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Psychological trauma and childhood

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Abstract
Experiences of sudden unexpected physical injuries and danger to life have psychological effects in the sense that strategies are mobilized to ensure personal survival and safety. Ideas about psychological trauma in childhood, however, are bound up with differently conceived issues. Firstly there are preoccupations with certain **events** or situations and these are emphasised over others. Secondly, there are dominant ideas concerning **evidence of trauma**; these are widely held. Particular models of childhood, i.e. **discourses of childhood**, are always involved in talk about psychological trauma in children. This paper examines current notions about the causes of variations in children's behaviours (or problems in children) and discloses for scrutiny the ways in which four major discourses of childhood (passive, innocent, organismic and cognitive/rational) interact with these causative models to construct and perpetuate particular views of psychological trauma.

Concern has been expressed about the possibility of traumatic effects on children of exposure to violence. There is an expectation, though not always clear, that such children are likely to grow up to be aggressive, unruly and ungovernable - or psychologically disturbed. This paper draws on part of a larger study concerning the effects of childhood sexual abuse (Levett, 1987, 1988) and will address central issues involved in current concerns about the traumatic effects of certain kinds of childhood experience. A conceptual analysis of ideas of trauma is pursued; the significant part played by metaphors will be introduced.

Widely encountered ideas in the popular media and in professional clinical psychological literature are seldom examined at a conceptual level.

Considerable confusion dominates contemporary ideas about psychological trauma (Mestrovic, 1985; Levett, 1989a). There is no generally accepted theory within which to direct inquiry concerning psychologically traumatic effects. Freud used the term trauma quite loosely (Greenacre, 1967) and even in psychoanalytic theory there is still much controversy about this notion (Furman, 1986; Yorke, 1986). The term tends to be part of non-reflexive commonsensical language practices, resting in tacit knowledge, which suggests it has the plasticity of a social representation (Moscovici, 1984) or a metaphor (Good and Good, 1983; Lakoff, 1987).

As an important step to developing appropriate approaches to the diversity of situations deemed to be "emotionally damaging", it is crucial to examine current understanding, and to lay bare the assumptions involved. These are accessible through language: talk and written discourses. Through such deconstruction, at least we would know something about the ground we stand on at present in talk about trauma.

It seems obvious that writings about psychological trauma draw implicitly on a medical model of physical trauma, where specific events like motor accidents or strokes have a range of fairly explicit consequences for physiological functioning. These effects may be evaluated through physical examinations and investigations using reliable instruments. A range of data gathered in this way can be compared against known baseline parameters. Thus information about blood pressure, pulse rate, reflexes, kidney function, and so on, can be coordinated against a background of other data (e.g. previous medical history, age) to gauge the current condition of a patient and to monitor progress following one or another intervention. Even in dealing with physical trauma, however, there are many unknown factors and the outcome is often difficult to evaluate. One such variable would be the person's wish to recover - or his/her investment in illness. Another very different factor might be a clinician's confidence, in using a different strategy from a colleague for instance. Psychological factors influence every human situation.

However, in evaluating the presence and extent of psychological trauma in children, many of the most basic problems which face the clinician are of a different order from those which confront the trauma surgeon. The subject of investigation is quite different; it involves several levels of complexity, and partly these lie outside the confines of psychological study as usually construed - in the realm of current, widely held ideas (tacit knowledge). Three of the most important of these are the **events** which are regarded as psychologically traumatic, the **ways** used to infer psychological trauma, and the way in which these inferences are bound up with **dominant notions of childhood** and widely held models of development in contemporary western culture.

TRAUMATIC EVENTS

The conventions of a history of positivistic experimental psychology (modelled on natural science or biological studies of a certain type) has led to over-simplification and to narrowly focused research. The consequence has been that specialization within the discipline (clinicians, cognitive psychologists, researchers in motivation or emotion, social psychologists, etc.), and the search for significant cause-effect links, has taken applied psychology into many cul de sacs. In relation to psychological trauma, particular events (e.g. a narrow escape from death in an earthquake or a fire) have been noted to precede a set of emotional reactions. The understanding of these responses as survival strategies means they are seen as natural responses. Two apparently logical "discoveries" follow. One is the growing list of events which retrospectively are construed to provoke similar sets of reactions, which I will discuss first. The other is the systematization of the expected reactions (which will be discussed as the way of establishing psychological trauma).

An extrapolation is made from the event of threatened loss of life - where there is a survival related change in physiological state along with emotional, cognitive and broader behavioural changes - to a range of other circumstances. Thus separation from parents, divorce, being bitten by a dog, emigrating, being sexually abused, witnessing an accident, all become listed as psychologically traumatic events. A perusal of the clinical literature shows that each of these, and other particular events has been selected out at some time for attention. This happens partly because someone is troubled, perhaps a parent. Certain behaviours (called signs and symptoms) are noticed (Good and Good, 1980). However, it is also partly because at a symbolic level one could perceive some commonality between these events, in the sense of some aspect of danger or loss. However, there are also a range of historically specific reasons for the events selected and their perpetuation, and these must also be considered.

Until quite recently, looking at the example of sexual abuse, this sort of experience was not part of the "official" list of psychologically traumatising events. In the 1970s American feminists drew attention to these phenomena (Russell, 1976) and, in a particular climate of liberal humanist government with awareness of a powerful body of enfranchised women in the USA, funding was directed to researching incest and rape. This may be seen as a tokenist sop to feminist lobbying since the causes for sexual abuse are embedded in social structures of male-female power relations, and particular styles of sexual relating, whereas much of the research and intervention which followed located causes in problem families, provocative femaleness and careless mothers, or sick men suffering from faulty control of biologically based male sex drives. Some of the research which was generated is unquestionably important, for example, uncovering the extent of sexual abuse (Russell, 1984) and the complexity of the issues involved (Browne and

Finkelhor, 1986). However, while more and more cases are reported and charges are laid, there is little clarity about the best interventions, a very small proportion of offenders is convicted, and while appearing to be useful the overall situation is untouched. The status quo is unaffected.

To individually address the historical background to each "traumatic" situation which has been given prominence in clinical writings is outside the limits of this paper. The point highlighted is that there is a great deal of other problematic human experience which has not been selected out for the same attention. There is little or nothing in the clinical literature about the effects of, for example, failing at school, being disregarded because one is female or black, the realization that one is not literate or numerate, or does not have access to some facility such as a hospital at a critical moment. Furthermore, in South Africa, attempts to draw attention to the common practice of punitive beatings of children in the school systems (Rabinowitz, 1988), and to the sexual molestation of girls and young women by their male school teachers or lecturers, have met little response. These everyday situations could be argued to be psychologically damaging in that they affect one's sense of identity and self-respect but they have not been seen as important enough to demand attention; it would be informative to study and elaborate on the factors involved. However, at present what creates more concern and receives more publicity is the possibility that black children who have been subjected to militaristic violence, and who have been involved in necklacing and other responses, will become violent adults.

There are sociopolitical reasons for the selection of certain situations as traumatic, even though it appears that the reasons are wholly humane ones. It can also be said (in the broadest sense) that there are sociopolitical reasons involved in every instance in which someone is seen to be deficient, deviant, or to display problem behaviour (Foucault, 1980).

EVIDENCE OF PSYCHOLOGICAL TRAUMA

The tendency in psychology has been to schematize human functioning in terms of emotional states, cognitive processes, learning and perception (including self perception) and so on. These systems, and the individual, are commonly separated from the historical contexts of social groups and sociocultural processes, as if they are universal and not governed by sociolinguistic and cultural conventions. What this disregards is the growing body of understanding (from social anthropology and ethnopsychology) which reveals that expressions of emotion, self and subjectivity, are culturally shaped and are embedded in linguistic repertoires (Armon-Jones, 1985; Gergen and Bernack, 1984; Kleinman and Good, 1985; Harre, 1986).

Against a background in which emotions are viewed as givens, fixed in physical structures and physiological processes, certain behaviours and

expressions of emotion - termed signs and symptoms - are given authoritative status through the apparatus of professional education and expertise. On the basis of a particular and culture-bound body of knowledge (clinical research, practice and expertise) certain of these behaviours are understood to designate disturbance and are identified as traumatic effects.

The problem with norms of behaviour and models of human development, or ideas about deviance and psychopathology, is that they are enmeshed with sociocultural value systems. There is no clearcut or fundamental measure of healthy behaviour, comparable to a normal range of blood pressure or respiration rate. It is well established that clusters of signs and symptoms which constitute diagnostic systems of psychological disorder fluctuate historically and may differ from one social context to another. Apart from the most extreme and bizarre forms, which would be rare, clinicians have to learn to "see" signs and symptoms, many being inferred. Thus there are conventions guiding perceptions which are learned as part of professional expertise and socialization.

Finally, these conventions which guide recognition of signs and symptoms among adults become shaky when applied to children. Part of this is explained through talk about the instability of children's behaviour, and about various discontinuities between different age levels or stages. There is a lack of evidence to support the idea that problems in childhood particularly shape adult behaviour (Zeitlin, 1986).

It should not be surprising then that empirical studies of long term effects of psychological trauma (with various causes) come up with diverse and contradictory results. In general these studies are retrospective and are initiated through work with adult clinical populations, from which research samples are drawn. Agile or ingenious reconstructions of past histories may be evolved (Gislason and Call, 1982). On the other hand, where an adult's life story includes events which are regarded as traumatic, but there are no clear long term effects, there is likely to be talk about protective factors (which run into dozens of commonplace possibilities) or resilience (a metaphorical elasticity of personality) (Rutter, 1985). Not many clinical researchers question the "fact" of "psychological trauma" and, in fact, one could regard such studies as examples of empirical results which are discounted because they do not support hegemonic models of explanation (Lakatos, 1970; Feyerabend, 1978).

Most approaches in clinical psychology assume that the answers to current adult difficulties, however construed, lie in childhood experience (Riley, 1983). Thus there is an idea that exposure to physical abuse in childhood leads to the development of an adult who will readily abuse others. This comes from retrospective studies of assaultive adults, and an attribution of a

cause-effect relationship to such experience. There are no studies which, for example, show that adults who were physically abused as children may have a particular respect for others, or that children exposed to violence might develop unusually strong bonds within their friendship systems. This sort of research, which needs to be done, would go against the dominant discourses which seek reasons for present problems by stereotypically sifting through a clinical history to cull a crop of neglecting mothers, absent or alcoholic fathers, broken families, deficient parenting, and the like.

Ideas about psychological trauma in childhood are closely linked with dominant ideas guiding western thinking about children. Models of "normal" and "deviant" human psychological development, like diagnostic models, constitute learned discourses. There are models of human development which (again following the model of biological growth of the body) specify that psychological development follows a fairly well defined "normal" course, and that particular experiences (or absent experiences) may derail this development; this is particularly evident in talk about sexual development in relation to experience of childhood sexual abuse.

DISCOURSES OF CHILDHOOD

Distinctions between child and adult, or based on age groups in children, are assumed in everyday talk and in most psychological texts. These are based in obvious physical differences and in the changes observed during the physical growth of children as they develop the characteristics of adults, e.g. size and the biological features of reproductive processes. All cultures distinguish between adults and children in some way but definitions of childhood, the criteria for evaluating behaviour in different age groups, the particular place which children hold in different sociocultural groups, and the ways to clarify the transition from child to adult differ widely (Cook-Gumperz, Corsaro and Streeck, 1986).

Common assumptions about psychological differences between children and adults are based in observable physical changes, and suggest that we can understand psychological processes as though they are organic in the same way, or that their origins are the same. However, culture and language are as inextricably involved in psychological processes as they are in psychological practices. Certain mental representations (schemas of thought) are used in everyday language and are incorporated by psychology as though they are fixed and indisputable. The discourses on trauma reflects one such representation; the dominant discourses on childhood are another.

Prevailing ideas about childhood are most invisible in middle class talk about middle class children (Kessen, 1979). Psychological texts are often criticized for presenting middle class experience as though it is universal but this particular aspect, notions of childhood, is not usually remarked. The

idealized, ethnocentric and mythical aspects of assumed universals of childhood are most obvious when the daily realities of working class life or the sociocultural practices of other groups are considered. The lives of South African working class children have been discussed elsewhere (Gordon, 1987; Burman, 1988), drawing attention to the range of experience which is involved.

As in Europe and North America, contemporary western concepts of childhood (based in a narrow range of middle class experience) are powerful and pervasive in South Africa. These ideas are central organising schema in daily talk about children, among professional health care workers and in the media, and are hegemonic in the sense that they are normative and prescriptive: "this is how children should be".

Newson and Newson (1974) directed attention to the social pressures of the "cult of child psychology". Later, Riley (1983) reviewed the history of western child psychologies illustrating the effects of theories on the way children have been depicted and studied, and discussing the popularisation of psychological and psychoanalytic theory in Britain. Apart from scattered references to Margaret Mead's cross cultural studies, most psychology has been isolated from social anthropology and social history. This is especially true of clinical psychology: clinicians tend to work under great pressure, from parents, educators and agencies, to relieve problems and complaints and to explain troublesome phenomena, and rarely find time to reflect on their models of practice.

The historical and cultural specificity of notions of childhood has been discussed (Aries, 1973; De Mause, 1975) but few psychologists have reflected on their assumptions (but see Bronfenbrenner, Bruner, 1986; Kessen, 1979; Mackay, 1974; Riley, 1983; Shotter, 1984; Steedman, Urwin and Walkerdine, 1985). Today it is recognised that children's interpretative repertoires are likely to be different in some respects from those of adults who share their social environment, because of relative assimilation of sets of dominant constructed meanings (Bruner and Haste, 1987), but children's repertoires are as complex and as socially derived and involved as adult repertoires from a very early age. Such views still have a limited circulation among clinicians and it is important to recognise the existence and nature of the discourses of childhood hidden in talk about experience which is viewed as traumatic for children. It is easy to slip into indiscriminate assumptions about cause-effect relationships, especially where the events involved are emotive and where they are entangled with political rhetoric.

The backdrop to contemporary discourses of childhood involves **protection** and **regulation** through normative comparisons. The development of children takes place today under the protection of "the family" (more particularly

mothers) and of various other state-recognised and mandated institutions of protection, welfare and education (Donzelot, 1980; Parton, 1985). All of these institutions draw on discourses of childhood in carrying out their particular functions, and make use of them to justify the appropriateness of their interventions. This locks families, parents and children, and children in relation to other authority systems, into particular sites of control and dependence (Burchell, 1981). Normative interventions and rules of parental behaviour regulate children's behaviour, education, the policing of both parents and children, and ensure the production and reproduction of particular kinds of adult. The forms of subjectivity which are produced (Willis, 1977; Henriques, Hollway, Urwin, Venn and Walkerdine, 1984) incorporate rules of behaviour and expectations of certain forms of social structure; each individual fits him- or herself into the available categories of class, gender, workplace, etc. in active ways. The individualization of children against the context of regulated notions of childhood is part of the discourse of power which, in Foucault's sense, revolves around normalization (Foucault, 1980).

Dominant discourses of childhood have tended to fall into characteristic patterns. These themes are not mutually exclusive: authors, speakers and listeners often slip from one to another discourse without awareness. Four readily identifiable models of childhood are sketched here.

(1) The **passive** child: children are viewed as passive recipients of external forces of adversity (traumatic events) and of socialization. These forces shape or deform the child in certain ways. In this discourse, no account is taken of the child's agentic qualities or of the range of strategies and interpretative repertoires available to the child in each sitation encountered.

(2) The **innocent** child: children represent an essential innocence, an inherent goodness which lies at the core of all people, beneath encrustations or deformities caused by external agents ("socialization") or adverse experience, which produce badness in a range of forms. The innocent or unformed child thus may be contaminated by contact with certain others or certain experiences. For example, there is a widespread idea of a "loss of innocence" which occurs when the child is betrayed or confronts mortality. Exactly what is represented by loss of innocence is far from clear; the theological undertones are very obvious. (At the same time it should not be assumed that the opposite holds: that the child comes into being as a small but fully formed adult, in some sense).

A variation of this portrayal is the child as the most "natural" human, i.e. close to nature and unspoiled by society. In this version the child may be depicted as having natural impulses which must be curbed in order to produce a social being out of a non-social one (Chodorow, 1985). However, a child is a social

being in an important sense of the term from the moment it has a place in the thoughts and plans of others and is so even more tangibly in its presence and interaction with caregivers and, later, with others.

(3) The **organismic** child: the child is an undeveloped adult in which a process of built-in organic unfolding takes place, following an age-related, "natural" developmental blueprint. This requires a particular kind of environment for "best" development (a greenhouse model in which the best environment is a particular kind of middle class one). This discourse incorporates a biological or evolutionary notion of development as a teleological process, from less to more complex organisation, with an inbuilt weeding out of the less adaptable or imperfect organisms. Implicit is the idea that the process has a ideal endpoint: the normal adult male or female who lives in a normal society (whatever this may be), and incorporates the idea that the normal or natural process can be inappropriately derailed, disrupted or speeded up by certain kinds of experience.

(4) The **cognitive/rational** discourses which depict childhood as a period of learning. In these discourses children are depicted as asocial individuals with inherent cognitive hardware who, learning certain programmatic functions (viewed as foreign initially) develop the capacity to operate on the environment in increasingly sophisticated ways. Although an agentic aspect is incorporated in this version, there is no recognition of the inseparability of human thought, consciousness and strategy from the social matrix, and there is an assumption of a pre-existing nonsocial being (Shotter, 1984) as is present in the other three discourses of childhood. Each version perpetuates western assumptions of a separation between the individual and the social group, a form of dualism increasingly challenged by social theorists today (Geertz, 1975; Giddens, 1979).

All, in different ways, are essentialist versions of childhood. They are often inseparable, sliding together in talk about children, and are clearly present in discussions of psychological trauma in childhood, as some thought will indicate. These European and North American discourses of childhood are not necessarily the only ones available to humankind, and we have no idea how they relate to black South African discourses of childhood, based in heritages of different linguistic and social practices.

CONCLUSION

In this paper I have examined dominant ideas about psychological trauma and the long term effects of childhood events regarded as traumatic, with the intention of showing up the ways in which discourses rooted in everyday knowledge shape and perpetuate our concerns and beliefs.

Human subjectivity cannot be separated from the social and sociolinguistic

matrices in which the person is situated. Development thus is not usefully conceptualised as a "fixed" process, nor are certain outcomes crystallised on the basis of a particular event or set of events which have been experienced, as suggested by the discourses of trauma and childhood.

Throughout life, each human subject negotiates his or her positioning within the range of available discourses which provide meaning, a sense of self, and purpose, to human action (Benveniste, 1971; Henriques et al, 1984). Diverse discourses are available and change historically in each society; many are contradictory. Emotional investments (preferred or significant ways of viewing or presenting oneself) are involved in the processes of subjective positioning in relation to available discourses, and govern both the discourses in which individuals position themselves and the switches which are made from one place or time to another. Subjective investments are not fixed, rational or unitary: positioning in different discourses can lead to a range of contradictions. These are confusing to the student of human behaviour who attempts to make sense of social interactions using conventional models of psychology. And of course, they are processes of major interest to clinical psychologists who struggle to make sense of the incongruities with which they are confronted in the confusion and conflicts of clients - children or adults.

There seems little doubt that other discourses than contemporary western ones are and will be available to today's South African children. As children or as adults, they may or may not be invested in positioning themselves within available western discourses. Perhaps we need to develop some understanding of the central metaphors which are involved in organising ideas about equivalents of psychological trauma (e.g. damage or pollution), childhood and adolescence, and gendered subjectivity, in other language groups. These are likely to constellate quite distinctive discourses; they may or may not link experiences of violence of the kind which tend to concern western-trained psychologists and psychiatrists with psychological changes which are understood as damage.

In considering the effects of violence on black South African children's future social behaviour, we cannot assume that western discourses of psychological trauma and childhood, tenacious and powerful as they are, will necessarily play a significant part in shaping the subjectivity of these individuals. Even if they do, the forms taken - the subjectivities which evolve - may well vary, as is the case among girls and women who have experienced childhood sexual abuse.

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