



Early Trauma and Psychological Health

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You have been in therapy for years; you've just begun therapy, or have never considered therapy, but there are some core issues with which you struggle that just don't seem to change. Somewhere in your past, from a time you can't remember, there are stories told about a difficult birth, a long labor, a few days of concern in the hospital before you, as a newborn, were sent home.

Perhaps other family members have told tales about your mother's despair at being pregnant under difficult circumstances, about alcohol or drug use during the pregnancy, an attempted abortion. It may be that a family member has sheepishly recounted leaving you for only a moment on a changing table and, hearing a thud, coming in to find you on the floor where you had fallen, hitting your head, but "you seemed just fine."

Such early traumas, before the whole brain is available and the personality fully formed, can cause difficulties that as adults we frequently think of as our personality quirks, our bad habits, even as our stupidity or our "dark side."

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It is important that the physical component of these traumas not be overlooked as we examine the source of our personal challenges. Early physical and emotional traumas can cause developmental gaps, and mild brain injuries can have pervasive consequences throughout our lives if we don't address them.

In our work with adults who have had a recent injury to the brain, it is easy for both them and us to recognize the difficulties brought about by this trauma. A young man who has always been a good student and a very social being finds himself, after being rear-ended in rush hour traffic, needing to read and reread the same material to make sense of it, and avoiding social gatherings because of the over stimulation, which makes him irritable and impatient.

A female business executive falls and hits the back of her head on a cement walkway and finds herself confused and panicky in the normal stresses of her high-powered job. She goes home every day mentally fatigued and fearful; sometimes she believes she is "going crazy."

In these cases it is clear to all of us that a well-functioning brain has been injured, with emotional and behavioral consequences that are the result of that injury. However, someone who has been coping since earliest childhood memory with similar challenges may not recognize the physical/brain component of their issues.

Our growth in the womb involves a marvelous developmental dance of activities that are designed to give some primitive neurological organization to this new life. Research projects in fetal growth, one spanning 20 years and the other seven years, have discovered specific motor patterns through which all healthy fetuses will grow. The



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consumption of drugs or alcohol, the presence of high anxiety and high adrenaline levels in the mother, starvation (or anorexia) of the mother, all can limit the movement, and thus the neurological organization of the fetus.

When the birth process is triggered, a new set of motor activities begins for the fetus. A natural birth is a beautifully choreographed dance between mother and child in which each is an active participant. The numbing effects of certain anesthetics can limit the activity of the two central participants, mother and child, and give primary responsibility for the birth into the hands of someone else (most often a physician). Anoxia (oxygen deprivation), improper use of forceps, and other traumas at birth can cause direct damage to the head or oxygen starvation of the brain.

Fortunately, most babies will, if given the opportunity, begin soon after birth to wiggle, stretch, push, and move in ways that stimulate the brain to such an extent that some of the more minor traumas of birth will be overcome as part of our natural development. However, where babies are restricted by over-wrapping, limited space in which to move, or confinement to baby equipment such as walkers, jumpers and plastic seats, those fetal and birth traumas are complicated by lack of development opportunity.

While over-protectiveness in the name of love can inhibit an infant's development, abuse has an even stronger impact. We have worked with clients who were raised in homes that were so violent that both we and they both believe there was too much fear for the infant to feel safe enough to move or explore. This fear may have been coupled with baby shaking or hitting, which can cause brain damage in infants. As adults these individuals come into their maturity with developmental gaps that interfere—even in the presence of high intelligence—with their ability to function comfortably in their worlds.

For such adults, nothing can take away the facts or the feelings of a violent, abusive childhood, and working through such issues is best done with a good psychotherapist. However, where there is any impairment to the brain, the subsequent dysfunctions can delay or stop the emotional healing process. When a program of Developmental Movement that retraces all of the missed developmental stages addresses these dysfunctions, psychotherapy can proceed more rapidly and successfully. If you or your clients are working on any of the issues listed at the end of this article, it is important to evaluate the history of trauma to the brain to fully understand the source of these issues. These symptoms, some more physical and some more psychological, are typical of mild brain injuries, whether acquired as recently as an auto accident last week, or as long ago as before birth. If the patient has no medical problems that are directly causing these symptoms, the therapist may want to review the pregnancy, birth and history of head injuries.

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A direct approach in addressing these issues is a program of developmental motor activities. These activities repeat specific developmental phases, based on the client's Functional Neurodevelopmental Profile, and trigger functioning in injured, disorganized brains. When clients follow these programs, changes begin to occur that have been described by clients with words like (in direct quotes from our patients): “I'm making far better boundaries since I began my program”; “I don't wake in a state of panic anymore”; “I'm feeling more grounded and present all the time”; “I'm sleeping through the night for the first time in years”; “I can read a menu without going blank dealing with all those choices”; “I'm beginning to enjoy social gatherings.”



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If you have a history of trauma to the brain, personal growth can be as difficult and sometimes as discouraging as learning to play tennis with a broken arm. Healthy, well-organized brains can support us in a life that is rich in potential, less stressful, and in which our sense of our right and our ability to be whole are secure.

A Partial List of the Consequences of Mild Brain Injury:

- Feelings of Helplessness
- Anxiety
- Frustration
- Anger
- Guilt/Self-blame
- Fear of “Going Crazy”
- Impatience
- Irritability
- Depression
- Sleep Disturbances (nightmares, insomnia, etc.)
- Apathy
- Labile Emotions
- Learning Disabilities
- Confusion
- Short-term Memory Problems
- Distraction
- Slow Information Processing
- Unreasonable Fatigue
- Disorientation
- Fearfulness
- Confrontational Attitude
- Explosive Temper
- Headaches
- Dizziness
- Blurred Vision
- Tinnitus