What Baby Komodo Dragons, Baby Elephants, and Baby People Need

Author: Prager, Judith Simon, PhD

Publication info: Journal of Prenatal & Perinatal Psychology & Health 21. 4 (Summer 2007): 321-330. ProQuest document link

Abstract: None available.

Full Text: Headnote ABSTRACT: Based on her presentation at the APPPAH Congress in Los Angeles, February, 2007, and her experience in training doctors, nurses, and first responders how to speak in medical emergencies, Dr. Prager (2002) focuses in this article on the essential and biological nature of rapport and bonding in the socialization of mammals, from the earliest prenatal influences on, and the deleterious effects of their absence to all of society and the future. KEY WORDS: Prenatal care, elephant cultures, rapport, pacing, bonding, mirror neurons, limbic resonance, entraining. INTRODUCTION Imagine for a moment that you are a Komodo dragon baby having a prenatal and birth experience. You mature in an egg and then, one day, you flex your muscles and the egg cracks. You emerge into the light, the air, onto the earth. You know nothing of this world, not how it works, probably not even who you are. But you do not look for your mother to help you with any of this. You do not cry aloud seeking your mother's attention and nurturance. Instinctively you know, from the moment you are born, that no matter how confused you may be, no matter how much you would love someone to take care of you, you must not make a peep. You know that if you get your mother's attention, if you make a sound, and she sees you, and she's hungry-you might be her lunch. Baby Komodo dragons need to be safe from their mothers. But you are a mammal, and share a lot in common with fellow mammals. Take elephants, for example. Elephants are gloriously social creatures. The birth experience is one of community from the start. From before the start, many aspects of their lives are determined by concern for the whole. Birth, death, nurturing, all the interactive events of familial life are bound up in their daily rituals. Unlike the Komodo dragon, a baby elephant can call for-and count on, and needs-his mother, his aunts, his grandmothers, to nurture, protect, feed, and love him for as long as 70 years. When a mother elephant is about to give birth, she is surrounded by the other females who stroke her, help her, act as "midwives" in the birthing, and then in the cleaning and care of the newborn. Female elephants are built to nurture, some even cross suckling other mother's calves, some lactating indefinitely so that they are available to suckle any needy baby. Elephant babies and their mothers are so bonded, so close, that it's been reported that for the first eight years of their lives, young elephants stay within 15 feet of their mother. Young females remain in the matriarchal network to learn and pass along the traditions. Young males are absorbed into all-male social groups for the adolescent period, and then return to the birth group as adult male role models. With such a beautiful model of community and apparently shared values, elephants and people have lived together gracefully over the ages. Historically, elephants have not only been appreciated, but even worshiped as a deity in some regions of the world. Until now. Over the past decade, elephants have seemed to run wild and have become violent towards humans. Attacks happen daily, wherein whole villages must evacuate in the wake of apparently unprovoked rampant attacks. In India, in Africa, there are reports of hundreds of deaths. And the attacks are being described, increasingly, as aberrant and vicious. In many areas they include the raping and killing of rhinoceroses and a murder rate, if it can be called that, by male elephants of other male elephants of 90%, where it has historically been no more than 6%. What is happening? The elephants we know and love are vegetarians, so when you see a picture of elephants with blood on their tusks, you have to ask why. Why is this happening? In a 2005 essay called "Elephant Breakdown," in the journal Nature, Oregon State University environmental-sciences psychologist Gay Bradshaw et al (Bradshaw, Shore, Brown, & Poole, 2005) described the condition of the elephant population in words we generally hear describing human victims of war: "They seem to be suffering from a species-wide trauma due to the chronic stress of poaching, human regional conflicts, and catastrophic

disruptions in their social network" (p. 807). The article's summary reads as follows: "Social trauma: early disruption of attachment can affect the physiology, behaviour, and culture of animals and humans over generations." Those disruptions included poaching, capturing elephants for zoos and as beasts of burden, killing the mother and chaining the baby to the mother's body, a host of major traumas. In Queen Victoria Park, the number of elephants in the wild declined from 4,000 to 150 as poachers exploded grenades into family units for the ivory, the elephant families becoming victims of the war between Uganda and Tanzania. The destruction eventuated into loss of elephant elders, both older matriarchs who nurtured and elder bulls whose job it is to discipline the young so that they never get out of hand. As quoted in The New York Times Magazine, October 8, 2006, An Elephant Crackup? by Charles Siebert (2006), Bradshaw reported that, "The loss of elephants elders...and the traumatic experience of witnessing the massacres of their family, impairs normal brain and behavior development in young elephants." In an observation extraordinary for as empirical a journal as the New York Times, the article made the point that, "The elephants have suffered not simply because of us, but because they are, by and large, us." We are all one thing. Allan Schore, the U.C.L.A. psychologist and neuroscientist has been engaging in interspecies studies. He was quoted in the Elephant Crackup? story as saying that attachment mechanisms are vital aspects of human as well as elephant brains, stimulated by the relationship with the primary caregiver. They are designed to be supportive, and when they are not, when "early experiences go awry...there is a literal thinning down of the essential circuits in the brain, especially in the emotion-processing areas." DANGER SIGNALS We know what's happening with the elephants. What's happening with us? Joseph Chilton Pearce (1992), that great resource of prenatal wisdom, has said that the greatest single error of all the errors in medical intervention was the separation of mother and infant at the moment of birth. Pearce believes that such a separation at a critical time is "the most devastating event of life, which leaves us emotionally and psychologically crippled." This happens, often for days at time, impeding bonding, the biological connection to hormones released by the heart, arid perhaps even contributing to sudden infant death syndrome, which some attribute to the baby's removal from the steady beat of the mother's heart. Some doctors feel that the mother isn't clean enough to hold the baby, others that the baby isn't conscious enough to miss its mother from the start. And that is not the only assault on our prenates. Birth * As of last count, in 2003, one out of every five births in the U.S. was induced-double the figure for 1990 (Cassidy, 2006). When it is taken into consideration that induction carries with it an increased risk of fetal distress or the possibility of a ruptured uterus, and that they make Caesarean birth more likely, which means a riskier, longer recovery, this arbitrary procedure seems particularly unfortunate. * Meanwhile, the national Caesarean rate hit a record 29 percent in 2004, a 40 percent increase from 1996 (salon.com, 2006). * Infertile Westerners are outsourcing childbearing to India (Chu, 2006). Childhood Conditions * Autism: One 8-year-old child in every 150 children in the U.S. suffers from autism, according to a UN report just out in February 2007 (HealthDay, 2007). A decade ago it was one in 500. * Serious emotional disorders: Six million children in the U.S. suffer from serious emotional disorders (NMHA, 1999). * Anti-psychotic drugs: An estimated 2.5 million children in the U.S. are now on prescribed anti-psychotic drugs, a jump of nearly five times between 1995 and 2002. That means an increase from 8 of every 1000 children to almost 40 out of every 1000 children (Elias, 2006). * Early puberty: A University of Michigan study follows the University of Bristol research in 2000 which suggested one girl in six reaches puberty before the age of eight-18 months earlier than their mothers (BBC News, 2007). * Family Units: According to a 2007 Washington Post article (Blane, 2007), entitled Numbers Drop for the Married with Children; Institution Becoming the Choice of the Educated, Affluent, "Punctuating a fundamental change in American family life, married couples with children now occupy fewer than one in every four households-a share that has been slashed in half since 1960 and is the lowest ever recorded by the census." * Wellbeing: A UNICEF (2007) reports ranks British and U.S. children last in industrialized world, at the bottom of 21 wealthy countries in a scale of children's well-being. * Suicide: The third leading cause of death for adolescents is suicide, which has tripled since the 1950s. "As many as 12% of children aged 6-to-12 and 53% of adolescents

age 13-to-19 have suicidal thoughts; 250 000 adolescents attempt suicide each year; and 8% to 10% of all children in the United States attempt suicide at some point during their childhood. The Centers for Disease Control Youth Risk Behavior Surveillance System reported that in 1997, 20.5% of high school students had seriously considered attempting suicide, 15.7% had made a plan to attempt suicide, and 7.7% had made an actual suicide attempt." (Horowitz, Wang, Koocher, Burr, Smith, Klavon, &Cleary, 2001). * Some 1.9 million kindergarten to 12th grade Latino children in the U.S. (22 percent) care for themselves in the afternoons, according to a new study. (Afterschool Alliance, 2007). Babies who are tended by TV rather than humans suffer, as well. Pearce (1992) explains that when children are told a story, they use their imagination and 25 areas of the brain light up. With every new story the child imagines, the brain is challenged into finding the new activity to do the internal work it is meant to do. TV shuts off the mechanism of internal imagery, the development of the internal world. Instead, it calls upon the ancient, non-creative parts of the brain at a time when it is essential that the child begin to develop the ability to have an internal world. Despite President Bush's lauding the Baby Einstein video program for infants in his 2007 State of the Union message, the American Academy of Pediatrics recommends NO screen time for children under two. HOW DO WE LEARN TO BE SOCIAL BEINGS? What do baby people need? How do we learn to be social beings? We learn to be social beings by reflecting on, literally and figuratively, those we love. We've all see the photos of babies gazing lovingly into the eyes of their mothers, we've all seen mothers opening their own mouths like mirrors as they feed their babies, we know experientially the way in which a two-month-old baby focuses on a mother's eyes or mouth, with the "knit-brow with jaw drop" expression that shows intense concentration. What may be responsible for our learning is what are called "mirror neurons." In his new book, Social Intelligence, Daniel Goleman (2006) describes them this way: "Mirror neurons [within us] sense both the move another person is about to make and their feelings, and instantaneously prepare us to imitate that movement and feel with them." They are neurons that help us to feel another's pain. We smile when someone smiles at us. We wince when someone's been injured before our eyes. There is even a Swedish word, uffda, which all languages could use, meaning "ouch for you." Our blood rushes through our pulses when we see someone else in danger in a scary movie. We feel those sensations, on a somewhat lesser scale than the person we are watching, and even can differentiate intention, so that we can tell the difference between someone's picking up a knife to pare an apple or to kill us, albeit wordlessly. In A General Theory of Love, authors Thomas Lewis, Fari Amini, and Richard Lannon (2000) use the expression "limbic resonance" to suggest the way in which we sense the internal state of another. They write, "... a child gets his first taste of his feelings secondhand. Only through limbic resonance with another can he begin to apprehend his inner world." The concept of entrainment is also a description of this way in which we learn by modeling. It has been shown that when people in emotional distress are comforted and held, their hearts fall into rate and rhythm with the person holding them. The affected person, taking the "energetic" lead from the comforting person, calms down. In Verbal First Aid(TM), the protocol I teach for medical emergencies, we call this "pacing," the mirroring part of gaining rapport, and when we can connect through rapport with an injured or frightened person, they can accept therapeutic suggestions ("Stop your bleeding and save your blood," "Picture and imagine that arm packed in ice, cool and comfortable, and the skin can heal quicker and better,") for their body's recovery. Pediatric neurologist, Dr. Charles Imbus, (personal communication) explained his experience of this energetic connection this way, "When we have a child with internal pressure and it's high, and the mother puts her hand on their hand, the pressure will sometimes just come down. The mother will say, 'Am I in the way?' No, she's not! We say, 'Pull up a chair.' And, if the mother is confident, you get a better chance." Mirror neurons, limbic resonance, entrainment, rapport and pacing, these are essentially the ways we learn to become social beings. WHEN DOES THIS SOCIALIZATION BEGIN? It is becoming increasingly clear that this socialization starts in the womb. Goleman (2006) writes, "The wiring for...resonance seems built into the human nervous system: even in the womb, infants synchronize their movements to the rhythms of human speech, though not to other sounds." In a new paper from Pathik D. Wadhwa (2005), Psychoneuroendocrine processes

in human pregnancy influence fetal development and health, from the Behavioral Perinatology Research Program, Departments of Psychiatry and Human Behavior, and Obstetrics and Gynecology, College of Medicine, UC Irvine, it is reported that "preliminary evidence supports the notion that the influence of prenatal stress and maternal-placental hormones on the developing fetus may persist after birth." In the Verbal First Aid trainings that I provide to doctors, nurses, and first responders, I explain that every thought has a physiological/chemical reaction. When we have a nightmare, a fear, a loss, it's not just in our minds, but in our mind/bodies. When you awaken from a nightmare, your palms are sweaty, your throat is dry, your heart is palpitating-and even when you recognize that it wasn't real, that it was just a thought, still the chemicals persist, and keep you awake, sometimes for hours after your imagination has taken hold of your body. What happens in time of crisis or fear, known as the mechanism of fight/flight/freeze, is that the blood goes from the viscera where it is nourishing the body to the arms and legs, so that the person can escape a threat. The blood also goes from the forebrain, which is where logic and intelligent thinking reside, to the limbic brain, so that we can act on instinct in a hurry, but not necessarily wisely or logically. Cellular biologist Bruce Lipton (2005) explains the impact of the mother's thoughts on the baby's body and future this way, "When passing through the placenta, the hormones of a mother experiencing chronic stress will profoundly alter the distribution of blood flow in her fetus and change the character of her developing child's physiology." And the way that stress changes the physiology is to support the building of greater muscles and smaller forebrain, the location of thinking, leading to an all brawn, no brain trajectory of life. It is now believed, Lipton says, that up to 51% of child's potential intelligence is not genetic but controlled by environment. Lipton talks about "radically shortchange[ing] the intelligence of your child simply by the way you approach pregnancy. These IQ changes are not accidents; they are directly linked to altered blood flow in a stressed brain." (p. 174176) As a hypnotherapist, it has often occurred that my patients can be regressed to the womb and remember their mothers' thoughts, emotions, and conversations overheard, even though they were preverbal at that time. Checking facts later on proves their perceptions to have been surprisingly accurate. They seem to be able to recognize fears, worries, beliefs and can perceive which are theirs and which are their mother's, as adults, after the fact, I have them imagine a color for the feeling, "She's feeling angry. I see it as red." Then I ask them to locate that "red" feeling in their little fetus body. When they see it, when they recognize that it doesn't belong to or serve them and are willing to return those emotions to their mother (to be removed with the placenta after birth.) a healing can happen. Babies are marinated in a soup of mother's emotions. In the case Lipton (2005) describes, they are learning how to deal with the world even before they have made eye-contact with an overstressed mother who can't give them what they need. As Michel Odent, MD said, in an interview at the APPPAH 07 Congress, about the doctor's obligation in this realm, "Doctors should have an obsession to protect the emotional state of the pregnant woman." So when we say that the baby is sitting in a chemical soup of mother's thoughts, it becomes the case that if you frighten her, you frighten the baby, changing the way the baby actually develops. The conclusion one might be led to is that babies are listening all through pregnancy. THE ELEPHANT IS RELEVANT Elephants run wild and lose their natural tendency toward social welfare when they don't have the nurturing and modeling they need. And we humans are apparently not doing that well, either. Today's pregnant human mother is being stretched out of the role of bonding with the fetus baby by the wildness of life, dealing with insurance companies, making medical decisions, handling the finances, encountering dysfunctional social support, worrying about war and terrorism, so that she is not 15 feet away, but miles away, sometimes literally separated at birth in many hospitals. This cosmic distance makes it all the more necessary for the mother to concentrate on her role as bonder. And we have to start the bonding before birth. We have to be talking to the baby, protecting the baby from fears, welcoming and loving that being so that the baby enters the world feeling wanted and joyously awaited, given physically, mentally, and emotionally the best start. That is why I developed a program called Bonding With the Baby Within, which is produced live or on a 10-track CD using guided imagery to begin a lifetime's intimate connection with loved ones, to introduce the

baby to the world, to the family, to the culture, to protect the baby from the mother's worries, to introduce the mother to the archetype of motherhood and help her to feel supported by all the other mothers who came before her, and much more. I offered a pilot Bonding program at Beach Cities Health District in the South Bay of Los Angeles, and, as part of the program, had the mothers circle their chairs and, in guided imagery sessions, allowing the babies to connect with each other before birth. The mothers were delighted and could feel their babies becoming alert and interested in the other babies they could all only imagine. After the babies were born, we held a "reunion," and it was quite stunning to see these lively, alert babies seeming to demonstrate a special affinity for each other and for the music that had been played for them prenatally under the imagery, a shakahachi flute song that calmed and soothed them. Their reaction seemed to be further, albeit anecdotal, evidence that they had been listening, had been aware, and remembered experiences from their life in the womb. CONCLUSION The message of the elephants is that we are not Komodo dragons. We are built to reach out to our mothers and those who are there to protect and love us. We are built to learn through mirror neurons, limbic resonance, entraining, rapport, pacing, and loving connections, how to be social beings. BUT we have to LEARN it. If we are not given the models, then society, elephant or human, is threatened and can fall apart. Nurturing new life is the most important task of any society. And it has to start in the womb. References REFERENCES Acosta, J. & Prager, J.S. (2002). The worst is over: What to say when every moment counts. San Diego, CA: Jodere Group. AfterSchool Alliance (2007). 22% of Latino children care for themselves after school day ends, study finds. Retrieved 3/10/2007 from

http://hispanicprwire.com/news.php?l=in&id=2526&cha=6 BBC News (2007). Fat toddlers risk early puberty. Retrieved 3/10/2007 from http://news.bbc.co.uk/2/hi/health/6410961.stm Bradshaw, G., Shore, A., Poole, C. (2005). Elephant Breakdown? Nature 433, 807 Cassidy, T. (2006). Birth controlled. New York Times, March 26, 2006. Chu, H. (2006). Infertile westerners are outsourcing childbearing to India. Los Angeles Times, April 23, 2006. Elias, E. (2006). New antipsychotic drugs carry risks for children. Retrieved 3/10/2007 from http://www.usatoday.com/news/health/2006-05-01-atypical-drugs_x.htm Goleman, D. (2006). Social Intelligence: The new science of social relationships. New York: Bantam Books. Hardin, B. (2007). Numbers drop for the married with children; Institution becoming the choice of the educated, affluent. Washington Post, March 4, 2007, p. A03. HealthDay (2007). Are autism cases on the rise in U.S.? Retrieved 3/10/2007 from http://www.nlm.nih.gov/medlineplus/news/fullstory_45428.html Horowitz, L., Wang, P., Koocher, C. P., Burr, B.H., Smith, M.F., Klavon, S., &Cleary, S.D. (2001). Detecting Suicide Risk in a Pediatric Emergency Department: Development of a Brief Screening Tool, Pediatrics 107[5] 1133-1137. Lipton, B. (2005). The Biology of Belief: Unleashing the power of consciousness, matter, and miracles. Santa Rosa, CA: Mountain of Love/Elite Books. Lewis, T., Amini, F., &Lannon, R. (2000). A general theory of love. New York: Vintage Books, 2000 NHMA (1999). News release. Retrieved 3/10/2007 from

http://www1.nmha.org/newsroom/system/news.vw.cfm?do=vw&rid=175 Pearce, J.C. (1992). Evolution's end: Claiming the potential of our intelligence. San Francisco: Harper San Francisco. Salon.com (2006). C-section controversy. Retrieved 3/10/2007 from

http://www.salon.com/mwt/broadsheet/2006/03/31/c_section_controversy/index.h tml Siebert, C. (2006) An elephant crackup? The New York Times Magazine, October 8, 2006. UNICEF (2007). The State of the World's Children. New York: Unicef. Wadhwa, P. D. (2005). Psychoneuroendocrine processes in human pregnancy influence fetal development and health, Psychoneuroendocrinology 30, 724-743. AuthorAffiliation Judith Simon Prager, Ph.D. AuthorAffiliation Judith Simon Prager, Ph.D. AuthorAffiliation Judith Simon Prager, PhD, is a clinical hypnotherapist, Dean of the School of Transformational Psychology at the University of Philosophical Research, co-author of The Worst Is Over: What To Say When Every Moment Counts, training medical personnel in its Verbal First Aid protocol across the country, and creator of the CD program for healthy prenatal emotional development, "Bonding With the Baby Within." She can be reached at 310-346-5555 or via her website at www.judithprager.com

Publication title: Journal of Prenatal&Perinatal Psychology&Health

Volume: 21 Issue: 4 Pages: 321-330 Number of pages: 10 Publication year: 2007 Publication date: Summer 2007 Year: 2007 Publisher: Association for Pre&Perinatal Psychology and Health Place of publication: Forestville Country of publication: United States Journal subject: Medical Sciences--Obstetrics And Gynecology, Psychology, Birth Control ISSN: 10978003 Source type: Scholarly Journals Language of publication: English Document type: General Information ProQuest document ID: 198699662 Document URL: http://search.proquest.com/docview/198699662?accountid=36557 Copyright: Copyright Association for Pre&Perinatal Psychology and Health Summer 2007 Last updated: 2010-06-06 Database: ProQuest Public Health

Contact ProQuest

Copyright $\ensuremath{\mathbb C}$ 2012 ProQuest LLC. All rights reserved. - Terms and Conditions