

BIRTH AND THE ORIGIN OF VIOLENCE

INTRODUCTION

By David Chamberlain, Editor

Jolted by the epidemic of violence today, parents, legislators, criminologists, policemen, theologians, psychologists, teachers, politicians, and health care providers are all alarmed and looking for some deeper understanding that might lead to practical steps to deal with the problem. The result of this feverish activity is a massive and multiplying literature measured in the thousands of articles, books, conferences, and media productions. Nevertheless, in all this activity the origins of violence early--very early--in life are rarely explored.

Violence in the womb and at birth has always been a concern to members of APPPAH, many of whom are psychotherapists privy to the private revelations which expose the consequences of this early violence. Other members who are on the scene in neonatal intensive care nurseries or labor and delivery rooms witness the repetition of violence and ponder what the consequences will be for these babies in the future. We have acquired the conviction that any violence which greets a baby in the womb and around the time of birth is a deep form of conditioning which acts like a template for relationships. This conditioning may well affect a person's physical and mental health for decades to come.

Ironically, in modern hospital birth, violence and pain have become routine for babies. For most of the 20th century, neither obstetricians nor psychologists have regarded pain as a reality for newborns. Therefore, doctors have not hesitated to expose the baby to a harsh environment at birth, or to introduce painful routines, or painful instruments. Nor have they hesitated to use powerful chemicals in the form of drugs and anesthetics. All these departures from what normally happened at a home birth have profoundly altered the experience of birth for the baby. Babies protest being jabbed with needles for blood samples and vitamin K shots, don't like to be turned upside down, rushed through space, and handled by different people. Their skin is extremely sensitive and they complain when rubbed and cleaned. We have been making them angry, afraid, defensive, sad, and confused--for the greater part of the century.

Research has followed these dramatic innovations at a great distance, warning of danger long after the damage was done. The results of this new way of birth may finally be calculated in the angry behavior of generations of men and women born in violence. We have been impregnated with drugs from the first moment of life. Are we so fascinated with drugs and the altered states they evoke because we were introduced to them at birth? Research findings point to these connections.

Evidence of this kind led us to organize the conference held at Cathedral Hill Hotel in San Francisco in the Fall of 1995. The conference brought together experts from many disciplines who regularly probe the early origins of violence and who have made the connection between trauma and violence. Below, we offer a window into this important conference, "Birth and Violence: The Societal Impact"

In the column "Perspectives on Violence" we will offer the views of persons who have made important contributions to understanding the prenatal/perinatal roots of personal and social violence. In addition to these excerpts you will find "Featured Paper" where a paper is reprinted in full. Finally, we offer the column, "In the Headlines", where breaking news contains important revelations about the origins of violence. If you are aware of such headline stories, please contact the Editor: [David Chamberlain](#)

Sexual Mutilations: A Human Tragedy

George C. Denniston, M.D. and Marilyn F. Milos, R.N. (Eds.)

Available from NOCIRC, 415-488-9883

Untouched:

The Need for Genuine Affection in an Impersonal World by Mariana Caplan, M.A.

Ghosts from the Nursery:

Tracing the Roots of Violence by Robin Karr-Morse and Meredith S. Wiley

QUICK FACTS ON VIOLENCE

1. Violence is a mental health problem, perhaps the most serious mental health problem facing society today.
2. Violence is learned, typically in the family circle. Domestic violence is the breeding place for social violence.

DAVID CHAMBERLAIN – BIRTH AND THE ORIGIN OF VIOLENCE

3. Many experts believe that the "bonding/attachment" of babies and parents in the period before and around birth will have life-long importance. Fifteen percent of U.S. children may enter life without such an attachment, feel no intimate, safe, and loving connection with anyone, posing high risk of violent behavior.
4. Psychological tests of 14 juveniles on death row in U.S. prisons revealed major neurological impairments, psychotic disorders, and low I.Q. scores--profound handicaps which often reflect lack of nourishment and love during prenatal development.
5. For 60% of boys born in the United States today, hospital birth still ends with a violent act: circumcision. A urologist estimates that 90% of the men who are walking the streets today had this painful initiation shortly after birth. For them, sex and violence are linked.
6. About 30,000 children currently await adoption. Adoption, when it is the last in a series of traumatic experiences perhaps including fetal alcohol poisoning, malnutrition, rejection, and birth complications, can lead to antisocial behavior, especially in boys.
7. Certain birth complications, when accompanied by severe parental rejection/separation in the first year, strongly influence criminal behavior in later life.
8. Infant monkeys, reared in isolation from mothers, develop structural, neurochemical, and neuroelectrical abnormalities which mediate depression, hyperactivity, self-mutilation, and pathologic violence. Human infants, similarly deprived for brief periods following birth, also show these behaviors.
9. For the first time in history, violent sexual assaults are being committed by boys younger than ten years of age. More than 128 were convicted of rape in 1993.
10. Every 2.5 minutes, someone is raped in America. Females are the main (not the only) target--regardless of age, race, education, or physical description. In most cases the attacker will be a relative, friend, neighbor, or other trusted acquaintance. Nearly 90% of the assaults will involve a weapon and threat of violence and death.

A TALE OF TWO CRIMINALS:

THE PRIMAL ROOTS OF VIOLENCE

David Chamberlain, PhD

David Edwin Mason and Robert Alton Harris spent their final years on Death Row before they were gassed by the state of California in 1991 and 1993 for heinous crimes of violence. Their biographies expose the primal roots of violence.

The dossier on Mason reveals him to have been a sad and lonely child whose mother tried to induce a miscarriage to avoid having him in the first place - and who never was allowed to forget that he was unwanted. Older sisters describe a household where hugging or laughter were prohibited, and in which young David was beaten almost daily with his father's belt or, in the hands of his mother, "a switch or pancake turner."

When only five, the child attempted suicide by swallowing a bottle of pills and set his clothing on fire. At eight he was taking out his hostility by setting fires at church or at school. The parents took to locking him away in a room they called "the dungeon" - a bedroom with the windows nailed shut. Persistent bedwetting, and worse, were countered by parading David with the soiled clothes wrapped around his head.

At age 23, Mason went on a nine-month killing spree in the neighborhood where he had grown up, strangling four elderly men and women. He later confessed that it was "something I have always wanted to do."

Robert's beginnings were strikingly similar. He was born three months premature after his mother was kicked so brutally in the abdomen by an angry husband, that she began hemorrhaging.

As in the Mason family, both parents inflicted frequent beatings - the father with his fists, causing a broken jaw when Robert was not yet two. Sitting at the table, if Robert reached out for something without his father's permission, he would end up with a fork in the back of his hand.

For sport, father would load his gun and tell the children they had 30 minutes to hide outside the house, after which he would hunt them like animals. threatening to shoot anyone he found.

DAVID CHAMBERLAIN – BIRTH AND THE ORIGIN OF VIOLENCE

Like Mason, young Harris soon began showing anger toward animals and people. The senior Harris was jailed for sexually molesting his daughters, while the mother smoked and drank herself to death. Harris was twenty five years old when he shot two San Diego teenagers to death. Prosecutors told the jury that Harris taunted the victims before they died, laughed at them after he pulled the trigger, then calmly ate the hamburgers they had bought for lunch.

Pain and rejection were the foundation stones on which these angry young men tried to build their lives. Violence was a legacy from their parents.

In an editorial on the occasion of Mason's execution, former U.S. Congressman Lionel Van Deerlin of San Diego concluded: "Such persons must be put away, of course. But can society feel comfortable when providing the final touch to a pattern of violence which may literally have begun in the mother's womb?"

Congressman Van Deerlin shows rare insight in connecting events widely separated in time: womb violence and criminal violence. As a society we have naively viewed the earliest period of human development as a "free period" when rules are suspended and there are no consequences for torturous mental and emotional events. This is wishful thinking.

The latest research on fetal and neonatal behavior indicates that all babies are keenly aware of their environment, are fully able to feel pain, and are constantly learning from their experiences. These scientific findings support what the biographies of Mason and Harris reveal so well: violence during pregnancy and birth is the seedbed of a violent society.

Vulnerability to hostility during the primal period continues through a range of flashpoints including discovery of pregnancy, chronic warfare between parents, physical and psychic attacks on the fetus, the multiple traumas of premature birth, the routine traumas of medical birth including heel lancing for blood samples, needle injections of vitamin K, rough handling in a too cold, too bright environment, and finally, more often than not, exile and isolation from mother and father. Crown these insults and injuries with rejection after birth and you have the formula for personal misery, smoldering resentments, and social explosions.

What can parents do about violence in society? Briefly, they can turn things in a different direction at all the chronological flashpoints: Start with a planned conception, get help to resolve interpersonal problems at the earliest possible time, send lots of loving messages to the baby in the womb, organize for health and fitness to support full-term gestation in utero, and arrange for a non-violent, natural birth in a context of reassuring touch, where mother's milk is always available and family solidarity is unbroken.

"Victims of a devastating trauma may never be the same (again) biologically. It does not matter if it was the incessant terror of combat, torture, repeated abuse in childhood, or a one-time experience."

Psychiatrist Dennis Charney, National Center for Post Traumatic Stress Disorder, Yale University

I. The Vulnerable Prenate

II. Birth and Obstetrical Challenges

III. Postnatal Relationships

IV. Forum on Birth and Its Consequences for Society

V. Breaking the Cycle of Violence

BIRTH AND VIOLENCE, THE SOCIETAL IMPACT:

THE CONFERENCE

Until recently, neither psychology nor medicine has given adequate attention to very early development, in the false belief that prenates and neonates could not feel, remember, learn, or be influenced by these experiences. This was a tragic miscalculation that made guinea pigs of us all. For

DAVID CHAMBERLAIN – BIRTH AND THE ORIGIN OF VIOLENCE

the last two decades we should have known better. A wave of studies revealed the sensitivity, awareness, and intelligence of newborn behavior. Over the same period, studies of the baby in the womb also revealed the same qualities.

The ability of prenatals and newborns to learn from experience is a sobering discovery calling for immediate changes in the experiences we are providing for them in our technological approach to birth. Babies are capable of learning the wrong things about violence, danger, fear, hate, rejection, as well as the right things about love, acceptance, trust, and joy. Waiting for birth to commence active parenting is too late. Early parenthood--starting at conception, not birth--is a reality, whether we are ready or not.

Insights like these led to the choice of themes for panels of experts followed by interactive forums which allowed participants to interact with all speakers.

The keynote speaker Lloyd de Mause, of the City University of New York, addressed the conference on "Restaging Fetal Traumas in War and Social Violence." This was published in Vol. 10(4)(Summer) of our Journal and in Vol 23(4)(Spring) in the Journal of Psychohistory. [The complete address in four parts](#) is available on the net.

Two 3-hour post-conference workshops were offered: (1) Resolving Birth Trauma Within Families, led by William Emerson, Ph.D. and Ray Castellino, D.C., and (2) Attachment Disorder Therapy for Children, Adolescents, and Families led by Terry Levy, Ph.D.

Following is an outline of the major themes for panels, and the names of the presenters. From time to time, we will include the Abstracts of panel presentations. Audiotapes of all conference presentations may be ordered from Sounds True Audio Archives, Boulder, Colorado (1-800-333-9185).

I. THE VULNERABLE PRENATE

Research and clinical data reveal the impact of uterine life on personality. How to correct the damage and prevent future harm. Moderator: William Emerson, Ph.D., with Bruce Lipton, Ph.D., Jay Hathaway, Elizabeth Noble, P.T., and Barbara Findeisen, M.F.C.C.

II. BIRTH AND OBSTETRICAL CHALLENGES

Birth from the perspective of the mother and newborn. Assessing the long-term psychological impact of birth trauma and current obstetrical practices on mothers and babies. Moderator: Robbie Davis-Floyd, Ph.D. with Suzanne Arms, Elizabeth Davis, William Emerson, and Bethany Hayes.

III. FORUM ON THE IMPACT OF POSTNATAL EXPERIENCES

Barbara Reid Findeisen, M.A., M.F.C.C., Moderator

Abstract of Presentations

Marshall Klaus, M.D., Pediatrician, author, pioneering researcher on bonding

TITLE: THE FIRST HOURS AND DAYS OF LIFE: A SPECIAL TIME

The fascinating question on how parental attachment progresses during the early postpartum period can be answered only by minutely examining what happens between parents and their newborn during this crucial time. What pulls them together, ensuring their proximity through the many months during which infants are unable to satisfy their own needs? When they are together in the first hours of life, multiple interactions simultaneously occur between mother and child. Each is intimately involved with the other on a number of levels, which lock the pair together.

The mother and baby elicit behaviors in each other that are naturally rewarding. For example, the infant's crying is likely to trigger the mother to pick him up. When she picks him up, he is likely to quiet, open his eyes, and follow her movements. When the mother starts the communication by touching the infant's cheek, he is likely to turn his head, bringing him into contact with her nipple, on which he will suck. His sucking in turn is pleasurable to both of them. This is a necessarily oversimplified description of these interactions; the behaviors do not occur in a chain-like sequence, but rather each event triggers several others. When we look closely, we see a fail-safe system that ensures the proximity of mother and child.

The renewed interest in this early period after birth has been stimulated by several provocative observations of both mother and infants. Perhaps the most dramatic example of these observations is the ability of newborns, if left quietly on the mother's abdomen after birth, to crawl from abdomen gradually up to her breast, find the nipple, and start to suckle.

DAVID CHAMBERLAIN – BIRTH AND THE ORIGIN OF VIOLENCE

Investigators have also noted that if the lips of the infant touch the nipple in the first hour of life, a mother will decide to keep her baby longer in her own room during her hospital stay than another mother who did not have contact until later.

Other researchers have shown that the normal infant, when dried and placed nude on the mother's chest and then covered with a blanket will maintain his or her body temperature as well as the elaborate, high-tech heating devices that usually separate the mother and baby. The same researchers found that when the infants are skin-to-skin with their mothers for the first ninety minutes, they cry hardly at all, compared to infants who were dried and wrapped in a towel and placed in a bassinet. It seems likely that each of these features--the crawling ability of the infant, the sensitivity of the mother's nipple, the decreased crying when close to their mother, and the warming capabilities of the mother's chest--are adaptive and were built into human beings several hundred thousand years ago during much more stressful times, to help preserve the infant's life.

In addition, when the infant suckles from the breast, there is a large outpouring of twenty different gastrointestinal hormones in both the mother and the infant, including cholecystokinens, which stimulate growth of the baby's and mother's intestines and increase the absorption of calories with each feeding. The stimuli for this release are the mother's nipple and the inside of the infant's mouth. These responses were essential for survival thousands of years ago when periods of famine were more common before the development of modern agriculture. This presentation describes these new findings and why all mothers should receive early contact with suckling in the first hour and rooming-in (two components of the UNICEF Baby Friendly Initiative). New observations in the area of parent-to-infant bonding will be shared with implications for changes needed in the care of the family in the perinatal period.

Terry M. Levy, Ph.D., Psychologist, President, Association for Treatment and Training in the Attachment of Children (ATTACH)

TITLE: EFFECTS OF ATTACHMENT TRAUMA

Attachment theory focuses on the most primary of relationships, the infant-mother bond, and on the ways in which this bond serves as a foundation for growth and development. Attachment-related issues are especially relevant in today's society. Professionals from the fields of mental health, child protective services, and the judicial system struggle with difficult questions that affect the lives of children, families, and society. How do children learn to perceive the world in a positive way, develop a sense of worth, become capable of developing healthy relationships and manage adversity effectively? How do multiple placements in the foster care system affect attachment? How do we prepare adoptive parents to deal with a child's traumatic past? How do we manage the realities of modern family life (day care, poverty, violence, teen pregnancy, single-parent families) and the influences on parent-child attachment?

Attachment is an instinctually-based mechanism which develops in the original parent-child relationship as a result of the parent's response to the child's expression of need, as well as the ongoing, reciprocal parent-child interaction. Children with anxious attachment are at-risk for developing an array of psycho-social difficulties due to their lack of a secure base and other subsequent complications (e.g. multiple placements, abuse). These children lack the "protective factors" which ameliorate responses to stress and increase resiliency.

Severe childhood trauma is correlated with a wide variety of symptoms which include difficulties with sense of self, modulating affect and relating to others. Attachment trauma often produces symptoms in the following DSM IV categories: Disruptive Behavior Disorders (Oppositional Defiant Disorder, Conduct Disorder, Attention-Deficit Hyperactivity Disorder). Separation Anxiety Disorder, Reactive Attachment Disorder of Infancy and Early Childhood, Post-Traumatic Stress Disorder and Depression. Dissociative and characterological symptoms may emerge as the child develops. Behavioral acting-out includes aggression, destruction of property, lying, stealing and self-destructive behaviors. Extreme oppositional and defiant behaviors are common.

Children who have been sexually abused manifest inappropriate sexual behavior, attitudes and concerns. Cause-and-effect thinking is deficient with a failure to recognize the relationship between actions and consequences. They rarely take responsibility for their own actions, they blame others, and feel no remorse for hurtful actions. They perceive themselves as unwanted, worthless, and "bad," caretakers as unavailable, untrustworthy and threatening, and the world as unsafe and hostile. Learning and language disorders are common, often a result of neurological damage early in life (e.g., fetal alcohol syndrome, failure to thrive, physical abuse). Core emotions include extreme anger,

DAVID CHAMBERLAIN – BIRTH AND THE ORIGIN OF VIOLENCE

fear and pain associated with unresolved loss, as well as shame, guilt and self-blame. Temper tantrums and rage reactions are common. Chronic non-compliance is manifested as control battles, defiance of rules and authority, and inability to tolerate external limits. Lacking trust in others, they often overcompensate with pseudo-independence. They are superficially engaging and charming, lack long term relationships, and adhere to typical social roles of victim and/or victimizer.

James W. Prescott, Ph.D., Developmental Neuropsychologist, pioneer in recognizing the origins of violence in early separation of infants and mothers which damages developing brain structures and processes.

TITLE: THE ORIGINS OF LOVE AND VIOLENCE

Love and violence have their roots in the failure of (1) the first foundation of life, the maternal-infant affectional bond which includes prenatal and perinatal life experiences; (2) the second foundation of life in the paternal-infant affectional bond; (3) the third foundation of life in the sexual affectional bond; and (4) the fourth foundation of life, of transcendental consciousness.

Scientific research was reviewed documenting that failure of "mother love" results in developmental brain dysfunction and damage which causes depression, social alienation, violence and substance abuse. Certain prenatal and perinatal traumas are linked to adult violence and substance abuse. Cross cultural studies show that the failure of physical affectional bonding in the maternal-infant relationship, and repressed adolescent sexual relationships are causative of later adult violence.

The author's SAD (Somatosensory Affectional Deprivation) theory of depression helps explain social alienation, violence, and substance abuse in terms of the damaging effects which sensory deprivation of body touch and movement has upon the developing emotional-social-sexual brain (Limbic brain-cerebellum and frontal/prefrontal and somatosensory cortex). Human societies can be transformed from cultures of violence to cultures of peace through physical affectional bonding in human relationships.

The author explains how certain moral philosophies of good and evil, and moral theologies of pain and pleasure in human relationships influences those sensory processes which encode the developing brain for peaceful or violent behaviors.

The presentation was illustrated with films and slides. A background document "The Origins of Human Love and Violence" containing the scientific and cultural data, is available from Touch the Future (TTFuture@aol.com). The scientific paper was published in the Pre- and Perinatal Psychology Journal 10(3), 143-188, Spring 1996.

Nancy Verrier, M.A., M.F.C.C., Psychotherapist, adoptive mother, and author, The Primal Wound: Understanding the Adopted Child.

TITLE: HOW SEPARATION FROM THE BIRTH MOTHER LEADS TO VIOLENCE

Society has had an altruistic view of adoption: it was about rescuing children from a terrible fate. Incorporated into that myth has been the belief that we could substitute one mother for another and the baby would be none the wiser. In my research into the subject of adoption, in talking to myriad adoptees, birth mothers, and adoptive parents, and in my work with adoptees in psychotherapy, I know that this is not true.

Babies know that they are being handed over to a stranger, and they don't like it. It is a violence against their sense of well-being and against the natural order of things. However, as infants they are helpless to do anything about it. The rage they feel at this unnatural act and the helplessness they felt at the time continues to fester in many adoptees.

The rage goes deeper than that, however. It is about the rage an infant feels in waiting, and waiting, and waiting for his mother to return, and she never does. Adoptees greatly fear this rage, because they feel as if they could blow up the world with it. Some keep themselves tightly controlled by becoming numb to any feelings, while others act out their rage in acts of violence by saying things, breaking things, hitting things, committing crimes, and turning that rage against themselves in acts of suicide.

Adoptees are over-represented in special schools, treatment centers, juvenile halls, and prisons (See B.J. Lifton, Journey of the Adopted Self.) A number of serial killers are adopted. Even adoptees who have been models of control know that rage lies just below the surface waiting to be triggered. Because this rage is a result of early trauma, it is difficult to control unless everything is controlled. This is only one of many issues which results from the unnatural manipulation of children's lives.

IV. FORUM ON BIRTH AND ITS CONSEQUENCES FOR SOCIETY

DAVID CHAMBERLAIN – BIRTH AND THE ORIGIN OF VIOLENCE

Thomas R. Verny, M.D., D. Psych., Moderator
Abstracts of Presentations Made
Michael Trout, Director, The Infant-Parent Institute, Champaign, ILL

TITLE: THE TRAUMATIC CONSEQUENCES OF ADOPTION

That we once insulated adoptees with our self-serving presumption that they were quite incapable of any inklings about their past now seems absurd. That we continue these self-serving ways by denying adoptees access to the facts of their heritage, through sealed adoption records, is abusive. Now we must appreciate yet more possibilities: that the twin whose sibling dies in utero has knowledge of the loss and has feelings about it; that a prenatel might hold in her body the memory of her mother's attempt to abort her, or even the mother's attempt to kill herself; that an adoptee may actually integrate into her character the memory of psychological rejection by her birthmother during the pregnancy, and the loss of her mother at birth. All this is a new and profound challenge to clinicians and adoption workers.

This paper considered the possibility that adoption, almost by definition, represents a perinatal trauma. The specific nature of this trauma was discussed, as were methods of healing this trauma. A case example of such healing was offered on videotape.

Ann L. Coker, M.P.H., Ph.D., Epidemiologist and Professor, University of South Carolina.

TITLE: PREGNANCY WANTEDNESS AND SUBSEQUENT RISK OF NEONATAL DEATH, VIOLENCE IN CHILDHOOD, AND SELF-ESTEEM IN ADOLESCENCE

Being unwanted puts children at increased risk of a range of adverse health outcomes including neonatal mortality, child abuse, delayed cognitive and social-emotional development and perhaps puts children at increased risk of becoming violent adolescents.

This research used the cohort of pregnant patients enrolled from 1959 - 1966 in the Child Health and Development Studies, Oakland, CA. All women were interviewed early in their pregnancy and asked about their attitudes toward their own pregnancy. The sub-samples of this cohort of women and their children were followed forward in time. The short and longer term consequences of being unwanted (or mis-timed) were evaluated in this cohort. Women reporting that the pregnancy was unwanted were more than two times more likely to deliver infants who died within the first 28 days of life compared with women reporting accepted pregnancies.

Pregnancy wantedness was not associated with fetal death or with post-neonatal death. Pregnancy wantedness was inversely associated with aggression in children age 9-11 yet pregnancy wantedness was not consistently associated with low self-esteem or an external locus of control in adolescence. The literature on the health consequences of being unwanted was presented.

Ludwig Janus, M.D., Psychoanalyst, author, editor, and President, ISPPM

TITLE: BIRTH AND VIOLENCE: THE EXAMPLE OF EUROPEAN HISTORY

Psychoanalytical psychology of culture assumes that cultural forms are essentially determined by our early feelings towards our parents and ourselves. In this sense society's leaders and institutions can be regarded on the one hand as childhood illusions of power made concrete, and on the other as protective parental objects. The form such projections of the self and of objects take is determined by our actual childhood experiences with our parents. In his book "Childhood and Society," Erik Erikson used the example of Red Indian tribal societies to convincingly show how the way in which a tribe deals with babies and infants is reflected in its rites, myths and values.

In this context, prenatal psychology has developed the decisive new viewpoint that one of the important basic constituents of these projections of the self and of objects is the way in which we experience ourselves and relationships before birth; in other words, the idealized leaders and institutions are to some extent a reflection of the fetal experience of power and relationships. In the macrocosm of the historical group, individuals seek the living-space and the security that characterized the microcosm of their prenatal stage of life. Human culture, with its kings and empires, can essentially be understood as a collective re-enactment of prenatal experience. As prenatal "heavyweights," the kings hover in their sacred uterine chambers. According to this way of looking at things, wars are re-enactments of birth when the illusion of uterine omnipotence is disturbed and cannot be sustained. In this context too, actual experiences before, during and after birth play an essential part in determining the nature of these re-enactments.

These basic considerations are illustrated in historical developments in Europe from the Middle Ages to the present. The author highlighted the creative potential of the collective re-enactments seen in

DAVID CHAMBERLAIN – BIRTH AND THE ORIGIN OF VIOLENCE

the historical process. To a great extent the historical process appears to creatively shape and restructure human identity, making new forms of social existence possible. This can be seen in the transformation of identity from dependency in the Middle Ages to one of autonomy in modern times.

V. BREAKING THE CYCLE OF VIOLENCE

Preventive solutions to violence: Preparation for conception and birth, positive interaction with the baby in the womb, arranging a nourishing environment for birth, and nurturing the newborn in the family. Moderator: David B. Chamberlain, Ph.D. with Carista Luminare-Rosen, Ph.D., Phyllis Klaus, M.F.C.C., Beatriz Manrique, Ph.D., and John Travis, M.D., M.P.H.

Carista Luminare-Rosen, Ph.D. is Founder and Co-Director of The Center for Creative Parenting, Larkspur, CA. For a decade, she has been a pioneer in creating curricula for preconception, prenatal and postnatal education and health care.

TITLE: PREBIRTH EDUCATION AS A SOLUTION TO POST-NATAL VIOLENCE

Based on the conviction that parenthood actually begins before conception (and long before birth), a successful holistic curriculum has been developed to educate parents about the benefits of preconception and prenatal health care. From over a decade of experimentation, a series of courses have emerged. These are shared, including results with parents and their newborns. This model may be useful to other educators, and is an basic key to reducing violence in families and in society.

Phyllis Klaus, C.S.W, M.F.C.C. practices psychotherapy in Berkeley, CA. and teaches and practices at the Erickson Institute in Santa Rosa, CA. She is co-author of *The Amazing Newborn, Mothering the Mother, and Bonding: Building the Foundations of Secure Attachment and Independence*.

TITLE: HOW THE DOULA CAN REDUCE TRAUMA AT BIRTH

Seven randomized trials of the effect of doula support at birth have documented profound reductions in stress and negative interventions at birth. Clinical cases from the speaker's work with clients will illustrate how the nurturing care given to mothers during labor significantly changes her view of and her care of her infant--factors which raise and lower the potential for bonding. When childbirth is not a humane experience for the mother, and her extremely open state during labor and delivery is not respected, the seeds of domestic and societal violence may be planted. The doula at birth fills a void that has existed in our maternity care system.

Beatriz Manrique, Ph.D., family psychotherapist, author, and researcher, is President of CEDIHAC-CEDI and is a psychology professor at Central University of Venezuela, in Caracas. She directs the world's largest experiment in prenatal stimulation and bonding.

TITLE: LOVE EFFACES VIOLENCE

For ten years we have been studying 684 families from poor ghettos of Caracas, from the prenatal age of five months gestation with follow up to six years of age. Systematic and comprehensive measurements evaluate the development of the child, the relationship with parents, family and friends, and language development. We especially emphasize the attention and affection, caresses, sensory stimulation, and communication in utero through auditory, visual, and tactile stimuli. We are convinced that prenatal interaction reaches the baby's psyche. This presentation will summarize the very positive results found from periodic testing, our observations of how the children have benefited, and the important effects which the program has had on the parents. We did not find violence in the members of the families that participated in this program, and conclude that love can be taught. We believe that such a program, begun in the prenatal stage of life, undermines several of the causes of later violence and continues to pay dividends year after year of life.

John Travis, M.D., M.P.H. launched the nation's first wellness center--the Wellness Resource Center--in Marin, CA in 1975. As author and co-author he has published *The Wellness Workbook, Wellness for Helping Professionals, A Change of Heart: The Global Wellness Inventory*. He edits the quarterly *Wellness Associates Journal*.

TITLE: THE HIDDEN HOLOCAUST: EARLY CHILD MALTREATMENT

A holocaust is sweeping the world, largely unnoticed, as homo sapiens brings destruction on all living things, a destruction which is largely the result of damage done to infants at and around birth--something that has happened to almost everyone born in the last hundred years. Parents have commonly given up their birthing responsibilities and rights to medical authorities, and the result is

DAVID CHAMBERLAIN – BIRTH AND THE ORIGIN OF VIOLENCE

severe damage to the normal infant/mother bonding process. The resulting inhumane births, mostly in hospitals, lead infants to feel disconnected and abandoned. After birth, failure of breastfeeding and failure to hold infants in-arms, contributes further to estrangement and alienation of the next generation, increasing the potential for denial, addiction, materialism and violence. Common myths about the early years will be disputed and recommendations given for a healthier and more natural childhood.

Audiotapes of these presentations are available from Sounds True Audio Archives, Boulder, Colorado (1-800-333-9185).

In the Headlines

[Teen-age Killer Joshua Jenkins \(June Update\)](#)

[Graduate Student Shoots Three Professors](#)

[The Lost Children](#)

TEEN-AGE KILLER JOSHUA JENKINS

May 23, 1997

By David B. Chamberlain, Editor

In Vista, CA lawyers for both sides wrapped up four weeks of testimony today in the case of teen-age killer Joshua Jenkins. On February 2 and 3, 1996, the sixteen year old boy used a hammer, knife, and ax to kill his parents, his grandparents, and his ten year old sister. After cleaning the instruments, taking a shower and changing into clean clothes, the boy set the condominium on fire and fled.

Joshua Jenkins was adopted and always wanted to know about his birth parents, but was never told. His adopting parents said they had a letter from his birth mother but refused to show it to him. This was just one source of continuing anger. For years, he had been aggressive with his parents, teachers, and others. In the summer of 1995 he was arrested after a fight with his father. Subsequently, his parents placed him in a school for troubled youths in Los Angeles. He said he thought his parents had abandoned him.

The trial cost over \$40,000 in fees for just one of the four psychiatrists who argued over the boy's sanity at the time of the killing. Three defense psychiatrists claimed he was schizophrenic and was acting out a delusion of "saving" his family from a dangerous world. The prosecution presented a noted forensic psychiatrist who disputed the diagnosis but acknowledged that the boy certainly suffered from mental illness. All agreed that the boy suffered from chronic depression, obsessive-compulsive disorder, attention deficit disorder, and severe learning disability.

Although it was not a matter of interest to the court, the boy's spread of illnesses and disabilities point directly to the prenatal period when his brain was constructed. His equipment for living was shaped in the womb of a mother who did not plan to keep him. This circumstance does not automatically mean there was preconceptual thoughtlessness and injury, negligence during construction of the embryo, or nutritional poverty throughout pregnancy, but all these possibilities should be checked out by any parent seriously considering adoption of an unwanted child.

Although schizophrenia has long defied explanation in psychiatry, and its typical blossoming in adolescence obscures its connection to events before birth, the latest understandings of this ubiquitous mental illness are coming from hi-tech studies which reveal structural deficiencies in schizophrenic brains. The schizophrenic brain does not work as it should to separate fantasy from reality or rationality from emotion. Impulsivity typically overwhelms patience and judgment. All these deficits in normal brain power are consistently discovered in clinical assessments of incarcerated criminals, especially those found guilty of heinous crimes of violence.

Prisons are full of persons who cannot give normal attention, do not learn from experience, cannot control their extreme moods, do not discern between right and wrong, who act out their paranoid suspicions, and self-medicate chronic depression with street drugs and alcohol. The real foundation of their problematic lives is a poorly built brain constructed in the bellies of their mothers. If what follows after birth is also done poorly, we have the makings of the familiar trail of sorrows that ends in rage and death. Can we really believe that longer prison terms will dissuade these persons from committing a crime?