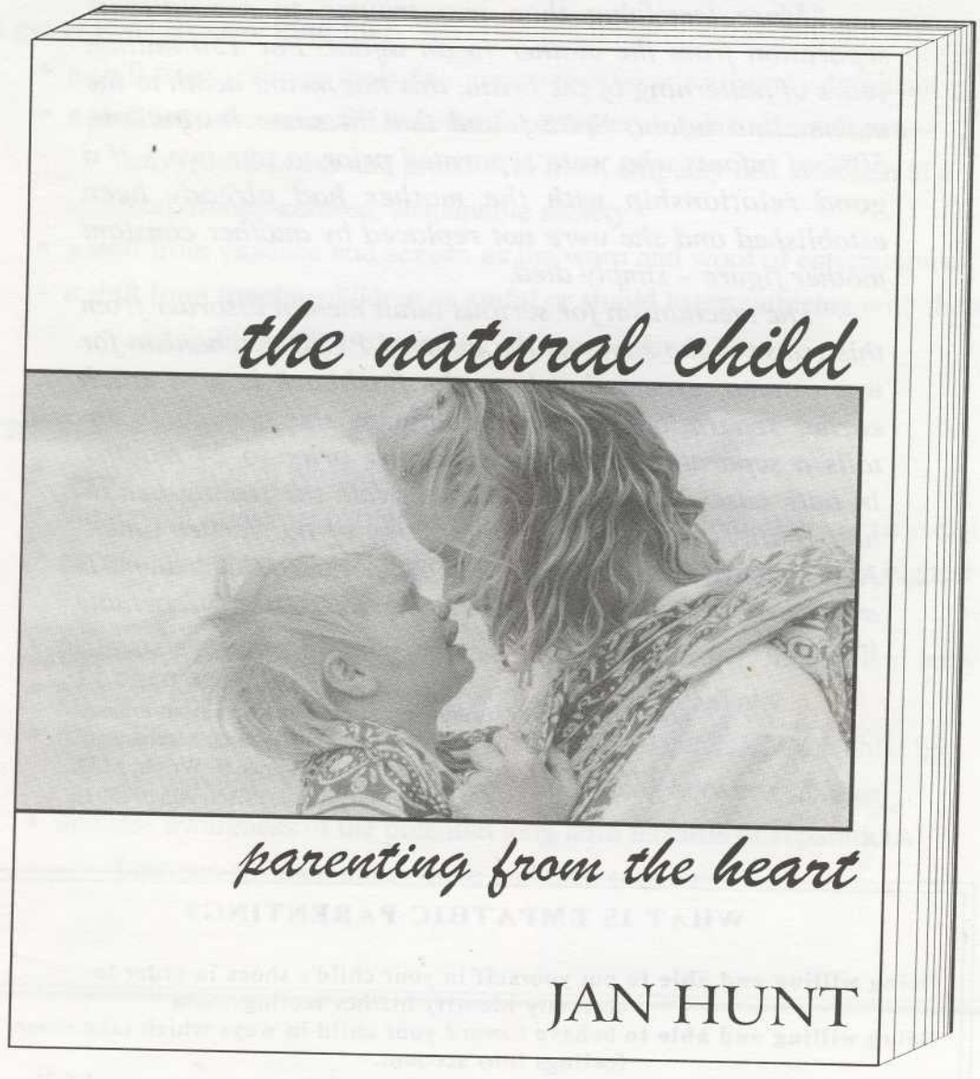

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for the Prevention of Cruelty to Children**

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The McKenzie Hypothesis

"More terrifying than war trauma to a soldier is separation from the mother to an infant. For 150 million years of patterning of the brain, this has meant death to the mammalian infant. Spitz found that in some institutions, 50% of infants who were separated prior to age two – if a good relationship with the mother had already been established and she were not replaced by another constant mother figure – simply died.

The mechanism for serious adult mental disorder from this cause is the same as the delayed PTSD mechanism for war trauma, except that ***here the flashback is to a much earlier separation trauma****. In infancy, this commonly entails a separation experience existing prior to 24 months. In both cases, the flashbacks reactivate the feeling-behaviour-reality-chemistry and physiology of the earlier time."* And, as with PTSD in general, *"After the initial trauma is awakened, very little is required to reawaken or perpetuate it."*

see page 11

from "Delayed Posttraumatic Stress Disorders from Infancy:
The Two Trauma Mechanism"
by Clancy D. McKenzie M.D. and Lance S. Wright M.D.
Dunitz Martin Ltd; ISBN: 9057025019

WHAT IS EMPATHIC PARENTING?

Being willing and able to put yourself in your child's shoes in order to correctly identify his/her feelings, and
Being willing and able to behave toward your child in ways which take those feelings into account.
Empathic Parenting takes an enormous amount of time and energy and fully involves both parents in a co-operative, sharing way.

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Front Cover
see page 6

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Many articles from past issues of Empathic Parenting are available on the Internet at:

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Physical Punishment in the Home
A Certificate for Parenting

The Power of Relationships Across the Life Span

Dr. Harry Edhouse

INTRODUCTION

My current work situation, is in private practice in Child and Family Psychiatry, plus general adult psychotherapy. In this practice, I work with almost the full age range, from the occasional infant to the many young children and teenagers, through adults to the several aged persons on my list. I have found that working with the earliest family situations informs my understanding of the adult situations I encounter – but not the reverse.

I have to tell you that I find this whole field of therapeutic endeavour resonates with the ancient Taoist Inscription :-

The Three Hundred Rules of Ceremony could not control men's natures.
The Three Thousand Rules of Punishment were not sufficient to put a stop to their treacherous villanies.
But he who knows how to cleanse the current of a stream begins by clearing out the source.
And he who would straighten the end of a process must commence with making its beginning correct.

In this vein, I wish to provide in this presentation a reminder of the paramount importance of relationship matters, from the beginning onward, both for the formation of the normal personality, and in the production of personality dysfunction across the full range of psychiatric disorders. The adult in the consulting room is already a long way from the 'personality factory' and what was engineered there, and the success or failure of their 'now' situation, as individuals, as one of a couple, and as a parent, has already been significantly determined by the 'then' situation.

What I had in mind, in suggesting the title for this presentation, was to draw particular attention to the importance of "making the beginning correct", establishing **Bonding, Cooperation and Companionship** as the fundamental, lifelong, relationship modality. I could well have used – "The Power of the **Infancy** Relationships **Over** the Life Span", as I believe that the fundamental relationship modality, imprinted in that initial epoch, is played out in the later epochs.

To make a few assertions bearing upon the title:-

1. Traumatic Separation in infancy can lead to the need for a Therapeutic Separation in later life.

2. Controlled Crying, and Time Out, are separation procedures.

3. Parenting produces a citizen and yet another parent.

4. Problems, or solutions, compound with each generation.

This entire journal is the text of a presentation to the Australian Association for Infant Mental Health, SA Branch, Adelaide, 30th August, 1999 by Dr. H. Edhouse. Dr. Edhouse trained as both a child psychiatrist and psychologist and has held many University and hospital appointments during his 40 years of practice. More detailed information can be found on his website http://www.humanfamily.net.au/psych/biography.html

5. Prevention is better and cheaper than cure.
6. There are social issues at stake.

Let's hear from two notables:-

> **Ruth Benedict** "The life history of the individual is first and foremost an accommodation to the patterns and standards traditionally handed down in his community. From the moment of his birth, the customs into which he is born shape his experience and behaviour. By the time he can talk, he is the little creature of his culture, and by the time he has grown and able to take part in its activities, its habits are his habits, its beliefs his beliefs, its impossibilities his impossibilities. ..... There is no social problem more incumbent upon us to understand than this role of custom. Until we are intelligent as to its laws and varieties, the main complicating facts of human life must remain unintelligible."

> **Mary Ainsworth** "... In childhood, disturbances of development are likely to occur in proportion to the extent to which the rearing environment differs in significant ways from the original environment of evolutionary adaptedness, especially when the rearing milieu cuts across the train of behavioural tendencies which are deeply rooted in the species because of their important survival functions."

And, to maintain a generally thoughtful perspective and insight we need to bear in mind:-

> **(Russell & Russell, Human Behaviour: A New Approach, 1961.)** "Patterns of behaviour can ... be transmitted down a pedigree as the parents of each generation influence their child in ways predetermined by their own experience at the hands of their own parents. This process of transmission we call **behavioural inheritance**. It can mimic all the known features of genetical inheritance."

So, if there is something important reaching into or out from the cradle, we had better know about it!

At this point I want to say that while Mothers are clearly the ones primarily involved in the period of infancy, when I use the term in this presentation, I also include Fathers, since in many optimal families the two personas blend seamlessly, and benefit the infant wonderfully, for his immediate needs and for his whole-of-life interpersonal relationship ability. Also, when I use "him" I mean "him/her".

The adult in the consulting room is already a long way from the 'personality factory' and what was engineered there, and the success or failure of their 'now' situation, as individuals, as one of a couple, and as a parent, has already been significantly determined by the 'then' situation.

WHAT DETERMINES RESTRAINT OR RELEASE OF PRIMITIVE BEHAVIOURS?

The taproots of human development, for the babe we have in the bassinet, travel back to the beginnings of mankind, and beyond into the prehuman species. In the sophisticated modern world in which we live, primitive behaviour of the most destructive and devastating kind, can still burst forth, often as the result of loss of or rejection in a significant relationship. This capability resides in all of us, deriving from our history and our prehistory.

What are the factors which are so formative? What determines restraint or release of primitive behaviours?

Could this be relevant?

> Mother, 5 months pregnant, and therefore soon to introduce a new baby to the family, said of her toddler.. "He won't do as he's told. He won't see reason. You end up getting the wooden spoon and giving him a clout. It doesn't do any good, but what can you do? And he says 'I'll go and get a knife and cut your baby out. If there's a bucket about I'd like to get the baby and drown it.'"

Or this:-

> "I hit him. My intention was to make him really angry so that I could really express the anger I felt for him"

Or this:-

> (From a Sister in Maternity Hospital to a mother with her babe struggling and fussing at her overflowing breast)
> "Hit him. You've got to show him who's boss"

Or this:-

> Scenario:- Two young parents of their first babe, lying in bed together, night after night, rigid, distressed, unable to sleep, while their babe, **alone in the next room**, is, night after night, distressed, crying, unable to sleep. (This child showed a failure to progress and some autistic symptoms.)

Or this:-

> "He used to cry a lot, so much so that we'd have to go and pick him up. We took him to Sydney and he cried all the time. When we came back we said 'Right, we're going to stop this, so we locked him in his room and left him to cry. He screamed for hours then stopped. We got him out of that. Took about week or 10 days." PGM advocated this. (This child presented with several features of autism and severe separation anxiety on kindergarten attendance.)

Or this:-

> "We can no longer find a way to hurt him. He won't cry when we smack him."
> (This 2 year old lay on the floor of my room, fondling his penis absorbedly.)

Or this:-

> My current elderly woman patient, a cosseted only child who married from home into a cosseting marriage, now widowed some 3 years, who, when she is alone in the house has a constant feeling of nausea for which all physical examinations and investigations can't find a cause, and which disappear as soon as she has a companion in the house.

These examples epitomise a variety of relationship situations suggesting an assortment of behavioural outcomes.

What are the relevant dynamics?

Freud nominated repression, out of fear of reprisal from adults, of a basic instinct to dominate, as the driving force for personality development, but I hope to describe a different and far more hopeful scenario — **mutual growth facilitation.**

The Tip Grows the Stem. (Edhouse, 1986)

> "... the growing tip of an ivy shoot, the tender, sensitive and responsive new growth is based upon and draws sustenance from

the penultimate still growing flexible stem, in turn dependent upon the consolidated previously grown branch from the primordial trunk. Progress entails reaching out into the new environment from the vantage point of the old environment. Growth at the tip elicits and authenticates the growth at the trunk. Dynamically, growth inhibition reflects backwards as strongly as forwards, bonsai like. ...A failure to grow an individual fully entails failure to be grown as an individual fully. Fulfilment of the species regenerative cycle entails being grown by the growth one gives rise to, the dynamic/organic pathway through which the personality is shaped and which produces growth-seeking behaviour." (ie **mutual growth facilitation**)

As I have elsewhere used the phrase, "children are born twice", once to their parents and once to society. Biological pregnancy, biological gestation, and biological birth, is followed by "sociological pregnancy", with "implantation" of the suckling babe into the womb of the family, sociological gestation of some 18 years duration, and sociological parturition from family into society. The parents initially form a two-person placental unit and impart vital aspects of themselves and leave an indelible stamp on the product.

This changing from a couple to a family is a life-cycle "developmental milestone" for an adult. For some couples this experience moves their personal development forward in large steps as a long awaited and keenly anticipated experience for which they have been well prepared. For some couples, becoming a family causes personal psychological decompensation (e.g. depression or other psychiatric disorders in the mother, and marital regression or sexual delinquency in the father). For yet others, becoming a family breaks apart the couple relationship, or rather, establishes the fact that the couple relationship had not the potential to develop into a family relationship. Some couples continue unchanged, refusing to allow the presence of a child or children to alter their habits of mind or their life-style, and thus they become a parent-statistic, but not parents-in-attendance.

For example :-

Just a few weeks ago, a family, arriving in two cars, Mother in business suit holding a diary, Father in overalls carrying a mobile phone, boy walking separately, head down, cap over eyes, thumbs operating an electronic game. History of retention in maternity hospital after Caesarean for "not feeding". Bottle-fed difficult infant (feeding, sleeping, crying problems). Family Day Care from 12 mouths, multiple care-takers since, traumatic family break-up, now in reconstituted family of three children, with new 2 year and a half year old sibling, all in before-and-after school care. Handling is indulgent/punitive. Boy made parents and me wait until he reached an end-point in his game before joining me. He complains of parents not spending time with him, "Mother on the internet", **Referral complaint** – tempers and talking of getting a knife and killing himself.

And this one:-

"My husband works 70 hours per week, sleeps all day Sunday. I'm a single mother who is not nervous at night and has no money worries."

Once a family comes into existence some parents manage quite well with babies but encounter their ceiling with toddlers. Some manage up to the toddler level but not beyond the first big step toward the separation and socialisation of kindergarten and school entry. Some manage up until puberty but not beyond. Some encounter their ceiling with late adolescents. Such a pattern of competence and deficit can occur in reverse order or in any other mosaic, deriving from the

patterning effect of the parents' own early developmental experiences.

> A Mother said to me, "I'm not the real motherly type when they were babies. I'm what could be called cold natured. When they were about three I used to be able to be affectionate to them." .... (This child presented with abnormal sex behaviour and thought confusion in puberty)

Immediately following birth, and I mean immediately, in the delivery room, in the absence of the harmoniously functioning foetus, placenta, and the enclosing womb, we now have a baby, a caretaker and the quality of the care-taking, and we need to examine this arrangement in detail.

The babe is born with a bunch of potentials each of which requires elicitation, and from which items of development may emerge. This is an active interpersonal relating process. If we simply pipe milk to a baby, and keep it warm and dry, and nothing else, progressive development virtually ceases. Of course, in normal circumstances, most babies follow a recognisable sequence of development, with some normal variations, along the developmental pathway aimed at ultimately producing a contributive citizen. However, like a rocket launch, should there be a few degrees off in the setting initially there will be a failure to reach the potential height, and an arrival in the wrong territory. So, with our newborn, we need to be acute in our understanding of the finest details of the launching, – the early parenting context, so that the final product is on course for a good journey and final destination.

What are the forces and factors in this epoch of Infancy? (In Rheingold's definition infancy lasts until speech is normally acquired). How can we 'make the beginning correct'? How can we attain the optimum? How can we obviate problems?

> **Myer 1908** "Achievement in the field of prevention will come less as the result of attempts at eradication than through the more rational method of furnishing such timely protection and balancing material as will make dangerous tendencies harmless".

Problem behaviour in the infant or toddler is the nuisance problem (crying, fears, anger, sleeplessness) but not the real problem. The real problem is the set of circumstances that cause the problem behaviour.

> **Bowlby**, "Child guidance workers all over the world have come to recognise that the overt problem which is brought to the clinic in the person of the child is not the real problem ... the problem usually lies in the relationship between him and the different members of the family" ie the behaviour problem is better understood and managed as a relationship problem.

THE ORIGINS OF LOVE AND HATE

To look more closely into the structure and function of these relationship issues, I want to use the writings of three clinical thinkers. **Ian Suttie**, who describes the vital essence of the initial mother-infant relations, **Peter Cook** who speaks of 'phylogenetic maladjustment', and **Clancy McKenzie** who picks up on the late results of infantile trauma.

Suttie was a Scottish psychiatrist, whose book **"The Origins of Love and Hate"** was published in 1935, with a foreword by J A Hadfield, and republished in 1988 with foreword by John Bowlby. Suttie is a much overlooked thinker, writing in the context of and in protest to the prevailing Freudian culture which he felt failed to understand the true nature of infancy and childhood. Suttie rejected the centrality of the Oedipus complex and the repressive role of the father, and proposed asexual Love in the place of Freudian sexuality as the driving 'force, and the mother as the formative influence.

> "We can reject once and for all the notion of the infant being a bundle of cooperating or competing instincts, and suppose instead that it is dominated from the beginning by the need to retain the mother – a need which, if thwarted, must produce the utmost extreme of terror or rage, since the loss of the mother is, under natural conditions, but the precursor of death itself. The **need for company** remains after all the sensory gratifications connected with the mother's body have become superfluous and have been surrendered. Play, cooperation, competition, and culture-interests are substituted (later) for the mutually caressing relationship of child and mother. By these substitutes we put the whole of the social environment in the place once occupied by the mother. **It is dread of loneliness which is the conscious expression of the human form of the instinct of self-preservation which originally attached the infant to the mother.** (modified)
>
> **Anger** is the child's desperate self-preservative attempt. It is not aimed at Mother's destruction which would have fatal repercussions upon the self, but is an attempt to induce her to save him.
>
> **Hatred** is a standing reproach to the person who should be rescuing the child.
>
> **Fear** is an appeal to the mother, and anger or apprehension or indifference on her part is extremely traumatic".

The Suttie hypothesis is that the infant arrives in the world in a state of biologic dependence 'instinct-inhibited and maximally adapted to adapt' to its total environment. This biological dependence becomes a psychological dependence out of the exchanges between the infant and the mother. The developing infant is **imprinted** in this process.

In Suttie's view, normal development subsequently entails progressive decrements in dependency and its progressive transmutation into companionship. At one and the same time, this imprinting is both **universal** to the species and **unique** to that mother-infant couple. Imprinted patterns of behaviours and interactions function like acquired instincts and pre-determine life outcomes.

Remember, this?

> ***(Russell & Russell, Human Behaviour: A New Approach,1961.)*** *"Patterns of behaviour can ... be transmitted down a pedigree as the parents of each generation influence their child in ways predetermined by their own experience at the hands of their own parents. This process of transmission we*

call behavioural inheritance. ***It can mimic all the known features of genetical inheritance."***

In sum, Suttie's position is:

1. The mind of the infant is adapted to its nurtured role in life, and is not in competition with the nurturer.
2. The initial dependency persists through out life, and is transformed to a need for companionship.
3. Adaptation to independence can only be effected thoroughly by the loved object.
4. The mother's capacity to do this varies with the quality of her character and personality.
5. Disturbances of this maternal function produce disturbances which may lead to illnesses.

Bowlby, in his introduction to Suttie's re-published book selects for special mention, this statement, *".....differences in handling, in the responsiveness of nurses and mother, may produce great differences in the child's first impressions and reactions,* ***and hence upon his whole future development"***, adding that this is fully in accord with Ainsworth's research.

I interpret Suttie's work to indicate that unless the mother-infant bond is fully formed it cannot be fully transformed to the robust sociable companionship attribute required for the rest of life.

CHILD REARING, CULTURE AND MENTAL HEALTH

Peter Cook is a contemporary of mine, a NSW child psychiatrist, and I have drawn freely from his paper entitled **"Child Rearing, Culture and Mental Health: Exploring an Ethological-Evolutionary Perspective in Preventive Child Psychiatry. 1975"**

An opening quotation from Plutarch is *"We are more sensible of what is done against culture than against nature".*

And Cook's opening words are *"An essential theme of this paper is that to promote mental health we must learn to understand and work with Nature rather than against it".*

His starting point is with Boyden who proposed the term "phylogenetic-maladjustment" for that particular kind of disturbance in an organism or a population which is due to the fact that the environmental conditions have deviated from those to which the species has become genetically adapted through evolution. This is important for studying organic medical health and disease and for psychological disturbance, and hence for mental health. Darwinian adaptation has Man evolving from other primates over many millions of years, and modern man for only some 10,000 years. No substantial (genetic) changes have occurred in this latter short period of time.

Cook points out, *"For many mammals, continuous lactation with an actively suckling offspring is necessary for the development of normal maternal behaviour."* Suckling engenders maternal bonding (as zoo keepers know), hence the need for rooming-in in birthing centres,

and strong advocacy of breast-feeding. Attachment to mother depends upon her response to crying, suckling, smiling, babbling. In our western society, a separate nursery from the beginning is often advocated, surrounding the child in silent comfort but remote from the continuous movement and low-level sound to which the full-term baby had adapted in the uterus, and away from the comforting presence of life that would pertain in nature. Attempts to regulate feeding and sleeping times entail distancing the body of the baby from the body of the mother. Other societies, where babies pass from the uterus to a body-sling, supply these organic continuities much more accurately than do we and thereby avoid many of the organic disturbances we are called upon to deal with – colic, and stimulus hunger manifested as restlessness, crying, rocking, rolling, pica, body sucking and sleeplessness.

"It can in fact be considered that man's gestation period is not completed until about eight to ten months after he is born, and that mother and babe are reciprocally designed to form a symbiotic unit for many months after birth, with body contact, and breast feeding prominent features of this period."

A basic-distrust orientation to child rearing has been deeply influential in Western culture, as exemplified by the following. In a sermon entitled "On Obedience to Parents", **John Wesley** (1836) quotes a letter from his mother Susanna:

> "In order to form the minds of children the first thing to be done is to conquer their will. Heaven or Hell depends on this alone. So that the parent who studies to subdue it (self-will) in his children, works together with God in the saving of a soul: The parent who indulges it does the devil's work. This therefore I cannot but earnestly repeat, - break their wills betimes: begin this great work before they can run alone, before they can speak plain, or perhaps speak at all. Whatever pains it cost, conquer their stubbornness: break the will, if you would not damn the child. I conjure you not to neglect, not to delay this. Therefore
>
> (1) Let a child, from a year old, be taught to fear the rod and to cry softly. In order to do this,
>
> (2) Let him have nothing he cries for, absolutely nothing, great or small; else you undo your own work.
>
> (3) At all events, from that age, make him do as he is bid, if you whip him ten times running to effect it. Break his will now, and his soul will live, and he will probably bless you to all eternity...
>
> (Old attitudes indeed, but still existing and pervasive.)

And from Truby King (1925):

> "Self-control, obedience, the recognition of authority, and, later, respect for elders are all the outcome of the first year's training. ... The baby who is picked up or fed whenever he cries soon becomes a veritable tyrant, and gives his mother no peace when awake; while, on the other hand, the infant who is fed regularly, put to sleep, and played with at definite times soon finds that appeals bring no response, and so learns that most useful of all lessons, self-control, and the recognition of an authority other than his own wishes ... the conscientious mother has to be prepared to fight and win all along the line, in matters small and great."
>
> (Shades of Behaviour Modification in current use?)

And from Glover 1960:

> "The perfectly normal baby is almost completely egocentric, greedy, dirty, violent in temper, destructive in habits, profoundly sexual in purpose, aggrandising in attitude, without conscience or moral feeling. His at-

titude to society is opportunist, inconsiderate, domineering and sadistic. In fact, judged by adult social standards the normal baby is for all practical purposes a born criminal. (The old psychoanalytic instinct-dominated view of the new-born.)

Far from the interests of the mother and the infant being fundamentally in conflict, the evolutionary process has favoured a good, healthy "fit" between the infant and the people who form his environment, because a good fit has Darwinian survival advantages.

The infant will communicate needs by body signals which need to be read accurately by the mother to restore or maintain contentment and equilibrium. Where there is the belief that the interests of the mother and child are in conflict, and that the mother needs to be protected from the demands of the child, mother-infant reciprocity suffers. Many believe in the doctrine of avoidance of 'spoiling', seeing it in adversarial terms as a 'giving in to', and even hold back their feelings of pleasure in contact, and avoid cuddling "too much". But it is known that **contact hunger** exists and is as primary as **food hunger**, and constant lack of satisfaction of either causes restless, seeking, crying behaviour. Commonly, there is an impatience for this early stage to pass and for a premature 'independence' to be brought about. The result in the infant can only slow or distort the pattern of development, and if it succeeds too well it fails by impairing the basic trust between infant and parent. Indeed it produces basic distrust. The more an infant senses that his basic biological needs may not be supplied, the more he may seek to induce this from mother, apparently confirming the view that he is naturally selfish, manipulative, or aggressive, and indeed "the monster" described by Glover.

Cook describes measures applied to deal with maladjustment as **Corrective** – aiming to reverse unsatisfactory biological conditions responsible for this state of maladjustment, or **Anti-dotal** – when directed only at the symptom or the immediate causes – like dental drilling and filling, as opposed to the use of fluoride.

To repeat Peter Cook's injunction:

"...we must learn to understand and work with Nature rather than against it".

It is known that **contact hunger** exists and is as primary as **food hunger,** and constant lack of satisfaction of either causes restless, seeking, crying behaviour.

DELAYED POSTTRAUMATIC STRESS DISORDERS FROM INFANCY

From the phylogenetic-maladjustment concept we turn now to **Clancy McKenzie**, Child Psychoanalyst and his book, **DELAYED POSTTRAUMATIC STRESS DISORDERS FROM INFANCY, The Two Trauma Mechanism. Published 1996**

The McKenzie hypothesis is that the manifestations of major and minor mental illness are the external signs of failure to separate from a dysfunctional bonding generated in infancy, and that therapeutic and educational utilisation and manipulation of this dimension is highly indicated. His argument goes something like this:

"More terrifying than war trauma to a soldier is separation from the mother to an infant. For 150 million years of patterning of the brain, this has meant death to the mammalian infant. Spitz found that in some institutions, 50% of infants who were separated prior to age two – if a good relationship with the mother had already been established and she were not replaced by another constant mother figure – simply died.

The mechanism for serious adult mental disorder from this cause is the same as the delayed PTSD mechanism for war trauma, except that ***here the flashback is to a much earlier separation trauma****. In infancy, this commonly entails a separation experience existing prior to 24 months. In both cases, the flashbacks reactivate the feeling-behaviour-reality-chemistry and physiology of the earlier time."* And, as with PTSD in general, *"After the initial trauma is awakened, very little is required to reawaken or perpetuate it."*

This entails an hypertrophy of this regressive mode of functioning and an atrophy of the more advanced functions and McKenzie holds that this is accompanied by a demonstrable biological-neurological brain change.

Interpolating here a comment from a quite different source, a philosopher, **Charles S. Pierce**, we have:

> *"It is terrible to see how a single unclear idea, a single formula without meaning, lurking in a young man's head will sometimes act like an obstruction of inert matter in an artery, hindering the nutrition of the brain and condemning its victim to pine away in the fullness of his intellectual vigor and in the midst of intellectual plenty"*

I had felt this statement to be clinically valid, and poetic, and had assumed that the '*blockage*' was meant to be metaphoric, but in the light of the McKenzie findings, there may well be something decidedly more physical and organic afoot.

This is strongly supported by the findings from the recent work of Neurobiologists Karl Pribam and Allan Schore, working independently, who can demonstrate brain changes from stressful or deficient care from the primary caretaker in the first three years of life. *"The baby's brain literally requires brain-brain interaction in the context of a positive affective mother-infant relationship"*. They demonstrate that, in actual brain development, from the initial abundant neu-

ral connection growth there is a pruning back and shaping of neural connections, **according to life experiences at that time**. To my mind this is rather similar to and well illustrated by the horticultural practice of "topiary" where the abundant new growth is shaped by the will and whim of the gardener – an abstraction from real life to serve a social purpose. The neurobiologists words are – *"Excessive pruning operates in the etiology of a vulnerability to later forming PTSD".*

McKenzie holds:

"Without the earlier trauma, there is not the early trauma site and the early gestalt to which to return. The trauma of infancy has one common denominator, a threat of separation from the mother, as experienced by the infant." The precipitating factor in later life that causes the acute onset of the initial illness is always a 'similar' separation, rejection or relationship failure.

Various life stresses and family traumas which can entail a decrement or interruption in the care-giving, and accumulated traumata can feed into the original trauma site and cause its expansion and intensification. Early traumas include an event that results in the baby's terror of separation from mother – birth of a sibling, death of a parent, illness and hospitalisation, adoption, combined or repeated minor traumas, diminished mothering, intermittent mothering, emotional separations, home and household stresses affecting quality of care.

Associated traumatic stresses – birth trauma, maternal distress during pregnancy, early cord clamping, circumcision without anaesthesia, prematurity – all feed in to the complex connections between the deep-brain stress-response structures and the cortical-inhibitory system.

Subsequent trauma and previous trauma can coalesce around a few important major trauma sites, constituting a response-set towards low threshold triggering by current stresses.

In normal individuals without any history of previous trauma, when under extreme threat, there can be a phylogenetic shift as well, activating older brain structures, to emit 'rip, tear, bite, claw' responses on relatively slight stimuli. Once the earlier mind/brain/reality is activated, it takes very little to keep it active – the first episode may follow trauma or stress, subsequent episodes are seemingly spontaneous. e.g. ... both schizophrenia and depression are easily awakened in the presence of persons present at the time of the original infantile trauma.

The principle of ease of re-activation as seen in PTSD applies to episodes of schizophrenia, major depression, bipolar disorder, anxiety, panic attacks, separation anxiety, delayed PTSD's of any type.

Experimentally, under inescapable shock conditions, animals that were previously restrained return, when re-shocked, to the same helpless behaviour of the earlier shock, while others that initially had not been restrained are able to escape. Flashbacks entail the partial or complete return to the initial trauma, and can be precipitated by any stimuli which *signify* the original trauma. The affected person literally lives partially in the earlier timeframe. The flashback symptoms in infants had been mistakenly attributed to the

unreality of "illness, maladjustment or behaviour problem" instead of to **an earlier reality**. It elicits the cry response, which is a desperate attempt to bring the mother back, a response built in over 120 million years of evolution of the old and the new mammalian brain. Children dying of cancer fear separation more than pain or death. Early separation is the most painful experience to all mammalian species.

Therapeutic Separation, as applied to adult psychiatric disorders.

"Once the (traumatized) infant mind has been (re-)activated by a trauma in the present similar to the one in the past, any contact with a parent or sibling will quickly reactivate the earlier mind/brain/reality. Even saying hello on the telephone is sufficient to reactivate and perpetuate the disorder. There must be a complete and total separation and dissociation from all the family members in order for the infant mind to return to the inactive state. It is crucial to get the person out of the infant mind/brain/reality as fast, as completely and as long as possible. The recommendation of total separation between patient and family has nothing to do with blame for the emotional disorder, as it is often accidental. The problem is that contact pulls the parent, the family and the patient back into the original trauma-based relating. The patient becomes a child and the family treat him as a child, and the condition is perpetuated.

Of great clinical interest in McKenzie's Two-Trauma hypothesis is his focus upon the sibling birth-interval, and his challenging view that specific categories of disorder in later life relate to the gap in months to the birth of the next sibling.

To quote a review by psychiatrist **Robert Cancro**, of May 1998:

> According to the theory, schizophrenia involves a trauma during the first 18 months of life, schizoaffective disorder during the next 6 months of life, and depressive disorders during the period between 24 and 34 months of life. Their pilot study in 1985 compared 60 residents of a halfway house with 60 normal subjects selected in a non-systematic fashion. In this study group of 120, there were 20 individuals with siblings who had been born less than 18 months later. Of these 20 subjects, 17 were among the halfway house residents and only three were among the normal subjects. A second study, performed in 1994 and using 24 months as the cut-off point, found that subjects with siblings who had been born less than 24 months later showed auditory hallucinations. Sarnoff Mednick ran a sample of 6,000 Finnish patients with schizophrenia and found that a statistically significant number of that sample had siblings born less than 2 years later.

And another review by **Stephen Appelbaum**, 1998:

> The birth of a sibling is a malignant offshoot of separation of the mother, for too often the mother's time, attention, and perhaps love are withdrawn in favour of the new baby. (The authors advise that mother not carry the baby upon returning from the hospital, only introducing the new child after fulsomely attending to the older child.) The authors accept the challenge of what to do to help the once-traumatized and now trauma-prone individual. Since they see the family as contextually or directly causative of the original trauma, they advise as strict as possible a separation of patient from family. As they do with most topics, the authors offer illustrative case vignettes to back up their contentions. Thus we read of an old trauma being relived as the result of a mere phone call from a relative, and traumatic effects of the family being relieved by a trip away from the family. Those with a theoretical, political, or economic investment in family involvement in individual therapy are on a collision course with the authors. In

place of family connections offered as "support," the authors suggest that the old trauma must be exhumed under safe contemporary conditions, with more or less standard psychotherapy that is evocatively informed by the background knowledge of the ubiquitousness of trauma and of the authors' two-trauma conceptualisation of how trauma does its mischief.

The Beginning of Treatment (as applied to adult patients) –

First give the theory and practice rationale and enlist patient's cooperation. Therapeutic alliance begins in the first session. Family members are encouraged to attend the first session to enlist their help in maintaining complete separation. Encourage them to undertake a 30-day complete separation, and if that works, extend it. Once there is complete understanding and complete cooperation of patient and family, usually there is no further need for cooperation.

SOME CONCLUSIONS

So there we have it: the way you deal with your baby, shapes its brain structure and function. You are its growing environment. Your imprint will strongly determine its approach to the wider environment generally, and its future relationships, and hence its personal and social functioning. What you do is what you get, – "wydiwyg" in compuspeak!

So, the writings of Suttie, Cook, and McKenzie, though spread over sixty years, are remarkably consistent and pertinent to our purposes. As we live and work as mental hygienists and clinicians, there is need to distinguish between the Optimal and the Pragmatic in the real life situations we are confronted with. The former is a think-tank exercise to establish the model or goal to aspire to. The latter is a clinical exercise to obtain the best approximation to the optimal for the people we work with and for. We are all of us on the journey of living out personal potential. For ourselves and for others, we need to have a zest for excellence and 'best practice', where possible, and to have human compassion and unfailing encouragement and clinical skill to support any of our fellow-travellers experiencing difficulty and hardship.

There is a social obligation to serve both needs.

We need to recognise and to proclaim that the more completely the earlier stages of relationship-forming are dealt with, at the time of emergence and in their natural succession, the more robust the result. We know that the newborn's very development depends upon the accurate reading and responding from the care-taking person, and that it takes some eight months of continuous contact for the infant to build the image of the mother, and then of himself, to a reliably recognisable level. In Winnicott's words, *'the infant looks at his mother and sees himself'*, so self-image is crystallising out in this conjunction with the caring person.

Becker states:

"The fact is that the child has to identify first with the care-taking adult before he can attain consciousness. His habitation of his body is built from the outside in; not from the inside out. He doesn't unfold into the world, the world unfolds into him. Socialisation means the formation of human beings out of helpless dependent animal matter".

I know that the infant is but a cuddlesome, needy blob in the beginning – tremendous potential, but hardly knows anything, can hardly do anything.

According to **Richard Dawkins**,

> "Human children have wide open eyes and ears, and gaping trusting minds sucking up language and other knowledge. Tidal waves of data, gigabytes of wisdom flood through the portals of the infant skull, and most of it originates in the culture built up by parents and generations of ancestors. Children change gradually into adults – not suddenly – as do caterpillars metamorphosing into butterflies".... "Just as genes propagate themselves in the gene pool by leaping from body to body via sperms or eggs, so "memes" ("an unit of cultural transmission") propagate themselves by leaping form brain to brain. When you plant a fertile meme (ie a behaviour pattern, or a response tendency) in my mind you literally parasitise my brain turning it into a vehicle for the further propagation of that meme."

According to **Bion**,

> "The parents need to trust that they can learn from their baby. They need to be able to contain their own and the baby's anxiety."

There is thus a brain-to-brain sculpting process occurring here, physical, neurobiological, cognitive, emotional, and social.

We must realise that the adult is, in the common sense of the word, more "primitive" than infant, because the adult is free-living and free-roaming and self-sufficient. The human infant is pre-primitive, much more primordial at birth than a chicken or a foal, and is more akin to the kangaroo newborn, and needs to be nursed and nourished in a "family pouch", a **marsupium**, for a considerable time after vaginal birth. It emerges into life through the body of the mother, thrives in the 'marsupium' of the 'primary maternal preoccupation' of the mother, and develops through reciprocal interactions with the mother. Placement of infants in Child Care Centres therefore cuts across this extra-uterine gestating process, and risks delay or invalidation of the developmental task of identification with the mother, and hence the other developments waiting upon this.

> ("She (13 months) goes to Child Care without fuss, but she calls me "Polly" when she comes home".)

Basic trust is built from having needs read and responded to accurately and reliably, day in and day out. Basic trust is thus put at risk by multiple caretakers. The temporary restriction of the life of the parenting person is personally and socially a petty issue when it is ranked beside the self-perpetuating harm done to present and subsequent generations by failure to supply optimal parenting. The baby cannot thrive in lack of need satisfaction, but only develop symptoms of this lack. But once an optimal response is induced in the baby by careful parenting attention, it **becomes a baby-attribute**, that is, a now **built-in readiness to comply** with the ministrations of the care-taking person.

The needs are for:

(1) the best approximation to continuity of the intra-uterine conditions, maintenance of the supply of nourishment, on demand, without delay, in periods of awakening;

(2) body contact and direct external stimulation via the operative sense organs (tactile, and movement-sensitive structures) in as continuous a manner as is possible, and within the limits tolerable and needed by the baby; and

(3) mind-expanding, growth-promoting, responsive company.

Sociologically, in the developmental milestone of changing from a couple into a family, and at one and the same time, a

parent and a grandparent is also born, also in a primordial state, and begin their lengthy development as such. The benefits of information, education, or intervention can be greatest when this novel experience is at its peak.

Good information, and inputs of "good memes" at this time are likely to penetrate and endure, benefiting the child in question and the after-coming children, and becoming incorporated into the style of parenting of the family in its further development. For our particular purposes, as a special interest group, we need to understand and to promulgate measures to protect and support the mother-infant dyad in this period of infancy.

Three Principles

The baby born today has much the same starting point as the baby born to the early Homo Sapiens species, but it has much, much more to encompass to finish up adapted to our modern life on the eve of the 21st Century. If the conditions are less than optimal, then disharmony sets in and immediate and long-term symptoms follow.

So, **Principle 1:**

"preserve early basic trust establishment from encroachment by societal pressures, to avoid "phylogenetic maladjustment" and "delayed post traumatic stress disorders from infancy."

What is done to the child is absorbed by the child, and becomes the self-image, and the way of dealing with the self and others. The esteemed child will have self-esteem and other-esteem. By the age of five years much of the functioning personality is laid down and much of the further development is already determined. We need, by then, to have all of the major and desirable potentials activated and ready to take up opportunities presented and we need robustness and flexibility to withstand stresses. Most of all, we need a consolidated log of **working-together-with** as a style of living so that the expected or unexpected stresses and crises will be met with this reaction.

So, **Principle 2:**

"hang in there together until a good resolution of the problem situation is found, then go on about your own individual business as you wish."

In clinical practice, we hear little about situations which work well, and are called upon to deal with situations which fail to work well. So we develop common remedies for common problems. This is a problem-based remediation system, and is not the development of "best practice" for the non-problem population. Controlled Crying and Time Out are practices developed to deal with failing situations with infants and toddlers, and can certainly be the methods of choice in particular problem situations, but such Behaviour Modification is an antidote not a corrective. Clearly, infants cannot jump forward in development when distressed. In fact they jump backwards, to fall back on earlier learned and even instinctive and primordial survival mechanisms, ranging from intense protest to intense withdrawal. At these times, the whole organism re-attunes itself to this mode, which if repeated often enough becomes habituated to a reflex response, and even as the new dominant mode.

So, **Principle 3:**

"hang in there together with the child who is distressed, fearful, or angry until resolution and you will get a child who will reciprocate."

The Canadian Society for the Prevention of Cruelty to Children

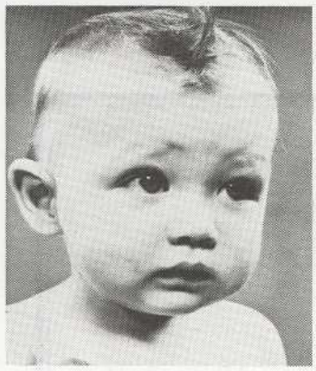
The CSPCC is working to change those things in Canadian society that are making it difficult for parents to give their children the care they need to grow into healthy, confident, non-violent, loving adults.

In general we are working for:

- a shift from arbitrary male dominance to no-one's arbitrary dominance
- a shift from the essential beliefs of our society's consumer religion -- envy, selfishness and greed -- to trust, empathy and affection in a community-centred, sustainable society
- a shift from violence and sexism as the warp and woof of entertainment
- a shift from treating children as sinful or stupid to empathizing with them and fulfilling their expanding and particular needs

In particular we are working to:

- raise the status of parenting
- implement universal parenting education from kindergarten to grade eight
- encourage parents to make their children's emotional needs their highest priority during the critical first three years
- facilitate a positive birthing experience for every father, mother and baby
- promote extended breastfeeding with child-led weaning
- make it easier for parents to meet the emotional needs of each child by encouraging a minimum three year spacing between siblings
- increase awareness of the potential long term hazards of separations between children under three and their mothers



Recognizing that the capacity to give and receive trust, affection and empathy is fundamental to being human.

Knowing that all of us suffer the consequences when children are raised in a way that makes them affectionless and violent, and;

Realizing that for the first time in History we have definite knowledge that these qualities are determined by the way a child is cared for in the very early years.

CREDO

CSPCC

WE BELIEVE THAT:

- The necessity that every new human being develop the capacity for trust, affection and empathy dictates that potential parents re-order their priorities with this in mind.
- Most parents are willing and able to provide their children with the necessary loving empathic care, given support from others, appropriate understanding of the task and the conviction of its absolute importance.
- It is unutterably cruel to permanently maim a human being by failing to provide this quality of care during the first three years of life.

THERE IS AN URGENCY THEREFORE TO:

- Re-evaluate all our institutions, traditions and beliefs from this perspective.
- Oppose and weaken all forces which undermine the desire or ability of parents to successfully carry out a task which ultimately affects us all.
- Support and strengthen all aspects of family and community life which assist parents to meet their obligation to each new member of the human race.