Trauma from medical intervention

Mavis Booth

This article is looking at the long term effects of trauma through medical intervention as a young infant. Three aspects of trauma will be examined: 1) prolonged separation from parents and other family members, 2) the medical intervention itself, 3) the experience of bullying endured from being 'different' to one's peers, as a result of permanent life-long physical disability.

My journey into 4 years of separation from home, parents and other family, began when skipping joyfully around the table, a sudden fall, pain that did not go away and the subsequent hospitalisation following a diagnosis of "tuberculosis of the left hip joint".

TB was the most pressing illness of the pre-war era and its control challenged the limits of medical science and public health in many countries. The disease showed many expressions, mainly pulmonary, affecting the lungs, but also bone and joint manifestations, the so-called "white swellings" and "85% of all bone and joint TB occurred in children aged 2-10" (Ritter, 1928). TB kept children in hospital for years and this isolation and separation is central when thinking about the long term effects on the development of personality through adolescent and into adulthood. John Bowlby (1940), the father of Attachment Theory, has written about the effects of prolonged separation from significant others from an early age. He proposed a general theory of the genesis of neurosis in which environmental factors in the early years of a child's life are causative, especially separation from the mother.

Robertson and Bowlby (1952) produced a short film "A two year old goes to hospital" which showed the intense distress of a small child separated from her mother. This film did much to liberalise hospital visiting rules. Bowlby emphasises the psychological rather than economic, nutritional, medical or housing difficulties as a root cause of unhappiness “the evidence is now such that it leaves no room for doubt…that the prolonged deprivation of a young child of maternal care may have grave and far reaching effects on his character and so on the whole of his future life” (1951). The term “anxious attachment” was not in my vocabulary then, nor for many years, but I had all the classic signs – growing to dislike myself as I became convinced no one else liked me, feeling increasingly insecure, particularly outside home, inferior to everyone else, jealous of my sister who was 3 years older than me with a ‘normal’ figure, lacking in confidence, needy of affection and attachment. In their study of the negative consequences of trauma Tedeschi and Calhoun (1995) suggest “perhaps one of the most frequently encountered emotional responses following major life trauma is fear and anxiety” (Trauma and Transformation p.22) and this would certainly fit the response I experienced from prolonged maternal separation.

As antibiotics were not available in this country until 1946 surgical treatment was the only medical option available in treating TB of bones and joints. This involved arthrectomy (opening the joint), erasion (the scraping clear of the joint of tubercular matter in an attempt to save function), trephining (removal of a section of bone), and drainage of the joint by aspiration or, if an open wound, by gravity. My conscious memories of these physical intrusions into my body are almost non existent but Glyn Hudson Allez (2009) equates the effects on children who suffered frequent, painful or intrusive medical intervention with the effects on children who suffered sexual or physical abuse. “It is assumed that because the invasive procedures were conducted by medical practitioners with the intention of making a sick child well, that the child will respond in a positive way. But the neural template the child develops is similar to that of a child experiencing abuse – she feels bad, she feels out of control, humiliated, dominated and hurt and may also learn dissociation as a way of protecting herself from the process”.

My experience was of a complete lack of any conscious memories until the day I came home from hospital four years later. Whether this lack of memories was caused by a natural repression of unbearable happenings or dissociation who knows? Others who were older than me on admission have spoken of the lack of memories and associated this with the repetitive nature of each day being the same as any other and so no highlights to remember.

Yet others do remember well and a book launched at last year’s Hay Book Festival “The Children of Craig I Nos” has many stories of those incarcerated for years in a TB Sanatorium in Wales. Marion, for example, was 15 when admitted and asked the girl in the next bed how long she had been in. When she said 6 years “I sobbed and sobbed at night for months”. She returned home 2 years later and subsequently worked as an auxiliary nurse for more than 20 years “I realise looking back that there was no psychological or emotional support for the children”. And Joan “how could they treat children the way they did without any thought or feeling? I am in my 70’s but the trauma of those times still has a profound effect on me”. Many ex patients have logged onto the web site (www.craig-y-nos.blogspot.com) for comments on the book and have expressed the healing they have experienced from being able to open up what was a taboo subject “…able to talk about those experiences in childhood which had been buried deep in our minds, dark secrets from the past which we dared not talk about. Now it has all been brought out into the open and we realise it is no longer a taboo subject, and we feel healed by the process of being able to talk and share those experiences with others who went through it” (The children of Craig-Y-Nos, 2009).

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Memories of the trauma from the medical intervention began for me on my return home with the growing awareness of ‘difference’ from others that was to plague me into adulthood. I couldn’t run, couldn’t even walk properly, because my left leg was 4½ inches shorter than the right I walked with a bad limp. I wore the ‘dreaded spica’ – a hard leather and metal contraption designed to protect and support the badly scarred and deformed hip, fastened around my waist, into my left groin and down to the knee. It was not until I was 11 years old, after many trips to hospital for replacements as I grew, that I heard the longed-for words “I think we can try you without this contraption now”.

The evidence of physical difference from those around ate into me and convinced me that I was inferior to everyone else. I was, in my innermost being, beginning to be defined by my disability and over the years this grew deeper and stronger and added to my low self esteem and self hatred. It also became a ‘peg’ to hang negative responses on: “it’s because I’m disabled” thus excusing me from altering my behaviour and taking responsibility for my own ways of acting which were attracting behaviour from others that I could well do without. The more anxious I became the more I read other people’s minds, and particularly their views of me, according to my own negative narrative. My inner working model of what I expected from others actually seemed to bring it about in a self-fulfilling way, almost as if I caused people to behave towards me as I expected them to. Phil Rich (2006) describes it eloquently: “the rejecting child is rejected by others, the shy child becomes invisible, the needy child avoided and the angry child angers others”. The results of trauma from the direct medical interventions on my physical body were psychological and mental and growing more intense.

Things did not improve once I was allowed to begin school at the age of 8, three years behind my contemporaries. Rejection and belittlement became my daily experience. Walking to school each day became an agonising time as groups of children would walk behind me calling out ‘peg-leg, peg-leg’. I learnt not to look behind me after doing so and discovering some of them limping along in imitation of my ungainly way of walking. Things were no better once I arrived at school, I was longing to be the same as everyone else but constantly reminded that I wasn’t. In school assemblies each morning children sat cross-legged on the floor, which was a physical impossibility for me. I was directed to the only chair in the hall, a high chair which had to be climbed into via steps up the side, in full view of everyone. I suffered agonies of embarrassment at being so conspicuous to all, as once again difference was thrust upon me.

Worse was to follow. During games lessons when two captains chose sides for a running game I was always the last one to be chosen, in fact not chosen but simply being in someone’s team because of being ‘the last one standing’ as it were. Only as I grew older was I able to rationalise that whichever team had me in it would find it almost impossible to win because I just could not run. But at 8/10 years of age my interpretation, which was painful to live with, was that nobody liked me or wanted me, and my feelings of inferiority grew into disliking myself and being convinced that others did too. Rosemary Shakespeare (1975) has expressed it thus “There are crisis points in the life of a handicapped person …starting school can be a time when a handicap becomes fully obvious for the first time as (he) then has to compete with (his) age group”.

From trauma growth can come

One wonders what the long term prognosis might be for a person exhibiting such profoundly negative psychological and mental effects of trauma. Could integration and wholeness be possible? In recent years a good deal of research and writing has been done on post traumatic growth (Tedeschi & Calhoun (1988; 1991; 1992; 1993; 1995; 1996; 2004); (Joseph & Linley, 2004; 2005b) and others, in terms of positive changes in the aftermath of crisis and adversity.

The first signs in my own protracted journey towards such healing began at the age of 11 when I was fortunate to pass the scholarship for Grammar School, against all expectations, and not least my own, after such a late start! A new, more positive phase of life began as the more mature young people and teachers in this new sphere treated me the same as everyone else. Life began to seem good at last as I made friends and felt as if I ‘fitted in’. Still anxious, uncertain I could do the school work required, but more relaxed, happier, discovering I had a sense of humour. Also making friends with girls in my neighbourhood as my confidence grew, especially Carole, a friendship which lasted into adulthood as we became inseparable.

At age fourteen Carole and I began to attend a girls club at our local Baptist Church. Here I met people who were caring, accepting, drawing me into their circles and friendships. I embraced it eagerly and blossomed as my world expanded. And yet underneath I remained anxiously attached. and I remember if Carol and I hadn’t met up for a day, standing at our landing window from where I could see her house to see if she was going out without me, perhaps calling to see others who lived in the same street – perhaps still fearful of rejection. Though I was beginning to forge more positive ways it didn’t take much to throw me back onto my old familiar way of expected rejection and abandonment, hard wired into my brain from an early age. The loss circuit is associated with the hurt and pain of rejection, the emptiness of abandonment “the trigger of the panic system will automatically take the child through the pathway to the loss circuit” (Hudson-Allez, 2009).

Much has been written of the healing effects of religious belief. My inner healing began with a dramatic Christian conversion experience when I became utterly convinced that God loved me, unconditionally, as I was, in a mixed up state of feeling unlikeable. This inner conviction of being loved by God shook me to the depths of my very self and brought about a transformation of my whole being as I realised that if God loved me I must be loveable. Asaf Roled Ben-Shazar (2009) expresses it thus –”I am shown…that however big the sorrows are, however damaging the history or unpalatable the trauma, love can get there and touch us, and make a change. However dark it may be love can be present with us and change us by its presence”. The changes in me were amazing. My whole world appeared to change overnight. As I had before viewed others from a defensive standpoint and expected rejection or belittlement, now others seemed friendly and welcoming. As I felt increasingly more accepting of myself it seemed others wanted me in their lives, giving the message that I mattered. In attachment terms God had become my ‘secure base’ from which I learned to move out and gain a strong sense of self worth.

Despite this, the path of desolation and isolation was well trodden and it was easy to step back onto it after any kind of ‘put-down’. The discovery of the writings of Leslie Weatherhead, a well-known and revered Methodist preacher, introduced me to the world of psychology which helped me begin to make sense of my muddled up feelings and consequent behaviour. As I read about possible causes of feelings of inferiority, lack of self-worth, jealousy of others, I gradually began to think differently. Rather than berate myself for my negative feelings I glimpsed the thought that anyone who had lived though my experiences may well feel as I did. "Inferiority complex is frequently caused in childhood, though the complex may not give trouble until adult years are reached" (Weatherhead, 1934). Tedeschi & Calhoun (1995) have written about the beneficial outcomes which can be perceived by the survivors of trauma which "can produce a subjective sense that life has improved in a fundamental way despite the unfortunate event" (p.40).

This certainly seemed to be the case for me as my growth continued from various sources. One was the journey through the llife course using Erikson's (1995) eight stage model from birth to death. The stages between the ages one and a half to three and three to five were particularly beneficial. Exploring these life stages I returned and visited for the first time since leaving the TB hospital where I had spent many painful years. I looked through the wrought iron gates and wondered what memories would be awakened. At first the was nothing – as if this place held no memories for me – then suddenly, as I gazed upon this seemingly unfamiliar set of buildings I was shaken by an uncontrollable paroxysm of weeping as the well-known feeling of utter desolation and abandonment swept over me. At my deepest depths I was once again, in my 60s, on that well trodden pathway, wired into my brain during those early years of trauma, and completely overcome by those same feelings. This shattering experience taught me at first hand that we can be plunged into the painful feelings forged within us at an early age even without any conscious memories of the places where they happened. This was a huge learning experience for me later in my depth work with traumatised clients.

Joseph (2005) expresses it thus: "as the client comes to develop a self structure that is more congruent between self and experience they should also become more fully functioning and that such movement towards becoming fully functioning in traumatised clients might be described in current terminology as post traumatic growth". To read that the cure could come from self-knowledge and self-adjustment set me on the path to inner growth and ultimately into therapeutic work with others, to discover in the words of the Dutch theologian Henri Nouwen (1979) "in our woundedness we can become a source of life for others". The positive growth of our traumatic experiences becoming a source of help to others is recorded by Tedeschi & Calhoun (1995) "the recognition that one has something precious to offer other people in great turmoil can produce a sense that one now has a gift: intimate knowledge of the traumatic experience and an ability to empathize with similar others in a way few could”.

Further growth and change came from training with the former Clinical Theology Association (latterly the Bridge Pastoral Foundation) and particularly so during in-depth therapeutic group work. I returned to being two years of age and re-living the trauma of my mother leaving me in hospital. It was a very strange experience to hear myself at one level crying out “don’t leave me” over and over, and clinging to the therapist who was holding me close, and at another level being in my adult and eventually ‘coming back into the room’ with the group. The result of that experience seemed to be that the sting was taken out of the feelings and afterwards I was more able to share my traumatic memories without being overtaken by emotion.

Space does not allow a sharing of family life which brought further insight, learning and wisdom. Enough to say that if we can accept, and even welcome, the inner pain of trauma from whatever source, it can be utilised as we become able to experience it as part of whom we are and who we have become. It can then be used for the benefit of others in psychological and emotional distress, and real post traumatic growth can truly be said to have taken place.

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Loved Into Life

This part of me that has no name
curls quiet as a secret
against my aching breast
asking its voiceless questions
in every laboured breath:
Is it my body that is breaking
or my wounded heart?
Will I survive the ambush
of my fears and deepest grief?
Can the nameless be borne
in a life already full of pain?
Will Love bring me to birth
at last – or will I die again?

Lesley Hayes