

The Origin of the Self Destructive Impulse

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Abstract

Current research within the fields of neuroscience and prenatal and perinatal psychology give significant insight into the profound effects of the prenatal experience on later behavior and psychological imprints on a child. The neurophysiologic state of the mother has a critical bearing upon the psychological framework of the fetus' brain and body within the womb and subsequent life long implications of core messages of self and understanding of the environment. Several recent studies on the correlation to high levels of maternal stress during pregnancy, negative core image and self neglect are presenting a direct connection to latter self destructive behaviors in adolescence. Implications of self neglect of the mother and negative projections and introjections in children evidence patterns of cause and effect.

For the purposes of this paper *maternal stress* is defined from a neurophysiological consideration whereby the internal states of the mother are chronically dysregulated. The corresponding stress states and developed internal framework of the child will be assessed in relationship to their prenatal experience.

Eileen entered the State of Virginia's mental health department at four weeks of age when she was found by Child Protective Services in an abandoned office building. She was born a healthy 7.9 lbs. and upon her rescue was emaciated weighing only 4.1 lbs. After seven weeks of medical attention Eileen was placed into her first foster care placement where she remained for fourteen months. She was removed when neighbors called on an infant that they would hear "crying so loud you could hear it through the windows of the home!" Sixteen years later Eileen still cries only now her cries are internal. After five failed suicide attempts, frequent accounts with the law due to aggressive behaviors and extensive conflict within home environments in which she was placed the county contacted me for a case consultation and assessment of Eileen.

I began working with Eileen in September of 2006. At the time of her placement into a group home by my office she was sixteen years of age, had lived in forty-seven foster placements, eleven group homes, nine psychiatric hospitals and four boot camp facilities for adolescents. Her current psychiatric evaluation from the state hospital said that this was a child who was "incapable of human attachment." I began working with Eileen three times per week for several hours implementing a psychodynamic, relational somatic psychology approach which incorporated awareness into somatic processes from implicit memory stages of her prenatal and perinatal period of her life combined with a deep understanding of how the body stored traumatic experiences.

The process with Eileen has been marked by a growing awareness by multitudes within the field of Prenatal and Perinatal psychology. What drives severe internal and external behaviors of individuals? Does the brain and body of a developing fetus absorb

the internal psychological self impressions of the mother through unified experience while yet in the womb? What effect does the mother's experience bear upon the developing child? Does the baby know when it is "not wanted" and does this set up a pattern of self rejection for life? Does psychological imprinting occur during the prenatal stages and if so what can be done to make impressions upon those imprints? Lastly, what therapeutic strategies are effective in making impressions upon negative and maladaptive "core imprinting" of an individual?

Severe maternal stress during pregnancy has been directly connected to deficits for the fetus both internally and externally. "Babies are exquisitely sensitive to their surroundings in the womb...Babies do not live in a fortress but in a mother. If she is assaulted, babies will learn about violence...they share the world of emotion" (Chamberlain, 1995). Dr. Lester W. Sontag studied how severe maternal anxieties and negative emotions influenced fetal personality development and the propensity toward psychiatric disorders in the future. Thomas Verny commented on Dr. Sontag's observations in his writing on *The Secret Life of the Unborn Child: The Prenatal Self* in which Dr. Sontag stated that the negative internal state of the mother showed an increase in neurohormonal production which subsequently later heightened a child's biological susceptibility to internal states of emotional distress (Verny, 1981). "Emotional internal states are produced by the various neuropeptide ligands, and what we experience as an emotion (internal state of being) or a feeling is also a mechanism for activating a particular neuronal circuit – simultaneously throughout the brain and body – which generates a behavior involving the whole creature" (Pert, 2003). Arthur Janov, in *The*

Feeling Child draws attention to research carried out by S. Rosen, a New York ontogenist, who wrote: ‘When a sudden noise strikes the ear, the heart beats rapidly, the blood vessels constrict, the pupils dilate and the stomach, oesophagus and intestines are seized by spasms... You may forget the noise...but your body never will’ (Ridgway, 2006). The fetus possesses a keen sense of touch, taste, hearing and feeling (Chamberlain, 1997). These sensory experiences are both internal and external; that of the felt senses of the fetus and that of the environment (mother).

Bruce McEwen, a leader in the biology of stress, has shown that severe but temporary stress can result in a shriveling up of dendrites in the hippocampus (Morris, 1986). Dendrites are the parts of neurons that receive incoming inputs and that are responsible, in large part, for the initial phases of long-term potentiation and memory formation (O’Keefe, 1993). This understanding of the brain gives us tremendous understanding into the internal framework of what constitutes for memory, temperament and the possible seed formations of the self destructive impulse that is often seen in adolescence and adulthood. This is what makes cognitively based therapeutic interventions so challenging; namely, connecting to the unconscious process of implicit early experiences that have been stored in a fragmented manner due to trauma in utero.

In order to understand the origins of self destructive impulses it is necessary to understand the difference between both implicit and explicit memory. Let us consider again the case of Eileen. In prior records it was noted that Eileen’s mother was a second generation child within the foster care system who had spent several years of her own life moving from placement to placement and changing of caregivers. She was no stranger to

lack, emotional and physical neglect and conditioned learning on how to self soothe (which later led into her drug addiction; an outward attempt to soothe an internal state). Her pregnancy with Eileen was tenuous and she expressed that she thought she “should have aborted her because she knew that anything from her wouldn’t be no good.” Eileen was marinated in self rejection. Her initial underpinning of life itself were filled with both terror, uncertainty and self hate. During an initial session with Eileen in which she assaulted another child within the home a staff member told Eileen that “this was not acceptable!” Eileen took this to mean that she would again be forced to leave the residence or worse yet be abandoned again. Both her explicit and implicit memory system was engaged. Her explicit memory recognized the sound of someone with frustration within their voice having become a conditioned fear stimulus. This signal which went straight from the auditory system to the amygdale implicitly elicits bodily responses that typically occur in situations of danger: muscle tension (a form of freezing), changes in blood pressure and heart rate, increased perspiration. The sound of the staff member yelling travels also to the cortex to the temporal lobe memory system, where explicit declarative memories are activated. This is where Eileen is reminded of her abandonment through every home and the messages that she is “not good enough” to remain in relationship with anyone. It’s no wonder why Eileen will quickly resort back to statements of “I just want to die” and “Life would be better if everyone would just leave me alone!”

Jim McGaugh of the University of California at Irvine studied the role of peripheral hormones, like adrenaline, in the solidification of memory processes

(McGaugh, 1995). His studies show that if rats are given a shot of adrenaline (similar to the injection received by a fetus during a rising surge within the mother) right after learning something, they show an enhanced memory of that particular situation (LeDoux, 1996). Could this be the foundation to understanding how the emotional neurophysiological underpinnings of Eileen's mother have now been impressed upon Eileen; now only activated in later adolescence as she faces the stage of heightened stress due to society's expectations for greater autonomy and self regulation while inside she is still yet a baby?

The dictionary says that trauma is a body injury produced by violence. "In the psychiatric domain, trauma is a shocking experience which has a lasting effect on mental life" (Chamberlain, 1995). A news story in California brought to public attention the background of Robert Harris who was executed in the gas chamber by the State of California. Harris was born early after his mother was kicked brutally in the abdomen by her angry husband and began hemorrhaging. This was only the first of many violent experiences this murderer-in-the-making suffered at the hands of his mother and father, a violence he later turned on innocent animals and people. At age 25, he shot two teenagers point blank, laughed at them after he pulled the trigger, and calmly ate the hamburgers they had just bought for lunch" (Chamberlain, 1995). This could not be a more appropriate example of a life that began in destruction and ended in self destruction.

Dr. Bruce Perry, M.D. of the Department of Psychiatry and Behavioral Sciences emphasizes that experience can change the mature brain – but experience during the critical periods of early childhood organizes entire brain systems! (Perry, 1995). From a

Prenatal and Perinatal Psychology frame of reference we know that persistent activation of the central nervous system and release of corticotrophin as well as alterations in other neurotransmitter systems results in increased aggressive stress responsiveness which can either be projected or introjected depending upon the individual (Heim, C., and Nemeroff, C., 2000). “In the developing brain, undifferentiated neural systems are critically dependent upon sets of environmental and micro-environmental cues in order for them to appropriately organize from their undifferentiated, immature forms” (Perry, 1994). Lack, or disruption of these critical cues can result in abnormal neuronal division, migration, differentiation, synaptogenesis – all of which contribute to malorganization and diminished functional capabilities related to that portion of the brain (Perry, 1988). Molecular cues are then dependent upon the experiences of the developing child. The quantity, pattern of activity and nature of these neurochemical and neurotrophic factors depends upon the presence and the nature of the total sensory experience of the child after birth (Carlson, 1988).

A study performed by researchers at the University of California, Irvine, UCLA and the Maternal and Fetal Medicine department at Cedars Sinai Hospital found a direct connection between internal states of high stress and depression experienced by the mother and subsequent infant temperament. Maternal psychological experiences of anxiety, self rejection, depression and stress were measured along with stress hormone levels across a sample of 247 mothers. Their levels were then evaluated at several different points throughout their pregnancy and again at two months postpartum. The results showed that maternal stress hormones, which have a direct correlation to

emotional and psychological internal processes, were significantly associated with infant negative reactivity. The infant negative reactivity was measured using the fear subscale of the Infant Temperament Questionnaire (Hartsfield, 2007). “Even before birth, the brain has formed a template for personality, aptitudes, and skills... Yet still a work in progress, it will go through enormous change based on interaction with the external environment from birth through age three” (Verny, 2002). Dr. Verny further added that “Brain building after birth is all about networking – the means by which brain cells interconnect and communicate with each other. Before birth, experience helps to lay down the brain’s primary circuits, forming a foundation for development; after birth, the networking activity moves to increasingly higher levels of the cerebral cortex, fine-tuning sensory perception, emotional balance, cognitive skills, and interpersonal relationships” (Verny, 2002).

The healing journey with Eileen has been an example of watching a very present self destructive impulse begin to disseminate after nearly one year of repeated experiences with regulated and consistent nurturing relationships. Those that work with her and other adolescents have had the privilege of watching these highly reactive triggers. Birth memories and experience are deeply hidden in the unconscious mind and usually will announce themselves indirectly. They usually appear in association with some triggering event, such as a heightened state of stress within a home environment, being in a crowd or perhaps watching a violent scene on television. “The extreme feelings of anxiety stirred up by these events calls attention to the significance of the memory hiding at deeper levels of consciousness” (Chamberlain, 1998).

When we consider the life long implications of the self destructive impulse it leads one to seek a solution to such self hatred and deep seeded pain. In the story of Eileen I have watched as Alan Shore states, “The arousal-regulating primary caretakers participate in interactive repair to regulate interactively induced stress states...these regulatory processes are precursors of psychological attachment and its associated emotions...And in forming an attachment bond of somatically expressed emotional communications, the mother (caregiver) is synchronizing and resonating with the rhythm’s of the infant’s (individuals) dynamic internal states and then regulating the arousal level of these negative and positive states (Shore, 2003).

The core of the self is non-verbal and it lies in patterns we see in our daily behaviors though often unconscious. The healing of the self destructive impulse comes from the power of attunement with a regulated individual who understands the core messages behind the terror and hopelessness. Prenatal and perinatal considerations are therefore critical to our comprehensive understanding and healing of self destructive behaviors of individuals in our care.

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