

Cambridge University Press

978-0-521-88026-8 - The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic

Edited by Ruth A. Lanius, Eric Vermetten and Clare Pain

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# The Impact of Early Life Trauma on Health and Disease The Hidden Epidemic

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# The Impact of Early Life Trauma on Health and Disease

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The Hidden Epidemic

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## Foreword

*In my beginning is my end.*

T. S. Eliot, *Four Quartets*

If you were given a newborn infant with all his or her extraordinary potential, and were directed to turn that infant into a school shooter in 15 years, or a mainlining addict in 20, how would you do that? In spite of distaste for the question, obviously at some level we know how to do that. A more general and less disturbing question is *how* do we get to be who we are as human beings – and as patients? That general question has been with us since ancient times. Gods and fate were our explanation throughout most of history. The answer has been refined in relatively recent times, actually coextensive with the quite recent time line of the germ theory, first by poets and then by psychoanalysts, who helped us to see how human development is powerfully influenced by emotionally traumatic early life experiences. More recently still, epidemiologists and neurobiologists have led the explorations.

Traumatic events of the earliest years of infancy and childhood are not lost but, like a child's footprints in wet cement, are often preserved lifelong. Time does not heal the wounds that occur in those earliest years; time conceals them. They are not lost; they are embodied. Only in recent decades has the magnitude of the problem of developmentally damaged humans begun to be recognized and understood. The limits of that understanding, and the resistance to it, are captured well in this book's title, *The Hidden Epidemic*. There is in those words the obvious implication of something causing a serious and widespread threat to health and well-being, but they also offer a paradox, subtly leading us to wonder *why* an epidemic would be hidden, and how? Compared with the questions asked during most of human history, and even those asked today by physicians in their medical histories, the questions of *The Hidden Epidemic* are extraordinary and bold.

*The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic* summarizes our current approaches to understanding how we get to be the people we are: not only as biological entities, but also as truly human beings with an outer persona and an inner soul. Just as we observe how a leg damaged in childhood sometimes does not grow to its full potential, this book

asks *how* does a persona or a soul become damaged? Why are we all not perfect, or at least similar? Why are only some of us suicides, or addicts, or obese, or criminals? Why do some of us die early while others live long? What is the nature of the scream on the other side of silence? What does it mean that some memories are unspeakable, forgotten or lost in amnesia – and does it matter? Is there a hidden price being paid for this comfort of remaining unaware? What are the basic causes of these phenomena, and what are the mechanisms by which they occur? Do our current ways of medical understanding limit us as physicians? Are they actually a part of the problem? One of the authors proposes a new diagnostic strategy that involves considering the very earliest external influences, certainly including parenting, a role of enormous power whether by its presence, absence or dysfunctional performance. Other authors provide evidence that some of our most common problems in biomedicine and mental health are the result of unconsciously attempted solutions to problems dating back to the earliest years, but hidden by time, by shame, by secrecy and by social taboos against exploring certain areas of life experience. It is becoming evident that traumatic life experiences during childhood and adolescence are far more common than usually recognized, are complexly inter-related and are associated decades later in a strong and proportionate manner to outcomes that are important to medical practice, public health and the social fabric of a nation.

Biomedical researchers have helped us to recognize that childhood events, specifically abuse and emotional trauma even in the earliest years, have profound and enduring effects on the neuroregulatory systems mediating medical illness as well as social behavior from childhood into adult life. Our understanding of the connection between emotional trauma in childhood and the pathways to biomedical and psychopathology in adulthood is still being formed as neuroscientists begin to describe the changes that take place on the molecular level as a result of events or ongoing states of life that occurred hours, months or decades earlier.

## Foreword

The editors have paid attention to all parts of our enquiry into the significance of the earliest years of human development: to the roles of abuse and attachment, to genetics and to the epigenetic effects of parenting and other experiences of early life that lead to phenotypic plasticity, to the distinctly partial process of resiliency, and to diagnosis and treatment. The chapter authors, a mix of the internationally distinguished and those on a clearly rising trajectory, provide a blend of clinical observation and highly specific technical information in this bold attempt to bring together what is becoming known by clinical study and by sophisticated technical approaches such as functional imaging. They help us to see how neuroscience and biological psychiatry are now identifying the intermediary mechanisms by which clinical states manifest themselves. The turning point in modern understanding of the role of trauma in medical and psychiatric pathology is commonly credited to Freud, who lived within the lifetimes of many of us, as did Rene Spitz and Harry Harlow with their groundbreaking work on maternal deprivation. Would that they had lived a bit longer to see where we are taking their work.

We are beginning to have remarkable insight into how we become what we are as individuals and as a nation. This understanding is important medically, socially and economically. Indeed, it has given us reason to reconsider the very structure of medical, public health, and social services practice in the USA. We are even beginning to see some of our diagnoses as medical constructs, artifacts resulting from medical blindness to the social realities of life experiences, especially those of infancy and early childhood.

One hopes we will do ourselves proud in these years following the “decade of the brain.” But, as with any major advance in knowledge, there is risk of misunderstanding and misuse. T. S. Eliot described this risk in his lines from *The Rock*:

Where is the wisdom we have lost in knowledge?  
Where is the knowledge we have lost in information?

As physicians, we typically focus our attention on tertiary consequences, far downstream, while primary causes are well protected by time, by social convention and by taboo. We have often limited ourselves to the smallest part of the problem, that part in which we are erudite and comfortable as mere prescribers of medication, or users of impressive technologies. The hidden epidemic is a problem not only for psychiatry,

but also for medicine and for society in general. Perhaps greater than the risk of misunderstanding or misusing what we are learning is the risk of comfortably not using it at all. Integration of these new discoveries into everyday medical practice is our next big step. Accomplishing that will broaden our experience base sufficiently to allow the beginning of primary prevention for much of physical and mental illness. One already suspects from some of the chapters in this volume that improving parenting skills will be a core feature of primary prevention in the future of medicine and psychiatry.

To the degree that we do not figure out how to integrate this knowledge into everyday clinical practice, we contribute to the problem by authenticating as biomedical disease that which is actually the somatic inscription of life experience on to the human body and brain. The influence of childhood experience, including often-unrecognized traumatic events, is as powerful as Freud and his colleagues originally described it to be. That influence is long lasting, and the researchers in this volume are now describing the intermediary mechanisms, the neural pathways, that these stressors activate for their clinical manifestation. Unfortunately, and in spite of these findings, the biopsychosocial model and the biomedical models of psychiatry remain largely at odds rather than taking advantage of the new discoveries to reinforce each other.

Many of our most intractable public health problems are the result of compensatory behaviors such as smoking, overeating, promiscuity, and alcohol and drug use, which provide immediate partial relief from emotional problems caused by traumatic childhood experiences. That relationship is straightforward: early trauma to depression or anxiety, to obesity, to diabetes, to heart disease; trauma to smoking, to emphysema or lung cancer. But, apart from various common compensatory actions, the chronic life stress of the underlying developmental life experiences is generally unrecognized and hence unappreciated as a second and separate etiological mechanism underlying many biomedical diseases.

In a convincing call for a new theory, *The Hidden Epidemic* provides the credible basis for a new paradigm of medical, public health, and social service practice that would start with comprehensive biopsychosocial evaluation of all patients. It has been demonstrated that this approach is acceptable to patients, can be affordable, and is beneficial in multiple ways. The potential

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gain is huge, and is of major significance at a time when there is great political interest in the cost and processes of medical care. Also huge is the likelihood of clinician and institutional resistance to this change. Actualizing the benefits of this paradigm shift will depend on first identifying and resolving the various bases for resistance to it. In reality, this will require far more planning than would be needed to introduce a purely intellectual or technical advance. However, our experience

suggests that it can be done. Doing so will likely be the major public health advance of our time.

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## Acknowledgements

We began working on this book in the spring of 2006 after a memorable lunch in New York. For some years, the three of us had been attending conferences, where we listened to and met senior colleagues in the fields of developmental psychology, epidemiology, genetics, attachment theory, clinical psychiatry, sociology, and neuroscience. Their commitment to the study and research of early life trauma inspired us to capture and integrate it in this edited book. We have tried to present our author's material in a new manner that organizes and simplifies the content areas to be reader friendly. The book has three sections, and each section is divided into two parts. After each part there is a synopsis, each written by senior authors who have reviewed, commented, and reflected on the respective chapters in each section. These synopses serve as "salt and pepper" for the book.

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We also want to recognize our own students who have taught us to be better teachers, and most importantly, we acknowledge our patients to whom this book is dedicated. They have inspired us with their courage in the face of suffering and their perseverance towards recovery.

It is our hope that this book will go toward improving the recognition, assessment, treatment, pedagogy, ongoing research, and public health response to the prevention of early life trauma and reduce the deleterious effects of this hidden epidemic.

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