

Born to Live

Part II: A Case History

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Abstract: Severe prematurity is climbing to alarming numbers and the success rate of keeping these micropreemies alive is rising with ever increasing sophisticated medical technologies. But those who survive physically are emotionally and psychologically at severe risk. Pre- and perinatal traumas, whether caused by nature or human intervention, that remain untreated, continue to assert an insidious power over a child's life during its development in particular and its entire life in general. If society demands technological intervention to keep traumatized micropreemies alive, then it has the responsibility to see to it that the psycho-emotional and mental lives of these children are equally attended to as early as possible. Else, society fails these children at an unimaginable cost to society itself, not to mention the difficulties and severe problems these children and their families face.

In presenting my case history, I am illustrating the tyranny of unresolved early trauma during development and beyond. As life is a continuum from conception onwards, each experience, whether positive or negative, becomes a building block toward what a person eventually becomes. Each experience teaches the unborn and born something about life, the world, and itself. When these early lessons are negative, painful, and terror-filled, as traumas are by their very nature, the child responds in kind. Not only will its brain react to survive as best it can, but its body, soul, and mind will become defensive as a strategy to cope and adapt.

As set forth in "Born to Live – Part I: Micropreemies in the NICU" (Vol. 13 (2001), No. 4, S. 99–109), trauma in the NICU is pervasive. There is ample documentation that preemies can develop many aversions and terrors, are continually stressed, and submit to apnea and loss of consciousness often to escape what they can't handle. If these children are not given special and professional therapies early on, they face a future that is unimaginable unless portrayed from the inside out. This case history serves as a sample.

Zusammenfassung: *Zum Leben geboren – Teil II: Eine Fallgeschichte.* Schwere Frühgeburtlichkeit nimmt in alarmierender Weise zu und die Erfolgsrate, diese sehr kleinen Frühgeborenen am Leben zu erhalten, wächst parallel zu der immer ausgefeilteren Medizintechnik. Aber die, die körperlich überleben, sind gefühlsmäßig und psychologisch sehr gefährdet. Vorgeburtliche und geburtliche Traumen, seien sie nun durch die Natur oder durch menschliche Intervention verursacht, haben eine heimtückische Macht über das Leben

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des Kindes, besonders während seiner Entwicklung und darüber hinaus auf sein ganzes Leben. Wenn die Gesellschaft technische Interventionen verlangt, um sehr kleine traumatisierte Frühgeborene am Leben zu erhalten, dann hat sie auch die Verantwortlichkeit, sich um das emotionale und kognitive Leben dieser Kinder in gleicher Weise zu kümmern. Sonst versagt die Gesellschaft diesen Kindern gegenüber mit kaum abschätzbaren Kosten für die Gesellschaft selbst, abgesehen von den Schwierigkeiten und schweren Problemen, mit denen diese Kinder und ihre Familien zu tun haben.

Indem ich meinen Fall vorstelle, illustriere ich die Tyrannei von ungelösten frühen Traumen während der Entwicklung und später. Da das Leben ein Kontinuum ist von der Konzeption an, trägt jede Erfahrung, sei sie nun positiv oder negativ, zu dem bei, was aus einem Menschen schließlich wird. Jede Erfahrung lehrt das Ungeborene und den Säugling etwas über das Leben, die Welt und sie selbst. Wenn diese ersten Unterrichtsstunden negativ, schmerzlich und schreckerfüllt sind, wie dies Traumen ihrer Natur nach sind, wird das Kind davon geprägt. Nicht nur sein Hirn wird auf die bestmögliche Weise zu überleben suchen, sondern auch sein Körper, seine Seele und sein Geist werden als Lebensstrategie defensiv werden.

Wie in Teil I gezeigt wurde (Vol. 13 (2001), No. 4, S. 99–109), sind Traumen in der Neugeborenenstation eine häufige Tatsache. Es ist wohl dokumentiert, daß sehr frühe Frühgeborene vielerlei Aversionen und Schreckhaftigkeiten entwickeln, daß sie sich in kontinuierlichem Streß befinden, leicht in Zustände von Luftnot geraten und auch nicht selten ohnmächtig werden, um dem zu entgehen, mit dem sie nicht fertig werden. Wenn diesen Kindern nicht eine spezielle professionelle Therapie zur Verfügung gestellt wird, dann haben sie eine Zukunft vor sich, die nur vermittelbar ist, wenn sie aus dem Erleben des Kindes heraus formuliert ist. Die Fallgeschichte ist hierzu ein Beispiel.

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Introduction

The controversy in the debate concerning nature versus nurture has been imbalanced from the outset. This debate presumes the developing child, whether a fetus, newborn or five-month old, to be a passive object. No organism is ever passive when acted upon by its environment. Minimally, environmental and internal stimuli calling for reflexive behavior with attending neuronal processes, affects any organism automatically, functioning at the same time as a learning tool. When the fetus begins instinctively to respond to and interact with its environment, the child and its brain are actively engaged in developing its emotional, psychological, and mental personality. Thus, the development of a living entity is steered toward maturity by the triad of complementing forces: nature (genes), nurture (environment) and the individual self (Brekhman 2001). Stimulated by experiences early on, the brain develops its own peculiar neuronal networks and neurochemical patterns.

The rationale behind the following case history is to draw and heighten the attention to the emotional and psychological plight of micropreemies whose beginnings are so precarious and problematic (Ingalls 2001; Humes 2000). Their numbers are growing predominantly due to *in vitro* fertilization (IVF) which caused multiple births of three or more, to increase by 400 percent over the last twenty years (Lemonick 1997; Humes 2000). Severe birth complications increased proportionately, especially preeclampsia which affected five percent of pregnancies in

the U.S. This second-leading cause of maternal death has increased forty percent over the last decade (Carroll 2001). With the sophisticated and advanced technologies in neonatology and its increasing success rate to keep micropreemies of 26 weeks gestational age, and younger, physically alive, specialized therapies have become mandatory. Society has a new and particular responsibility.

Traumas are experiences that transform a child's life dramatically (Perry 1995). Pre- and perinatal traumas leave somatic memories that can and do tyrannize the emotional and psychological development of the infant for the rest of its life if intervention is not provided from the start (van der Kolk 1994). Attachment disorders, aggression, impulsivity, chronic defensive behaviors, learning disabilities, attention deficit disorders, are a few of the well-documented problems developing prematurely born children may exhibit. By the time these children have become teenagers, intervention may be too late or prohibitively expensive and time consuming to prevent proneness to suicide, addictions, violent crime, eating disorders, depression, and other psycho-pathologies (Barlow 2000; Saigal 1994, 2000; Sullivan 2001; Amen 2001). In a recent report in *The New York Times*, it is estimated that in the U.S.A. five to ten percent of children have serious mental health disorders, 60–70 percent of whom do not get the treatment they need, according to Dr. Gary De Carolis, chief of the child, adolescent and family branch of the federal Center for Mental Health Services (Goldberg 2001). In January, the U.S. Surgeon General's report offered an even higher estimate, 80 percent (Satcher 2000, 2001).

In the ensuing story, the focus is on the effects of multiple pre- and perinatal traumas as a continuum from prebirth to age sixteen and beyond on all levels from the physical to the mental. Suffering from disassociative amnesia covering the first sixteen years of my life, psychotherapy not only resolved the amnesia returning historical memory to conscious awareness but turned around the defensive, pathological behaviors I had resorted to since my perinatal birth experiences. My earliest defense behaviors and coping strategies snowballed as I grew up; the violence fueled by rage against the world, life, and others escalated until I turned it against myself, barely preventing matricide. Of special interest is the self as an active participant in developing the coping strategies beginning as a fetus and continuing throughout the following years, the emotionally driven behaviors alienating me from society as a whole, and, more importantly, the mental and intellectual notions arrived at to find a balance between the internal and external realities.

There is full documentation from tapes and their transcriptions of psychotherapy sessions over a thirty-year period. Unfortunately, it is beyond the scope of this paper to discuss the means and methods by which my memories of birth traumas have been recovered. Actually, they rose spontaneously once the "cocoon of self-sufficiency, distrust, and hate of dependency" (van der Kolk 1997) had been cracked open by therapy, (Ingalls 1996a, 1996b, 1997). This subjective history is merely meant as a view into the internal psycho-dynamics of a life bogged down by unresolved birth traumas. Of course, the personal and subjective content of each preemie's life will unfold differently. Many, though, may face similar problems as described in this case history.

Materials

Factually, I had little in common with today's preemies as I was a full-term baby. There was but one difficulty: I was a stubborn transverse fetus. As a result, the delivery did bring complications which gave me one particular experience I shared with many preemies: one or more death threats and loss of consciousness. I can state that my pre- and perinatal death threat experiences were the hard core, the bedrock, of any physical, psycho-emotional, mental, sexual, and relational problems that developed sooner and later in my life. Pre- and perinatal death threat experiences and loss of consciousness due to pain overloads during birth affected my entire person and the course of my life.

My first memory is one of irritation. From the sixth month, versional handling took place monthly without regard whether I was asleep or in a wake state. Irritation because the turning was unexpected rousing me out of my sleep. A week before delivery, an obstetric binder was applied to keep me in the proper position. One night, the binder was strapped so tightly around my mother's abdomen, she could not breathe. Neither could I. I was close to suffocating. I had my first taste of fear of death. When labor commenced, I was back in the transverse position. The contractions and pushing squeezed me into an ever smaller ball, causing head and knees to be pushed toward and into each other. My spine at the small of my back was nearing its breaking point as it was being pushed into the cervix. The umbilical cord was caught in the crease of my belly. This second death threat was more severe, if not acute. I was rigid with terror; I felt trapped and had no room to either protest reflexively or defend myself, though all the impulses were neurologically and emotionally there. Eventually, I was pulled out by forceps and hands, filling me with fear and terror, anger and rage with the reflexive reaction to strike back at 'them'. One other reaction stood out: a deep sigh of relief. I had made it. In retrospect, I knew I had never been so bone tired in my life. Still, I was emotionally and psychologically intact; I expected to be left in peace and given my due: sleep.

I have come to believe that with multiple traumas there is one that assumes the burden of centrality. Severity, intensity, and being in the throws of death gives it the focal point in memory as the experience that became the bedrock of all the negative effects upon my body, psyche, mind. My experiences before and during birth were traumatic, but insignificant in degree to what was to come. Psycho-emotionally they were preempted by what I call the upside-down and feeding traumas that followed. Interestingly enough, the body memories of the reflexes and learned behaviors, the sensory impressions prior and during delivery remained intricately specific in my memory. I relived them often in detail. My hypothesis is that reflexes and sensory impressions of vigorous intensity work directly on the nervous system and brain, making synaptic connections unavoidable as well as indelible, (Kafkalides 1995; Vaughan 1997).

As was customary in those days (1941), upon birth I was held upside down, slapped several times on my bottom to elicit a good wail and to initiate independent breathing. Disoriented from the arc through the frigid air on that late November night, utterly depleted, senses numbed, lungs filled with fluid, I was too lethargic to respond. In my memory, I could not live up to 'their' demands. 'They' wanted too much from me. There were so many stimuli my body had to respond

to, I needed much more time to do what was asked of me. Upon the second slap, pain began to fill every inch of my body. I felt I was choking on the pain. My insides stood on fire. I was burning up internally and freezing externally at the same time. Overstimulated, in near overload, the freeze-fight-flight response was activated. For a moment, I was suspended, near senseless. I had also been upside down too long – blood flooding my brain. There was total stillness to preserve and marshal my reserves, to catch my breath, to prepare for fight or flight. Infused with stress neurochemicals, my nervous system and brain were on total alert. A mixture of emotions coursed through me but my systems could not pay attention let alone express the fear, anger, terror, hate, and guilt. For some reason, I was being punished. I was in acute survival mode and at the brink of an abyss. With every nerve standing on end, I felt the next slap coming from the air displacement. It pushed me over the edge. I was an army of one and exploded. A massive stroke of blind rage – to kill or be killed, I didn't care which – burst forth. This act of protest in the name of survival and self-defense would come to haunt me for with this type of rage I crossed a line. Emotionally and psychologically, I didn't care about the consequences, including my own demise. Chemically and electrically, my brain had turned to chaos; messages crisscrossed haphazardly, wildly. Insufficient myelination facilitated the electrical charges to jump helter-skelter. My left arm did what my right was supposed to do. The reflexive stimuli to kick against the one who was holding me by my feet were those of a cornered animal – furious with the intent to strike back. These reflexes were so intense that the same impulse surfaced automatically later in life, including in therapy, whenever I became angry – an example of neurons charged but not discharged originally. For an instant I was literally crazed and crazy. The 'mad switch' was turned on. I was in hell and dying. I literally felt that 'they' didn't want me to live. As the slap landed, the opposite occurred. Every fiber, muscle, and nerve in my body clenched and contracted to stop from being drowned in pain, of being consumed by the internal fire. At the apex of the contraction from fists to toes, I collapsed. Every orifice opened releasing water diarrhea, urine, vomit, and fluid through the nose. Just before I lost consciousness, I had the sensory awareness that I was in the grip of some overpowering force that had annihilated all volition, control, and powers of action. Once unleashed, it couldn't be stopped. I was at its mercy. If death threats are terrifying, this utter helplessness and powerlessness was worse – like a sapling in the path of a tornado. The death screams were locked in my throat. And then I just kept falling and falling into that black bottomless pit – the sensation of death to an infant. At the same time, I had crossed a line – gone to the other side of a divide from which I would never be able to return. Something irrevocable had happened to me. I had been broken.

Over the years, I have come to understand that by adulthood, emotional memories of early traumas have become amalgamated in the subconscious. The emotional memories of young infants remain fluid, 'soft-wired' so to speak, in contrast to sensory and body memories that are virtually 'hard-wired'. Infantile emotional and behavioral memories are confirmed, validated, and become solidified in mind and brain by future experiences merging with new memories that carry a resemblance to the earlier ones. For example, when a child I was sometimes spanked. On one occasion at about age six, I was laid over my father's knee and slapped

on my behind. In the brain and the mind, the upside-down trauma and this childhood incident became bound together. The upside-down trauma was reactivated and neuronally reinforced. Thus, no longer part of the Freudian concept of the amnesic period. Perceptually and emotionally they shared a common ground: I was bad; therefore, I was beaten and slapped for punishment. This is important because this incident infused the upside-down trauma memory with meaning. In fact, from that day, I concluded that I was innately bad. Fear, guilt, tears, hurt, terror, and fear of death tied the two experiences even closer together. Life is a continuum. Experiences built on each other and thematic neural networks of memories and emotions were formed.

During the upside-down trauma, all I could have done as a newborn in the way of 'telling' was howling and wailing without awareness that the wailing contained a myriad of particular emotions, let alone negative attitudes. Only, similar experiences later in life will give the infant's wailing its specific contents. The advantage of this feature of brain and mind is that pre-verbal childhood traumas can later as yet be verbalized and therapeutically resolved in adulthood. The thematic and consolidated character of memories allows the patient in therapy to explore a chain of experiences or a single emotion, that runs through a series of repressed past events like beads on a necklace. At least, that is how it went for me. The downside is that traumatized children cannot verbalize why they throw tantrums and overreact to an incident that has associations to their original trauma. For example, I had gone screaming to my mother to tell her about my father's corporal punishment. But as a six-year-old, I could not explain why I was overreacting. I did feel terrorized by the spanking and the fear of death had resurfaced. Being laid over my father's knee had brought to the preconscious the unresolved emotions and pain imbedded in the upside-down trauma. Even had I owned the words, attempts to articulate my dread would have brought the entire upside-down experience to the surface of consciousness: something my mind could not allow. It was too overwhelming. It required therapeutic intervention. The other problem was that my mother – like many other parents – did not know how to listen to an overreacting and screaming child. Usually, tantrums are an indication that the incident provoking the uncontrollable outburst is minor to the parent's perceptions, but can be major to the child who feels overpowered by the emotional upheaval. The incident functioned as a trigger of something deeper. At least in my case, a tantrum was a message – a cry for help. I was in greater pain than I could tolerate. My parents told me not to be a cry-baby and to behave which forced me to swallow down the old traumatic pain again – a lost opportunity. In time, I became adept at repressing the pain because with each tantrum the message was: "when you are in pain and fear of death, you are bad, in need of discipline or punishment." So, it is all the more important that preemies get psycho-therapeutical intervention as early as possible while their emotional memories are still fluid. I believe that the fluidity is partly because during trauma strong emotions are evoked but rarely expressed because survival takes precedence. Certain neurons are electrically and chemically charged but not discharged. Those neurons remain primed, ready to discharge when similar emotions are awakened. Evidence for this belief lies in the fact that in therapy any upset triggered baby wailing and screaming; whenever angry my body would turn infantile with thrashing legs, flailing arms, arching, and

spastic impotence. I could not stop either behavior. In other words, the earlier preemies can be helped to work through their rage and terror the better possible violent criminal behavior later on can be prevented.

As was also customary in my infant days, babies were fed by the clock every two or three hours. At feeding time, I was picked up without ceremony, regardless whether I was awake or fast asleep, and brought to my mother. Without preamble, she gave me her nipple. Soon, I threw it all up. My stomach was filled with what felt like a fat ball – all the pent-up emotions and blocked behaviors of the preceding events I had been through. I felt one urgent need: to be held, to cry, and to let go of all the held-in emotions. I needed to be consoled, reassured, and most of all ‘to speak my mind’. My chest was filled with tears, my belly bloated with feelings and pain. Food was not on my agenda; on the contrary, I needed to release, not take in. It was primal. My future development was at stake. Without some proper attention, I would stagnate. But food was on my mother’s agenda. She tried again. I fidgeted and wriggled, defied and protested. My behavior was explicit, but I was neither heard nor seen. I became angry. Impatient with my feisty behavior, my mother clamped my right arm between her body and mine. She pinned down my left arm with her own. This evoked memories of events in the womb and being held upside-down – enforced immobility and terror. Feeling threatened, the ‘mad switch’ turned on and I struck out with white hot fury, crazed to kill or be killed – it didn’t matter which. There was so much hate directed at my mother, I flailed and kicked in an adrenaline charged outburst of rage. There was no middle ground: it was her or me. Again, I stepped over that threshold.

Up to now, all the events I lived through were instigated, caused by others. My reflexes and actions were in defense against forces outside myself. What took place between feedings added a whole new dimension to my psychological arsenal and emotional repertoire.

Back in the crib, I felt defeated, dejected, rejected, and totally abandoned. I had failed in the primal need for release. Worse, rage had become a dangerous emotion. To act on it only proved my impotence. In other words, the emotion of anger became perverted. Especially in infancy, anger is a positive, pro-life reaction not against a perceived threat but to an actually felt and experienced one. Afterwards, I was worse off and left with the pieces. I felt sucked empty. I had given all I had without being given anything in return. I became increasingly distrustful. I was in conflict: my body craved sleep, peace, and resolve, my mind remained alert and on guard. I dozed mostly until the unease within intensified. That ball of pain, the angst and terrors would rise up, the pressure pushing against my diaphragm and into my chest. I tried to deal with it by squirming, thrashing, and crying. But I lacked sufficient energy to actually let go. I literally needed human assistance. I could not release all the pent-up pain and emotions by myself. I felt so dependent. Too, I felt fear. Once the gates opened, I would be flooded and re-experience the overload. I could drown in it. By the time the feelings began to claw at my throat, I panicked and began to clench and contract – a learned behavior – to push that ball back down. I became so distrustful, I began to recognize sounds: a door opening, footsteps approaching. I learned to arm myself and tensed up just before ‘they’ picked me up. I continued to fight with my mother to no avail. The conflict deepened as I was not only fighting ‘them’ but an internal enemy. The badness

was inside and I began to loathe it. At one point, in a fit of rage, the clenching and contracting took hold. A split occurred between my body and soul. Within my soul, I carried my needs, desires, wishes, my hopes, my past and future. Since before birth I had withstood too much pain and no goodness and pleasure. My soul was starving to the point that I felt totally worthless, inefficacious. My actions were useless. I had not succeeded in getting the needed attention, love, warmth, bonding, and release. My soul was in such pain, I couldn't live with it. I had to let it go and cut it off from conscious awareness. Thus the rage became the means of repression, dissociation. Subsequently, I discovered a new behavior. If I lay very still and kept myself immobile that ball would stay down – a behavior of “don't rock the boat,” to make my soul stop crying. I barely breathed and soothed myself by blanking out. It worked like a narcotic, and I fell asleep. After a few more feedings I was less sanguine. I began to hate myself, life, them, all of it. I wanted to die or pass out never to wake up again. Having been unconscious before, I began to emulate that state – a state where I would be unreachable, where I couldn't be touched. In actuality, I learned the skill of dissociation which I would hone to the extreme in the years to come. Thereafter, all I needed to hear were those footsteps and I began to dissociate until I lay in my mother's arms, one day, completely apathetic. My body stayed limp, my mouth remained slack whenever she forced her nipple between my lips. I was so indifferent, nothing mattered. ‘They’ could do with me whatever ‘they’ wanted, I could not care less. Actually, I could not afford to care. I felt I could not survive another failure. In therapy, I learned that it was one of the most heartbreaking things I was forced to resort to. It is a form of soul murder: all needs, desires, wants, interactions, hopes and wishes were forsaken. It accounted for a lot of guilt because resorting to soul murder was my own work. The survival instinct carries a vital emotion: to act to survive means I care, I value my life, my soul, that which is me. To forsake my soul left me rudderless, a shell without a purpose. I was driven to it, of course, but in my mind that was not an excuse, merely a circumstance. Only one goal remained: to keep breathing. As long as I could get through the next breath, the next hour, the next day, that was all I asked. In sum, I had reached a compromise with my caretakers, the world. I had defied death too many times to succumb. I had become a fighter, but from now on it was on my caretakers terms: docile, obedient, soulless. The message was: don't be, don't cry, tell, or ask. There is no help at all. My condition was to keep breathing. The dissociation, the apathy did work. Physically I began to thrive. The price? My future had not just been stolen from me, I had forsaken it – a source of deep guilt. Life had turned into a Calvary – my personal cross. I literally felt banished. I knew that I was alone and on my own. Yet, way deep down, I felt terribly wronged. From that time onwards, I was continuously pulled between two polarities: slavish submission and stubborn, furious rebellion. I needed attention and hated it; I cared and could not afford to care. I had to live and I dreaded the next minute. Yet, the need to live became my mantra – a primal dogma.

I need to point out that during these traumatic events a primal philosophy had developed. A primal philosophy is an unconscious pre-verbal attitude towards life, people, and self, expressed in behaviors and emotions, such as turning apathetic or erupting into fury. Without intervention, this primal philosophy will be confirmed over and over again until it becomes fixed and over-generalized. For

instance, during therapy there was a period when I became paranoid. I began to triple check the locks on the door of my apartment. I expected people to intrude or walk in on me while asleep the way I had been when picked up for a feeding and turned early in the womb. There were times when I had insomnia for the same reason. My body would be exhausted, my mind on full alert. Sleeping pills or a stiff cognac had no effect. Therapy resolved these issues. Also, since birth, I alternated between days of constipation and water diarrhea, the latter always preceded by severe belly aches. Each explosive rage brought on the diarrhea. During therapy, I went through the same problem. It peaked at the end. Over a three-month period, it was either constipation or water diarrhea preceded by belly cramps.

When I entered psychotherapy at age twenty-nine, I had only one problem I could name: I could not remember the first sixteen years of my life, including my mother's face. One day, the psychiatrist asked me: "Paula, do you know what you thought when a child, a young girl?" I shook my head: "I haven't the faintest idea." I had turned into a pathological represser, dissociating any and all memories the moment they occurred. I remember I would leave the therapist's office unable to recall a word spoken, or even the man's face or clothes he wore the moment I closed the door behind me. Earlier in school, I had to read texts over and over until I acquired a visual memory of the page. My focus was turned completely outwards. Self-awareness, taking stock of inner feelings and thoughts was taboo. Whenever I entered a new environment, my first response was to locate the exits I could escape through if the need arose. In hindsight, I saw danger everywhere and was perceptually blind. The world of infants maybe small. Initially, their crib, feedings, relational bonds, and sensory fulfillment make up that world. In that light, I fought that world until I turned apathetic. In time, that primal attitude expanded as my world did. The world remained my enemy. Thus, my memories and perceptions were intricately meshed. By the time I entered therapy, I had been living my life quietly, unobtrusively, making sure not to call any attention to myself unless I had a bone to pick. Then I was as tenacious as they come. I had emigrated from Holland to New York where I felt quite safe in the anonymity of the crowd. I was a loner and self-sufficient. I was only content when I didn't need to interact with people. Therefore, my aims never reached higher than those I could fulfill myself, refusing outside help. I was good at being a silent nobody. I remember, once I was caught stealing at school. I was about fourteen years old. The police took me away. En route to the station, the inspector grabbed my hand, spread my fingers, scrutinized my nails. "Do you bite your nails?" he asked. "NO!", tearing my hand away, denying the obvious.

Psycho-emotionally and intellectually, I can divide my life between birth and the beginning of therapy into three phases: 1) from infancy to about age eight: the formative years; 2) from about eight through sixteen: the years of defiance and rebellion; 3) the third phase lasted till about age thirty: the period of self-tyranny.

Phase I: The Formative Years

Initially, I was the obedient, complying child desperate to as yet bond with my mother and be loveable in her eyes and yet fearful of it. I had an ulterior motive for dogging her wherever she went. I needed her to make that pain go away. It was

World War II. I had five siblings and two more were born by 1945. My father was a neurosurgeon and often in danger of Nazi reprisals against prominent citizens. Two baby carriages stood ready and packed in the hall for evacuation. Surprise inspections in the middle of the night for radios and other banned goods were common. It was a tense time.

At age two, my father took me to his clinic for observation and tests. The intestinal irregularities and belly aches had persisted. For six weeks I stayed in the hospital and underwent vaginal and anal manual examinations. My mother never came to visit me with good reasons from my parents' point of view. I remember lying on the examination table with bright lights overhead and two men bending over me: my father and the pediatrician. The first time the manual internal examination took place, the world came crashing down on me as the probe touched that very ball of pain that was still there since birth. The violation was felt as a betrayal of trust. Instead of making me better, this fresh trauma added insult to injury. The second time they meant to examine me, the 'mad switch' turned on. I felt cornered and terrorized. In fury, I literally kicked my father in the face with the intent to kill him. Again, I overstepped that boundary of not caring where my action led to. In my mind it didn't matter that I had not succeeded. I was guilty because I fully meant to kill him. I was a killer. That it was only an attempt was a distinction my young mind couldn't make. It left an enormous impression on me. I discovered how dangerous my anger was. After all, my father was a very tall, dominant, and fear-inspiring figure. His explosive temper was something to be wary of. None of us dared to cross him, let alone attack him. Yet, he had a very tender side. Medically he took extremely good care of us. As my mother was rather cold and detached, I adored him all the more . . . from a safe distant that is.

I have used the term 'mad switch' several times. I didn't coin the term. Eric Smith did. He was a 13-year-old boy, who bludgeoned a child of four to death in western New York. Eric Smith, suffering from an "intermittent explosive disorder," probably due to a fetal syndrome caused by the anti-convulsive drug, trimethadione, taken by his epileptic mother during pregnancy, described his impulses that led him to kill the small and helpless boy on a chance encounter as "a mad switch" that vented the anger building within him and said: "I had to get my anger out on him. I wanted to hurt him." I recognized what Eric meant. I too saw myself mirrored in young children and small animals especially when they became affectionate towards me. Nor could I stand crying children. I remember when I was a little over two years old. I was left in an upstairs bedroom for a nap with my baby sister. She was in a bassinet that was placed on the bed next to mine. She wailed. I got out of bed and tried to console her by rocking the basket. She wailed only louder. In my agitation, I accidentally toppled it. She fell out, head down. I don't recall what triggered the alarm. All I remember is my father storming up the stairs, yelling, and sending my mother out of the room. The baby was blue. He saved her just in time. I felt my father's wrath and his anger left me trembling, scared, and alone.

Kindergarten was a welcome, structured activity. I liked the attention and being part of a group. I loved working with my hands. But the school was run by the clock, something I did not take to too well. One day, I was working on a project.

I was having a great, satisfying time. Fully engrossed, the clock interfered. I was ordered to stop and join some sort of group activity. I protested to no avail. I had a fit and threw a whopping tantrum. For punishment, I was put into a corner with my back to the class. There it was again: protest, punishment, and banishment. I learned one thing: to protest means isolation. You are against and separated from the group – an outcast. It resonated. I felt as lonely as I did between feedings when a newborn. In the corner, I made a conscious decision: I don't ever want to learn anything again because I can't do anything fast enough. I am not given the time to learn and do as asked. An intellectual apathy began to set in.

At age six I went to elementary school. My mental life took shape in a way that astounded me. During the last phase of therapy – by which time I was in my late fifties – the very thoughts and ideas I struggled with as a child and young girl finally surfaced, freeing me of monumental mental conflicts.

Children do not think as adults do. They have their own linear logic. They tend to take things literally and apply new ideas to themselves. Their ego is still central in their perceptions and method of reasoning. What follows may sound blasphemous, but the reader must remember that it is a six- to eight-year-old child's reasoning. Too, pictures and imagery can be all powerful to a child when words still fail.

Our family was Roman Catholic. My mother was a devout believer. Specifically, she drilled it into us that we were here on earth to suffer. Only through suffering could we hopefully earn entrance into heaven in the hereafter. As a young child already I took exception to that notion. If I was to give up hope that life without pain was possible, I was doomed from the get-go. By that time, I had switched focus from my mother to my father. He was a doctor. He healed and cured physical pain. Couldn't he take away that ball of pain still festering inside me? Of course, he could. He didn't. But, the hope remained.

With elementary school came religious instruction. When I first understood the idea of God, I thought he was a nice man who could do what my father didn't. I prayed and prayed for help against the internal pain. I also had heard many a thundering sermon about the wrath of God, his omnipotence, omniscience, and omnipresence during Sunday masses. School supplemented its teachings with illustrations of God with his fist raised, of hell where people burned in perpetuity, of purgatory, of a sardonically grinning, horned devil, of the gates of heaven guarded by archangels, and of Judgment Day. The twelve stations of Jesus' journey to Calvary and his crucifixion together with the two murderers held my breath. Words I barely understood earlier came alive. My mind whirled. When I understood the concept of original sin, I was in total confusion. Together with my father's unpredictability and my mother's attitude of yes can be yes today and no tomorrow, I never knew where I stood. Somehow I had to make sense of the chaos in my mind and around me. God was a real person to me and all the more scary because I couldn't see him. Yet, he could invade my mind as I had been invaded at the age of two during the examinations. He could be like 'Sinterklaas', (St. Nicholas, the patron saint of children), who, dressed up like a bishop with miter and staff, arrived each year from Spain on a steamboat with his white horse and cortege of 'Zwarte Pieten' (Black Peters). They carried sacks, chains, and switches. 'Sinterklaas' was supposed to be dead, but during a three-week period in November until Decem-

ber 5, he materialized. If disobedient and fractious, the ultimate punishment was that you could be taken back to Spain to be made a slave or be killed and turned into candy. Like God, he and his black helpers knew, saw, and heard everything you did. All heady stuff for a small frightened child. At night, 'Zwarte Piet' went over the roofs and listened at chimneys. Magically, he left presents in our shoes placed by the hearth if we were deemed good; if not, there would be a switch for a whipping. I remember, I stood quite puzzled at the fire place and stared up into our chimney. I couldn't figure out how a grown man could worm himself through such a small opening. Of course, I thought, he changed into a black cat. Cats were adept at climbing up and down trees. So why not through chimneys? That was what was meant by being Almighty.

Hell and purgatory truly preoccupied me because I knew what burning and being on fire felt like. You go mad and die. I already lived it during the upside-down trauma. I had to be good. But the angry outbursts worried me. God could see everything that went on inside of me. How to hide my feelings and thoughts from Him? One way was to outsmart God. I figured if I could hide my thoughts and feelings from myself, then I didn't have any for God to see. Yet, I couldn't mask the mad switch. Whenever I succumbed to it, I turned into a crazed child not knowing what I was doing but intending to kill or be killed. I would be so disoriented, I lost touch with myself. It all turned black. For me it was like being turned into chaos. Getting mad felt like being sent to hell again, to the other side of the divide. Impulsive, explosive anger brought back that ball of pain – the mass of effects of the birth experiences. Worse, fear of death became increasingly tangible. Every time I exploded in anger, that fear came back. I couldn't get rid of it. It became etched in my soul. In time, I came to attack people who were younger or smaller until I mastered and repressed my impulsivity.

According to the religious instructions, we, the people, were created in God's image. Jesus was born to serve as our model and God's representative. To be good required to be like Jesus. The imagery of the stations of the cross and of Jesus hanging on the cross everywhere filled me with terror. I took it literally. To be like Jesus, I had to be willing to die and be nailed to the cross. More, murderers were also crucified and only then would they be forgiven. I had attempted to kill my father, I had committed soul murder, and with each explosion of rage, I fought to kill before – I thought – I would be killed. Unforgivable mortal sins. Actually, I felt I was beyond redemption. Both the upside-down and feedings traumas had left an indelible mark. I equated the residual pain with punishment to atone for my original sin, i.e., I was evil since I could remember. I was born with it. Of course, I couldn't go to confession for absolution because then not only God, but the priest and others would know as well. I would be cast aside forever. I was ignorant of the sanctity of the confessional. I believed every word they taught me, including the black mark on my forehead given on Ash Wednesday as a sign of a real sinner. Mortifying. Hell, purgatory, crucifixions, original sin – concepts too terrifying to a traumatized six-year-old to contemplate.

I reasoned and reasoned in my own way until one day, I found a little dead bird – my first encounter with actual death. I put it in a box and buried it secretly in the garden. Time elapsed. By the time I dug it up I was eight years old. The box was in perfect condition except at the bottom where insects had wormed their

way in. When I opened it, I underwent an epiphany. What was left of the little bird were feathers and bones. I was taught that through the Lord, mind, soul, and body would be preserved in perpetuity in heaven. I wondered: “How can you go to heaven, be an angel, and dance on the clouds when you are all bones without a soul, heart, and mind?” When you die, you are buried and decompose. Pictures of death – all skeleton, grinning skull, and rattling bones – came to mind. That’s what will become of me when I die. I knew what it was like to be without a soul – a shell filled with apathy and indifference – just like the devil. How can you be happy in heaven without a soul and heart to feel your happiness? I had another question. “How come God didn’t do away with the devil – his enemy – if he is almighty? Deep inside, I felt that I had been lied to. Heaven and hell didn’t exist. God couldn’t do away with Satan because he was too smart. Interestingly, in all the pictures and images only one person laughed tauntingly: the devil. I came up with my own brand of logic necessitated by too much stress, tensions, and pressures from the past as well as the present – the totality of my personal history and my environment. Something had to give.

Phase II: Defiance and Rebellion

I shrugged off my fears and confusion. By age eight or nine, I aligned myself with the devil. I remember the minor incident that triggered this mental and behavioral turn-about. I had gotten a good grade for a change and needed to tell my mother. She was in the dining room reading a book. Upon entering, I called her . . . once . . . twice. She heard but wouldn’t stop reading. I can still hear her munching on cookies while reading; I see her right index finger tracing the lines on the page of her book. Something snapped inside of me. I left, grabbed my bike, and raced to the nearby tennis park. There, I kept kicking the gravel until finally I was flooded with indifference. “No sense in being good. If they think I am evil and unworthy of attention, I might as well be bad.” For the second time, I sold my soul and morality fell by the wayside.

I began to smile, laugh, and defy authority. Do first, worry later if at all. I began to do exactly as I pleased. What was forbidden or denied, I stole. If threatened with punishment, I lied and cheated. I became so carefree and obstreperous, I even challenged God with dangerous, death-defying behavior on my bicycle. I began to run through time and space so nobody could catch me. I never stood still long enough to feel and think. Those were the best years of my childhood because for the first time I re-appropriated my own power and wrested the control back people had had over me since the time they began to turn me in utero. For about four years, I was who I wanted to be – a daredevil. However, it was also the period during which my impulsivity became flagrantly unrestrained and expressive with anger and rage when others stood in my way. Hyperactive, short on concentration and attention span, I lived for sports and working with my hands. I couldn’t sit still to bother with homework and school. Skipping classes was par for the course.

Part III: Self-Tyranny

By about age thirteen, life changed. My father became gradually increasingly erratic. The atmosphere in the house became heavy and dour. I went to highschool and had trouble keeping up. My memory became shorter. I also had a type of dyslexia. I skipped syllables and the nervous energy made me read backwards beginning at the end of words rather than at the beginning. With writing and typing I had the same problem. Words like longshoreman came out as long-horse-man. Projects had to be finished yesterday. Whereas during the birth traumas and early childhood I was perpetually in a race against the clock and had to live up to demands beyond my ken, I began to internalize such expectations. I tried to work faster than my hands and legs could handle. My mind was too quick. I was increasingly ahead of myself. A mental generalization had evolved. To avoid punishment, verbal anger, criticisms, a frown, even a difference of opinion, I had to be perfect and anticipate people's expectations.

I was fifteen when my father disappeared. We were told little – only that he had been taken to the hospital. From the hospital he was transferred to an asylum. Apparently, he had tried to commit suicide at home and in the hospital. About nine months later, he came home for a weekend and not long thereafter for good. I hardly recognized him: a shrunken, absentminded, confused old man. The electro-shock therapy had been botched. He had lost one essential part of his memory, most notably his medical knowledge. Yet, he knew exactly what his condition was. He was perpetually in pain. With his bedroom below mine, I had to listen night after night to his anguish. While he cried out, I lay helplessly in bed feeling all my own pains rising up again. I identified with him to such an extent that I feared for my own mind. At times, I felt I would actually go mad. To stop the descent, I resorted involuntarily to the old repressive technique of clenching and contracting the way I did during the upside-down trauma and between feedings. The dissociation was so massive, I began to lose all conscious memory of the first sixteen years of my life. Soon thereafter, my father planned and timed his suicide while my mother was away. However, before he took an overdose of pills, he came early in the morning to my bedroom. I was half asleep. In an oblique way he said goodbye to me. Later, I found him dead in his room.

I loved that man especially as the meaning of both, his farewell and his suicide, were a powerful lesson. First, his suicide was a liberation: his life had become unbearable and I couldn't have stood the nights listening to him much longer. Second, as a Roman Catholic and a physician, he defied the Church and his life-long art of healing. To my mind, he made the right decision and he taught me that the quality of my life was my responsibility. Take your life in your own hands. Trust only your own mind. Still, my father was the center of my life. With him alive, I always felt there was hope, that love, worth, and some form of happiness was possible on this earth – unlike my mother who elevated suffering to an art form. Glad to be released from his pain and yet depressed about my loss, I became ill – a psychosomatic reaction. After the physical examination, I overheard my mother discussing hospitalization with the doctor. Knowing my father's fate from the day he disappeared, at first I froze and was then cured instantaneously. It all came together. Death had become real to me. Fear of death, fear of madness, and my father's death, i.e., the reality of death, made me feel without a doubt that I wasn't

safe. If I was sent to the hospital, would I have to endure what my father went through? The pain alone would drive me out of my mind. I could die from it. The first sixteen years of my life had come full circle since the pre- and perinatal traumas.

Soon thereafter, I left home for boarding school at my own urging. From that time onward, I changed and tightly closed the inner doors to my past sixteen years. I became a strict, no-nonsense disciplinarian. I stopped lying, stealing, and cheating. I began to study hard; I became a hardened control freak over my own impulses, rage, other emotions, and more. Conscious awareness – not just of the internal pain and fears but in general – became intolerable. I didn't want to know anything. I began actively to block my conscious mind, too terrified to be in time and space. Still for two years, life at boarding school gave me a breathing spell. The nuns were kind and supportive. I knew where I stood. I did well. But, I remained defiant. I did attend church as required, but refused to go to communion and confession. No argument could divert my stand. Gradually, another psychological trait emerged: I learned to let criticisms, negative comments, or oppositions slide off me like water on a window pane. I feigned not to hear and ultimately didn't hear. This allowed me to move on and negotiate my life as a loner. But like all defenses, you have to keep raising the bars. Eventually, therapy pulled me out of my deliberate mental and intellectual apathy. I was almost forty-five years old when I reversed that attitude by daring to go to college and seek a liberal arts degree, majoring in philosophy and psychology.

After graduation, I was on my own without the scaffolding of a positive environment. I felt insecure. Doubt set in. Depression followed. I considered suicide but didn't know how to go about it. Eventually, I found solace by rereading a series of childhood books in which the hero was always on the side of the weak, insecure, and helpless. I found courage and willpower . . . for a while. A year or so later, I went through a second depression. Luckily, the doctor I was assigned to by the Health Services saw my condition with one glance. He sent me home for six weeks. My mother, on the other hand, had nothing but disdain for me. She thought I was getting a free ride. This was a critical moment. Washed over with that feeling of indifference, I wanted to strike out and kill her. And some day I would. What kept me from crossing the divide was the realization that I had escape routes now: I could commit suicide if the need arose and I could actually kill if I had to. Instead, I did what I had done since birth. I repressed. With sheer willpower, I directed all my pent-up rage against myself. I internalized the very authority and tyranny my parents, priests, school teachers, and other adults had wielded over me. Instead of being tyrannized, I became a self-tyrant. For years I was unable to be with my mother in the same room for fear I would, after all, attack her at the slightest imagined or real provocation. I continued life in a mental and behavioral, self-imposed straight jacket – as if trapped in the womb – until I was about thirty years old and began therapy. By that time, I had run out of energy and looked ten years older than I was. Since, the thirty years spent on therapy have given me my mind, memory, life, and future back.

Discussion

As a case history, I show the progression of violence. In light of the open violence by younger and younger children in America, I wanted to shed light on one of its root causes: birth trauma(s). I turned the violence against myself only because I was too terrified of my own anger – the mad switch – and death. Too, I was afraid of crossing that line and land irrevocably on the other side of the divide. Would my life, actions, and choices have been different had I grown up in today's culture where violence is advertised and revered in the media, entertainment, and sports, where guns, drugs, and alcohol are so easily available? Look at the toys, at the videos and advertising! Two years ago, a nine and eleven-year-old boy vandalized our property at a cost of \$15,000.–. Why? “For fun,” according to the eleven-year-old boy's testimony in court. I can't answer that question. Yet, my experiences show clearly the power of the environment, (van der Kolk 1996) and of the self as an active participant. That is, I made subconscious and conscious choices and drew conclusions to adapt to my particular given and chosen environments to survive within the environmental and psychological parameters.

The scientific community and the public at large have to rethink and get away from the Cartesian notion of the separation of body and mind. They are intricately interwoven from the moment sensory awareness becomes active, if not before. Too, society has to rethink and alter its perceptions about the fetus and newborn, their sensibilities and awareness, their incredible susceptibility to environmental influences that shape their life and last a lifetime for almost all, and their active participation in the interaction with humans and the environment. Yet, the liability of trauma can be converted into assets. My birth traumas turned me into a fighter which, too, brought me to where I am today.

There is a significant difference between living and being. To live means to breathe, to survive without too much consideration for the emotional, psychological, and mental quality of life. To be is to stay true to yourself, to preserve and foster the integrity of body, heart, soul, and mind.

My question is: Will some preemies have to face a similar journey I had to travel? Or, can we prevent the double jeopardy of our modern, medical, technical means to keep micropreemies alive at all cost? Those that do survive and are kept breathing need interventions of a different nature than many of them presently receive – interventions parents are not equipped to provide. But, science and society cannot provide the right means until we understand the effects prematurity and birth traumas have on the brain, mind, body, emotions, and behaviors of the human infant and child. I hope that making public the highlights of my early life will lead to new ideas and thoughts as to how best to guide the traumatized children into a healthier future that will grant joy and interest in their life and in their living it. Because, I have only just begun to fully be. I hope with all my heart that preemies and other traumatized children will not ever have to make the choice between “To Be Or Not To Be!”

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