Empathy, the Family, and the Core of Social Justice

Childress, C.A. & Pruter, D. (2019)

Trauma, as a wound that never heals, succeeds in transforming the subsequent world into its own image, secure in its capacity to re-create the experience for time immemorial. It succeeds in passing the experience from one generation to the next. The present is lived *as if* it were the past. The result is that the next generation is deprived of its sense of social location and its capacity to creatively define itself autonomously from the former... when time becomes distorted as a result of overwhelming events, the natural distance between generations, demarcated by the passing of time and changing experience, becomes obscured. (Prager, 2003, p. 176)

Childhood trauma is at the origins of professional psychology, beginning in the earliest works of Sigmund Freud in developing the principles of psychoanalysis, through to the work of Perry and van der Kolk in trauma and complex trauma, and into the Adverse Childhood Experiences study. The impact of childhood trauma, the ripple of childhood trauma, represents a foundational line within professional psychology and in the origins of psychotherapy to heal and cure, the talking cure.

Freud's body of work illuminated the central role of childhood trauma in its influence on distorting the healthy development of the child, and in replicating unresolved trauma from childhood through its transfer to other relationships.

Freud suggests that overwhelming experience is taken up into what passes as normal ego and as permanent trends within it; and, in this manner, passes trauma from one generation to the next. In this way, trauma expresses itself as time standing still... Traumatic guilt --- for a time buried except through the character formation of one generation after the next --- finds expression in an unconscious reenactment of the past in the present. (Prager, 2003,p. 176)

The early entry into the world of childhood trauma was through psychoanalysis with adult patients, revealing the impact left by childhood trauma. But childhood was seen through the lens of adulthood, and more direct research into childhood soon followed this initial entry by psychoanalysis into childhood experience. Behavioral psychology then illuminated the role of learning history in shaping current behavior, and Bowlby described the primary motivational system of attachment bonding in childhood. Research in childhood expanded rapidly at the end of the 20th century and has continued with an ever escalating understanding into the socially mediated neurobiology of brain development during childhood (Siegel, 2012; Tronick, 2007).

Research into child development has opened substantially our understanding for the neuro-developmental process of childhood and the central role played by the parent-child relationship in shaping the child's brain systems for affect regulation, stress modulation, and social bonding (Cozolino, 2006; Sapolsky, 2017; Shore, 1994; Siegel, 2012;

Tronick, 2007). Professional psychology no longer speaks of children's "problem behavior," a concept from the latter part of the 20th century, but now speaks of affect regulation and the role of protest behavior in the healthy emotional and psychological development of children.

Despite our progress, trauma ripples through the generations, affecting the parent-child relationship and burdening future generations with past trauma inflicted on the parents. Through the epigenetic transmission of trauma across generations, future childhood is burdened with their parent's unprocessed trauma, trauma that succeeds in "passing the experience from one generation to the next," contained in the distorted parenting practices it creates.

While research on child development has exploded since the 1980s, our examination of the history of childhood and the trans-generational transmission of trauma across generations has been restricted by the absence of information about childhood in the historical records. Historically, children were of no value or limited value, so the description of childhood experience is sparse in historical accounts. The most comprehensive review of historical childhood is the work of deMause (1974), which has been popularized in a book by Grille (2005/2013).

From his extensive review of the historical literature surrounding childhood, deMause concludes, "The history of childhood is a nightmare from which we have only recently begun to awaken" (p. 1). Through his research, deMause identifies six historical periods defining parental orientation to children, 1) the Infanticide mode of antiquity, 2) the Abandonment mode during the first centuries of the Christian era, 3) the Ambivalent mode during the middle ages, 4) the Intrusive mode spanning the period from the renaissance to the industrial revolution, 5) the Socializing mode of the late 19th and early 20th centuries, and 6) the Helping mode emerging during the latter part of 20th century.

A prominent theme developed by deMause in tracing the history of childhood links surrounding social and scientific advances to the advances in child rearing practices occurring at the time. According to deMause, the causal agent leading to advances in the political, economic, and social realms in the broader society are the corresponding advances in child rearing practices. Frontal lobe executive function systems are the last to mature and are therefore the most vulnerable to the influence of experience (Sapolsky, 2017). Childhood trauma prevents the full and complete maturational development of the frontal lobe executive function systems of the brain, leading to the high-violence, emotionally based, and less rational actions evident throughout history. With each generation, parents emotionally process some of their own childhood trauma through projective identification with the child, gradually improving the parenting of children across generations. As parenting improved, the severity of the trauma inflicted on children decreased and the frontal lobe regions of the brain reached higher levels of maturation, reflected in the advances to the political, economic, and social structures that occurred in the surrounding society.

The central force for change in history is neither technology nor economics, but the "psychogenic" changes in personality occurring because of successive generations of parent-child interactions. (deMause, 1974)

The impact of childhood trauma ripples through the generations, transmitted in the distorted parenting practices that childhood trauma creates for the next generation, and childhood trauma extends out into the social fabric, contained in the "psychogenic" and epigenetic changes it creates.

Winnicott (1960), an early pioneer in child research, described the role of healthy parenting as providing a "holding environment" for the child's negative affect. However, what deMause reveals from the history of childhood is that children throughout history, even to the present, are instead made to serve as the holding container for their parent's negative, and often violent and destructive emotions, born of their parent's own unresolved childhood trauma. Children absorb the effects of childhood trauma as it ripples through generations, contained in the role-reversal relationship of the parent using the child as a regulatory object to meet the parent's own emotional needs. deMause refers to children being the "poison container" for their parent's toxic emotions which were projected into the child, creating and then justifying the profound failure of parental empathy for the child's experience inherent to the act of child abuse.

Only insofar as parents fail in their capacity for empathic attunement and responsiveness can they objectify their children, consider them narcissistic extensions of themselves, and abuse them. It is the parents' view of their children as vehicles for satisfaction of their own needs, accompanied by the simultaneous disregard for those of the child, that make the victimization possible. (Moor & Silvern, 2006, p. 104)

In a multiple regression analysis of childhood trauma and the mediating role of parental empathy on outcome, Moor and Silvern (2006) revealed that childhood trauma and parental failure of empathy are indistinguishable, that child abuse represents a profound failure of parental empathy, and that the failure of parental empathy is, in itself, the traumatic experience.

The indication that posttraumatic symptoms were no longer associated with child abuse, across all categories, after statistically controlling for the effect of perceived parental empathy might appear surprising at first, as trauma symptoms are commonly conceived of as connected to specifically terrorizing aspects of maltreatment (e.g., Wind & Silvern, 1994). However, this finding is, in fact, entirely consistent with both Kohut's (1977) and Winnicott's (1988) conception of the traumatic nature of parental empathic failure. In this view, parental failure of empathy is predicted to amount to a traumatic experience in itself over time, and subsequently to result in trauma-related stress. Interestingly, even though this theoretical conceptualization of trauma differs in substantial ways from the modern use of the term, it was still nonetheless captured by the present measures. (p. 197)

Yet with each successive generation, the processes of parental projective identification with the child diminishes slightly the toxic emotions transferred to the next generation, gradually parenting practices have improved. deMause links important advances in child rearing practices in the 1800s as leading to the advances of the Industrial Revolution, and Grille (2005/2013) notes that our entry into Stage 6 of the Helping mode in the latter part of the 20th century (the first stage to care about adults meeting the child's needs rather than the child meeting the needs of the adult) has heralded the corresponding Information Revolution in science and technology. As our parenting practices improve and become more empathically attuned to the child's needs, the frontal lobe executive function systems mature more fully, creating the technological and social revolutions of the modern world.

Our approaches to resolving childhood trauma began with psychoanalysis, but they have expanded as greater scientific understanding is brought to bear on the experience of childhood and the role of the parent-child relationship in shaping the brain's neurological networks. With an increasing understanding of trauma and the role of parental empathy in recovery from trauma, alternative trauma-informed skill-based methods have been developed to build empathy and recover healthy parent-child bonding. In their book, Born for Love: Why Empathy is Essential and Endangered, Bruce Perry and Mara Sazalavitz describe an empathy training workshop for children called, Roots of Empathy, developed by Mary Gordon.

> There have now been nine independent evaluations of the Roots of Empathy program, including two randomized controlled trials. These found significant reductions in bullying and aggression and increases in "prosocial" behavior, including more sharing, helping, and inclusion of children who were formerly bulling or shunned. One study even found increased reading comprehension. (Szalavitz & Perry, 2018)

In World War I, the horrors of war were remarkably put aside on Christmas day, 1914, known famously now as the Christmas truce. A short truce was called on Christmas day to allow each side to recover their dead from no-man's land between their lines. Once out there together, the soldiers from both sides began helping each other to bury their dead in the frozen ground, and then it grew. Soldiers on both sides shared Christmas dinner together, and played soccer together on Christmas day. They exchanged addresses and made friends with soldiers from the other side that just the day before were brutal enemies. The bonding between the soldiers from both sides lasted for days, until officers finally had to threaten to shoot their own soldiers unless they resumed hostility against "the enemy."

No psychotherapy was needed to help the soldiers resolve their violent animosity. The change was immediate once the context had been created. Empathy and bonding developed immediately between previously fierce and hostile adversaries. Psychotherapy has its applications. What the Christmas truce of 1914 highlights is that there are additional change agents beyond psychotherapy for recovery from trauma. There has never been a more traumatic zone in all of history than the trench warfare of World War I, and yet from the heart of active and severe trauma arose empathy and bonding, emerging and

blossoming when the proper context was established. Alternative change agents, other than traditional one-on-one psychotherapy exist for the recovery from complex trauma, and the recovery of empathy from trauma, context-oriented change agents and skills development approaches.

The social justice problems of our world are created by people. People comprise our social institutions and political structures, so it is from people that acts of violence and oppression emerge, both personal, and on larger scales from their roles of authority in our social and political institutions. People are created in the parent-child relationship of childhood, a complex blend of socially mediated neurobiology. Childhood trauma expands out into the world, creating the violence and social injustice in our shared humanity, and imposing itself onto the generations that follow. As the scientific foundations for the neurobiology of childhood are increasingly clarified, application of this knowledge in developing solutions that can be broadly delivered are needed to create the context for "incandescent change" (Sapolsky, 2018).

The Christmas truce of 1914 occurred. In the midst of the most horrific of traumas, the trench warfare of World War I, empathy, bonding, and sanity emerged, immediately and fully when the context was right. War, terrorism, oppression, violence, sexual abuse, and the intimate traumas of abusive parenting, challenge us globally for solution. The solution to the largest of social justice problems is found in the most intimate of places, in the recovery of empathy shared in the parent-child relationship. The epigenetic transmission of trauma anxiety and stress needs to be interrupted in its transmission through the child. The development of trauma-informed recovery workshops can create the proper context for global recovery and global change by targeting the most intimate of relationships, the parent-child bond of empathy.

This paper reports on a single-case ABA design clinical case study of recovery from child abuse and complex trauma using a psycho-educational workshop model of intervention. A non-psychotherapy approach to trauma recovery relies on establishing the context for empathy and bonding through trauma-informed skills instruction and information.

Method

The research design employed in this clinical case study was a single-case ABA design within ongoing clinical care. The initial baseline phase (A) of the ABA design were scores on a relationship-rating scale prior to participating in the two-day psycho-educational workshop. The intervention phase (B) were the rating scale scores during the two-day workshop. The return to baseline was the withdrawal of the workshop and the scores on the rating scale during the follow-up maintenance therapy period with a clinical psychologist.

Participants

The data from this single-case ABA clinical case study research is from a 15-year-old adolescent male and his mother, the father was the abusive parent in the family. The child's abuse and complex trauma inflicted by the father was documented by three

separate psychologists across several years of treatment from 2016 to 2018. The first psychologist's report regarding the family pathology was from the spring of 2016. In it, a psychologist with 40 years of professional experience said,

> "The father displayed in my office the most extreme, antagonistic, narcissistic-based behavior I have ever seen. The father's full manipulation of the child has completely dominated every area of his life, school, friends, family, and in particular, his displays of kissing his father repeatedly on the lips in public, these are all inappropriate. The child lives in constant fear of displeasing his father, and has no independent thinking, apart from what his father requires."

The next report is from a marriage and family therapist (MFT) who treated the family in the spring and summer of 2017. In this report, the MFT states,

> "It is my belief that <child name> is a victim of Child Psychological Abuse from his father. It is my belief that the messages <child name> has been receiving from his father have resulted in significant psychological harm to the child. He is experiencing severe reactions to stress."

The next mental health report is from a psychologist with 37 years of professional experience. In his report he states,

> "It is clear to me that <child name>, who lives with his dad and gets a few hours per week of visitation with his mom, has been mentally and emotionally abused by his father for the past year."

This third psychologist gave a DSM-5 diagnosis of V995.51 Child Psychological Abuse in the summer of 2017. The child remained in the psychologically abusive care of the father until the spring of 2019 when the court ordered a protective separation of the child from the psychologically abusive parent, at which time the 15-year old adolescent child and his mother entered the two-day *High Road* workshop.

Measures

The outcome measure was the *Parent-Child Relationship Rating Scale* (PC-RRS; Appendix 1), a 7-point Likert scale measuring three features of the parent-child relationship, Affection (Aff), Cooperation (Co), and Social Involvement (SI). Each item on the PC-RRS is anchored to a normal curve, with normal-range relationship behavior on each item representing a mid-range rating of 3 to 5. Extremely problematic relationship behavior is rated as 1-2, and extremely positive relationship behavior is rated as 6-7.

The Aff rating of the PC-RRS monitors the child's attachment system and affectional bonding. The Co rating monitors affect regulation systems and protest signaling and recovery. The SI rating monitors mood and arousal aspects of the child's functioning. Ratings on the PC-RRS were collected twice daily during the two-day workshop (am/pm)

and daily during the four weeks of follow-up maintenance care therapy with a clinical psychologist.

Trauma Recovery Workshop

The 15 year-old adolescent child and his mother participated in a two-day psychoeducational workshop designed to create the context for change, providing accurate empathy for the child's authentic experience and trauma-informed learning activities in communication and relationship bonding skills. The workshop protocol is a blend of watching educational and story-narrative videos that create an emotional context and which activate frontal lobe executive function systems for reasoning and critical thinking, deactivating fear-based responding created from prior trauma experiences. Interspersed with the educational video components are structured workshop activities teaching trauma-informed skills for communication and relationship building. Together, these two components provide the context for change and recovery (for escape) from trauma.

Results

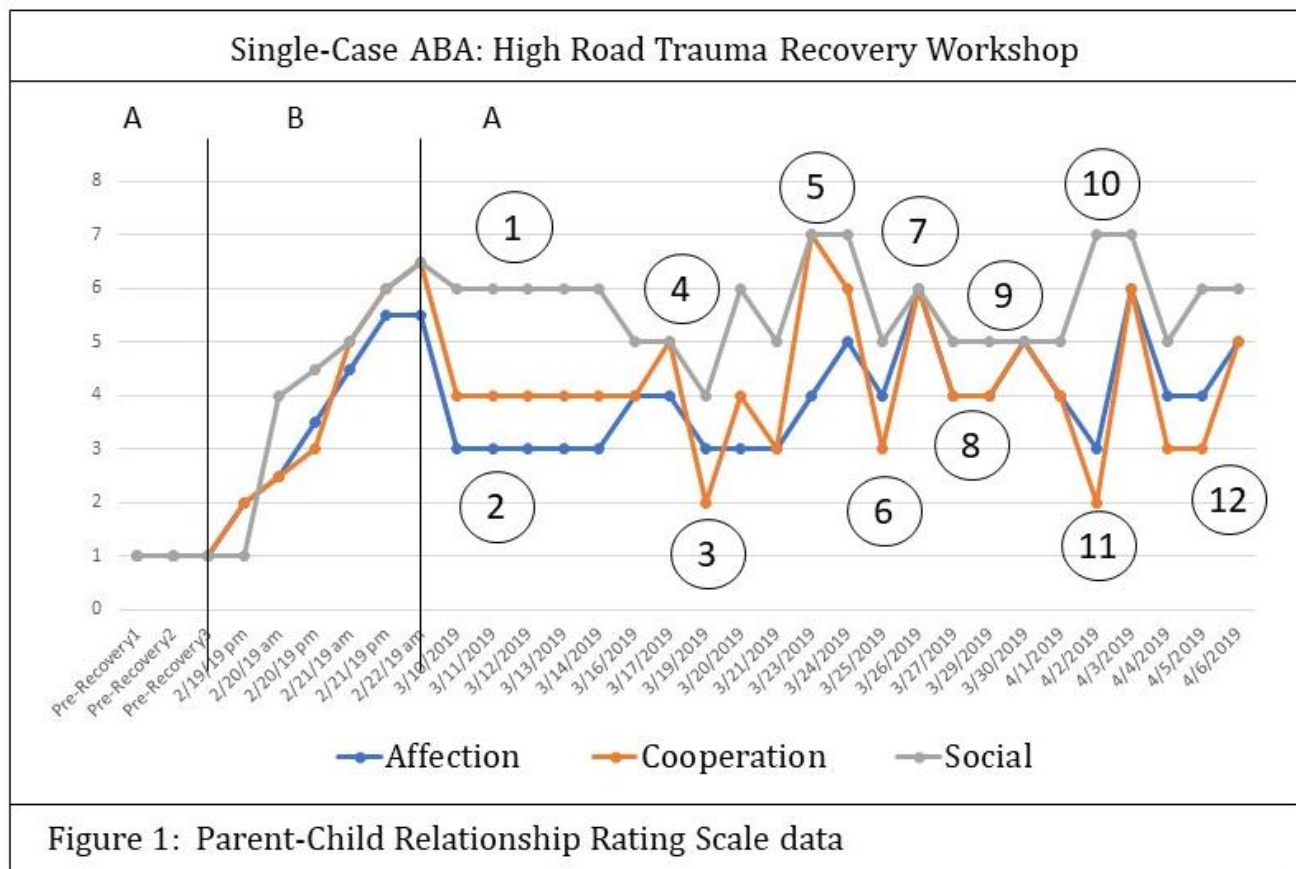The PC-RRS data from the single-case ABA are presented in Figure 1.

Figure 1: Parent-Child Relationship Rating Scale data

Baseline scores for all three scales of the PC-RRS prior to the workshop were 1-2, reflecting extremely poor relationship behavior. The first scores during the B intervention

phase are from the family's arrival the night before the workshop began, with Aff and Co rated as 2, and SI as 1. The workshop started the following day and the scores began to rise consistently throughout the two days of the workshop, achieving final scores on all three scales of 5-7 by the end of the two-day workshop.

Recovery of a normal-range bonded relationship between the child and the mother remained stable until follow-up maintenance therapy with a clinical psychologist began two weeks later. The labeled points on the second A phase of Figure 1 (the post-workshop follow-up therapy period) represent points of note in the therapy with the clinical psychologist. Three therapy sessions are captured in the follow-up data, at approximately points 4, 5, and 10. The relationship ratings during the follow-up therapy period evidenced perturbations that were responsive to the treatment interventions by the clinical psychologist during the post-workshop maintenance care period.

Discussion

Unresolved trauma ripples through generations, the trans-generational transmission of trauma (Krugman, 1987; van der Kolk, 1989). Europe, Japan, and China have the rippling traumas of savage World Wars, in Russia the trauma of Stalin, in the developing world the trauma of colonialism, in the United States the trauma of slavery and racism. Traumas of violence, grief, and loss, of damaged empathy and human cruelty, rippling from parents to children, contained in the parenting practices created in childhood trauma.

Freud opened the door into childhood trauma and psychoanalysis provided our first entry to trauma recovery interventions. Psychotherapy models have expanded since then, yet all of these approaches to psychotherapy are predicated on Freud's initial "talking cure" approach from his early encounters with childhood trauma.

Alternative skill-based and context-oriented trauma recovery approaches are available, and the speed and stability of trauma recovery when presented with the proper context was amply demonstrated in the trenches of World War I on Christmas day. When presented with the proper context, the recovery from the effects of trauma can be rapid and robust, as in the Christmas truce of 1914. Potential application of skill-based and context-oriented workshops for trauma-involved pathologies such as substance abuse and prison recidivism warrants additional exploration.

The global issues of social justice are not created by "society," they are created by individual people who are shaped by their own unresolved childhood trauma, rippling out into our social fabric and social structures. Childhood trauma expands outward into the world and across generations, "secure in its capacity to re-create the experience for time immemorial." The epigenetic multi-generational transmission of childhood trauma robs each succeeding generation of their own authenticity, burdening them with the unresolved trauma of their parents.

The success of a two-day trauma-recovery workshop in recovering the child's normal-range relationship behavior following three years of documented child abuse by the father echoes the speed and stability of the recovery from trauma briefly evidenced in

the trenches of World War I.   Scientific advances in understanding the socially mediated neurobiology of brain development warrant fresh application of scientific knowledge to trauma recovery approaches. Westernized cultural models of psychotherapy offer one avenue, yet not the only avenue for change. Additional research into alternative skill-based and context-oriented approaches to trauma recovery in childhood can offer new avenues into solutions for children, and for our society as a whole.

Social justice issues are not issues of society, they are failures in empathy born in the parent-child bond and the "psychogenic changes" created by child abuse. Solutions for our largest problems of social justice are found in the most intimate of relationships, in accurate parental empathy for the child. Empathy training workshops as described by Perry and Szalavitz and skill-based psychoeducational workshops offer new avenues into solutions for long-standing human suffering endlessly repeating itself in our world and across our generations. Scientific discoveries into the socially mediated neuro-development of the brain have opened new avenues for application of knowledge and solutions to childhood trauma and child development. Accurate empathy for the child's authentic experience (the Helping mode described by deMause and Grille) offers the promise of revolutions in both technology and in the fabric of our social institutions. Advances in social, political, and economic institutions are achieved by advances in parenting that open the full potential of child neuro-social development, and the foundational ground of parenting is found in empathy for the child's authentic experience.

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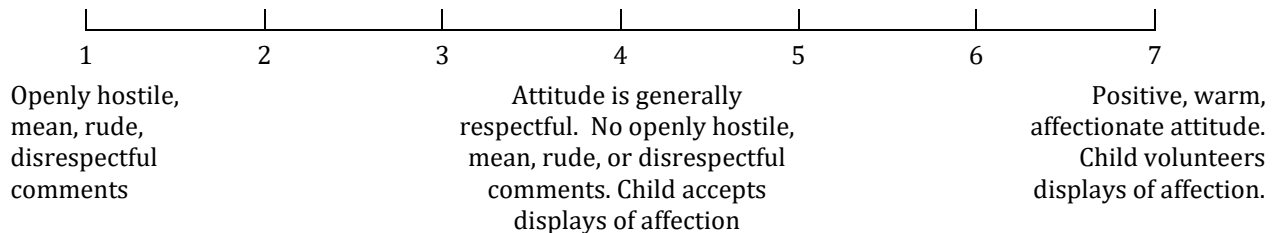
Appendix 1: Parent-Child Relationship Rating Scale

Parent-Child Relationship Rating Scale
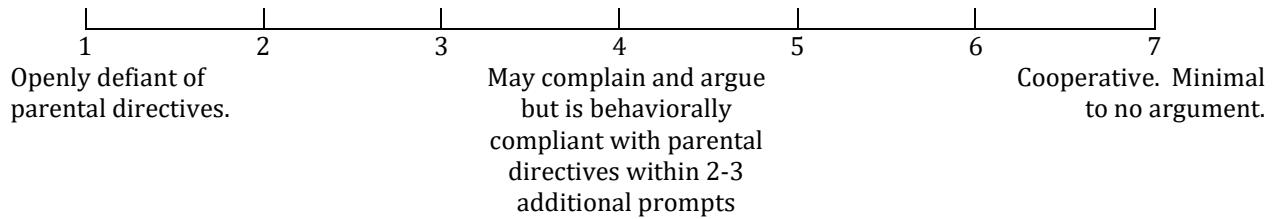
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Date: _____

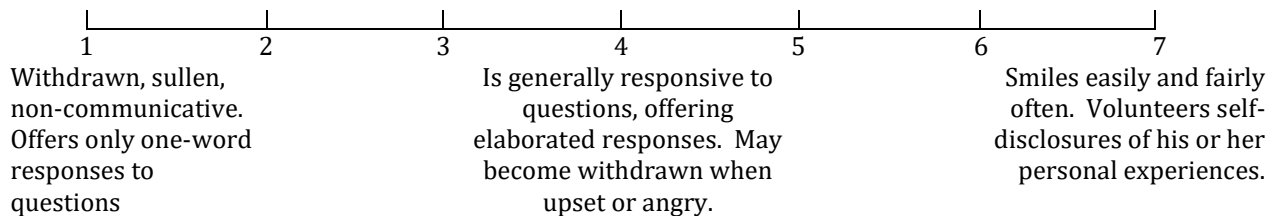Child's Name: _____   Parent's Name: _____

1. Child Attitude: Hostile to Pleasant

1	2	3	4	5	6	7

Openly hostile, mean, rude, disrespectful comments

Attitude is generally respectful. No openly hostile, mean, rude, or disrespectful comments. Child accepts displays of affection

Positive, warm, affectionate attitude. Child volunteers displays of affection.

2. Child Cooperation: Behavioral Defiance to Cooperation

1	2	3	4	5	6	7

Openly defiant of parental directives.

May complain and argue but is behaviorally compliant with parental directives within 2-3 additional prompts

Cooperative. Minimal to no argument.

3. Child Sociability: Withdrawn to Social

1	2	3	4	5	6	7

Withdrawn, sullen, non-communicative. Offers only one-word responses to questions

Is generally responsive to questions, offering elaborated responses. May become withdrawn when upset or angry.

Smiles easily and fairly often. Volunteers self-disclosures of his or her personal experiences.

4. Parenting Style: Permissive to Structured

1	2	3	4	5	6	7

Very lax and permissive. Little to no structure or discipline provided

Blend of behavioral expectations and discipline with negotiation and compromise

Highly structured, rule oriented, expectations for compliance and firm discipline.