

Trauma in the First Year of Life: its Affect on Future Negative Cognitions

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Shani, a ten-year-old girl came to therapy in May 2003. She was living together with her parents and two sisters, aged eight and three, in Asia where the father was posted for employment. The family had moved to Asia in the summer of 2002 and as a result of the SARS epidemic the mother and daughters returned to Israel prior to the end of the school year. The mother brought Shani to therapy for the following reasons:

- 1.) For the past two and a half years Shani had fears of an imaginary demon and as a result she slept next to the Mother. Facial tics developed and were attributed to the fears. The fears had increased since moving abroad.
- 2.) Ever since the mother could remember, Shani had been afraid of all needles including blood tests and inoculations.

Besides moving to Asia, the other significant life changes that the Mother or Shani recalled happening in the past three years, prior to the onset of the fear of the demon, were the sudden death of the grandfather (mother's father) to whom Shani felt close, and the birth of the youngest sister.

Shani was born with one kidney and no anus. Therefore during the first year of her life Shani was hospitalized much of the time. At eight months of age, she was operated on and an anus was built. Subsequently, to stimulate the anus to expand and contract, steel pipes were inserted for a few days at a time, during a period of a few months. The operation was fairly successful, although there continues to be some leakage until today. Later in adolescence, Shani will require another operation to increase her anal muscle control and hopefully stop the leaking. As a result of having one kidney, Shani required many blood tests in her first year of life, to ensure the proper functioning of the kidney. She now requires an annual checkup of her kidney, necessitating a blood test.

In the ensuing therapy for the two presenting problems, EMDR was utilized and the following negative cognitions (NC's) were expressed:

- 1.) "I have no control."
- 2.) "I can't stand the pain."

The positive cognitions (PC's) that spontaneously developed during the therapy were:

- 1.) "I'm big and capable."
- 2.) "It's for my own good."

In the therapy with EMDR, on the presenting problems, Shani often returned spontaneously to her first year of life. Therefore many techniques accompanying EMDR were included, such as drawing, historical narrative by the mother of Shani's birth and first year of life, imaginary nurturing by Shani of baby Shani, imaginary empowerment of baby Shani.

Following seven sessions, the fears during the day and night had disappeared and Shani was sleeping alone at night. The facial tics also completely stopped. After the third session, Shani had a check-up of her kidney. She still cried at the blood test, but reported that it was much easier.

Fourteen months later the family again returned to Israel for the summer vacation and Shani asked to come back to therapy. She requested help with her inability to sleep over at someone else's house, without her parents being present. At the school she was attending, it was very socially acceptable to have "sleepovers" and Shani could not participate due to her fear.

While working on the fear with EMDR, Shani had the following thoughts, “I want to go home”, “I miss my mother and father. They are my parents and my life. They take care of me.” While focusing on the fear, Shani’s body reacted by raising her arms from the elbows up to the hands, in a manner similar to the startle effect seen in young babies. Utilizing an interweave, Shani showed her baby self, how she had grown up and as an eleven year old how independent she had become. The fear subsequently decreased and during the following week Shani successfully slept at a friend’s home without concern.

In Shani’s case, during the first year of life she learned from her experiences that she did not always have control. This negative cognition was further reinforced, given that the anus did not function perfectly and caused Shani embarrassment and shame. When her grandfather died and her sister was born, she may have further felt her lack of control over her environment. This created the fear of the demons. In conclusion, it is imperative to focus on a person’s total history of trauma, including the first year of life, to completely understand a person’s negative cognitions and their effect on present symptoms.