

# AMERICA'S LOST DREAM

'LIFE, LIBERTY AND THE PURSUIT OF HAPPINESS'

Current Research and Historical Background  
On the Origins of Love & Violence

James W. Prescott, Ph.D.

*"Those who cannot remember the past  
are condemned to repeat it."*

*The Life of Reason  
George Santayana*

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# Touch the Future

September 11<sup>h</sup> was a grim reminder that the 20th Century was a Century of World Wars. Little progress has been made in understanding or preventing personal and global violence. James W. Prescott's theoretical & scientific research on the developmental origins of love and violence cuts to the core of personal and global violence, and because of this appears to some as "politically incorrect." The closer we come to the source of our pain, the more we tend to defend against it. This defensive response expresses itself personally and culturally; a reaction that often blinds us to the obvious.

Human love that begins *in utero*, is carried through pregnancy/birth and the post-natal nurturance of bonding and breastfeeding. Today, the learning channel we call bonding is threatened. Mothers are not valued, nurtured nor supported by the culture. Lack of initial bonding, institutional childcare, and social pressures, such as work schedules and welfare reform; prevent most mothers from breast feeding their babies. Infants and young children are often not held, touched, or played with. For the majority of babies the nurturing relationships with mother and father have been replaced by institutionalized childcare, television, and now computers. Failing this early bond, which is intimately linked to direct and sustained physical contact between mother and infant, the future of later "love" relationships are threatened, as is society itself. The resulting behaviors tend to compound the broken bonds even further. The result is an alienated, aggressive emotional/social/sexual cycle that affects mother, baby, family, society and now, the world.

As the Health Scientist Administrator, Developmental Behavioral Biology Program at the National Institute of Child Health and Human Development, NIH (1966-1980), Jim established research programs which documented that failed mother love in primates results in developmental brain disorders which lead to life-long patterns of depression, violence and drug addiction.

AMERICA'S LOST DREAM: "Life, Liberty and the Pursuit of Happiness" is a synthesis of this and other research: that nothing can quite replace the loving touch, nurturing and breastfeeding that a mother provides for her infant/child, and through her love, what she means to all of humanity. And the essential role that sexual affection and sexual love has for humanity.

And what about Fathers? Fathers must bond with, nurture and protect their children just as they must nurture, protect and support the feminine. Male and female play different roles in nature's plan. It takes both to nurture all of humanity and the planet. Understanding and applying the implications of Jim's life's work can literally transform our personal lives, our families, and the world. Touch the Future and I are proud to assist in the dissemination of this message.

Michael Mendizza  
Executive Director

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# AMERICA'S LOST DREAM

## "Life, Liberty and the Pursuit of Happiness"

### Current Research and Historical Background On the Origins of Love & Violence

James W. Prescott, Ph.D.

#### I. Introduction

*Human violence is fast becoming a global epidemic. All over the world, police face angry mobs, terrorists disrupt the Olympics, hijackers seize airplanes, and bombs wreck buildings. During the past year, wars raged in the Middle East, Cyprus, and Southeast Asia, and guerrilla fighting continued to escalate in Ireland. Meanwhile, crime in the United States grew even faster than inflation. Figures from the Federal Bureau of Investigation show that serious crimes rose 16 percent in the first six months of 1974 — one of the largest crime increases since FBI record-keeping began.*

*Unless the causes of violence are isolated and treated, we will continue to live in a world of fear and apprehension. Unfortunately, violence is often offered as a solution to violence. Many law enforcement officials advocate 'get tough' policies as the best method to reduce crime. Imprisoning people, our usual way of dealing with crime, will not solve the problem, because the causes of violence lie in our basic values and the way in which we bring up our children and youth. Physical punishment, violent films and TV programs teach our children that physical violence is normal. But these early life experiences are not the only or even the main source of violent behavior....*

JW Prescott 1975, Body Pleasure and the Origins of Violence  
*The Futurist* April. Reprinted: *The Bulletin of the Atomic Scientists*. November 1975  
at: <http://www.violence.de/prescott/bulletin/article.html>

On September 11, 2001 the impossible happened, when international criminal terrorists—hiding under the flag of Islam—kidnapped four fuel laden American commercial jets and in a suicidal mission crashed two of them into the twin towers of the World Trade Center; one into the Pentagon; and one misdirected into the ground in Pennsylvania, where all passengers were killed. These twin towers and the Pentagon—symbols of American Capitalism and Power—Evil from the perspectives of many—were destroyed with over 3,000 innocent lives lost and some 5,000 children left without a father or mother, a burden that they will carry for the rest of their lives.

Violence against children and the innocent is not new in human history. From one of the earliest recorded murders in that history, where Cain kills his brother Abel and is banned from the world community of humanity (Genesis 4:8-16), family members have been killing each other and each other's children from time immemorial. From the days of Abraham (Genesis 22:1-18) to Moses (Exodus 11:4-5; Numbers, 25-31; Deuteronomy, 21:18-21; 22:13-21; Proverbs, 23:13-14) to the Crucifixion (John 1:1-15; 3:16-17) to the Crusades, Papal and Spanish Inquisitions; the Nazi Holocaust, Bosnia, Kosovo and to the many other holocausts throughout human history, children have been sacrificial victims of religion and of the gods in many different cultures (e.g., Aztecs, Incas, Mayans; America's Salem Witches) and to human depravity itself.

The greatest act of terrorism that can be committed is against children and no nation is free from that kind of domestic terrorism. John Steinbeck in the *East of Eden* (1952) describes this kind of terrorism well:

*The greatest terror a child can have is that he is not loved, and rejection is the hell he fears. I think everyone in the world to a large or small extent has felt rejection. And with rejection comes anger, and with anger some kind of crime in revenge for the rejection, and with the crime guilt—and there is the story of mankind ((pp xxii).*

—as is the story of human love itself where love lost is the true origin of human violence and terrorism—Paradise Lost. Human Love, tragically, has been rejected and displaced/ subordinated to Divine Mystical Love, which can command the sacrifice of human earthly life for a supernatural life. Thus, suicidal and homicidal death can be understood and justified for this “higher good”, as is evident in the suicidal- mass murder of over 5,000 innocent civilians on 11 September 2001—an act of re-

ligious-political violence that is as old as human history itself and which has spared no nation. Eternal life is more important than earthly life (John 3:16-17) and the swords of Islam, Christianity and Judaism have assured this human destiny.

How is it possible to account for the violence of the monotheistic religions when such violence was absent in the polytheistic cultures of antiquity where such cultures were not known to engage in religious warfare? They fought over other matters but not religion.

Gibbon (1737-1794) in *The Decline and Fall of the Roman Empire* provides insight and a partial answer to that question: *It is not alone by the rapidity or extent of conquest that we should estimate the greatness of Rome....The obedient provinces of Trajan and the Antonines were united by laws and adorned by arts. They might occasionally suffer from the partial abuse of delegated authority; but the general principle of government was wise, simple, and beneficent. They enjoyed the religion of their ancestors, whilst in civil honors and advantages they were exalted, by just degrees, to an equality with their conquerors.*

1. *The policy of the emperors and the senate, as far as it concerned religion, was happily seconded by the reflections of the enlightened, and by the habits of the superstitious, part of their subjects. The various modes of worship which prevailed in the Roman world were all considered by the people as equally true; by the philosopher as equally false; and by the magistrate as equally useful. And thus toleration produced not only mutual indulgence, but even religious concord....The elegant mythology of Homer gave a beautiful and almost a regular form to the polytheism of the ancient world. The philosophers of Greece deduced their morals from the nature of man rather than from that of God....*

*Reasoners of such a temper were scarcely inclined to wrangle about their respective modes of faith or of worship. It was indifferent to them what shape the folly of the multitude might choose to assume; and they approached, with the same inward contempt and the same external reverence, the altars of the Libyan, the Olympian, or the Capitoline Jupiter.*

*It is not easy to conceive from what motives a spirit of persecution could introduce itself into the Roman councils (Vol 1. Chapter 2. pp 22ff)....*

*We have already described the religious harmony of the ancient world, and the facility with which the most different and even hostile nations embraced, or at least*

*respected, each other's superstitions. A single people refused to join the common intercourse of mankind. (Chapter XV, p.350).*

The extended texts of Gibbon (1737-1794) on this history needs to be consulted for a further clarification of why and how the monotheistic religions gave rise to religious warfare, which was unknown to the polytheistic religions of antiquity. There are, of course, additional reasons for the rise of religious warfare by the monotheistic religions that could not have been known by Gibbon, which are reviewed herein.

## II. The Evolution of Human Violence and Love

Why is it that *homo sapiens*— the most evolved primate on this planet— is the most violent and destructive primate on this planet? Why is our closest genetic relative, the bonobo chimpanzee, the most peaceful and non-violent primate on this planet where we share 99.1% of our DNA in common? Bonobo violence against offspring and against females is virtually non-existent. The opposite is true for *homo sapiens*. What happened in the course of evolution that made these extreme behavioral differences possible with so little genetic differences and what can we learn from the bonobo chimpanzee on how the *human chimpanzee* can become peaceful and non-violent or can we? (Diamond, 1992; De Waal and Lanting, 1997).

The Bonobo Chimpanzee (*Pan paniscus*), often called the pygmy chimpanzee, was recognized in 1929 as a distinct second species of chimpanzee, distinguished from the Common Chimpanzee (*Pan troglodyte*) (Schwarz, 1929). The bonobo has many unique parenting and social-sexual behaviors, which distinguishes them from the common and human chimpanzee and sheds light on their peaceful and harmonious behaviors. (Savage-Rumbaugh and Wilderson (1978); Kano, T. (1980, 1992); Nishida and Hiraiwa-Hasegawa (1986); Blount, 1990; Diamond, 1992; de Waal and Lanting, 1997). Before elaborating on these unique bonobo behaviors that are known to contribute to their peaceful and harmonious community, a brief evolutionary background would seem helpful.

From an evolutionary perspective, the human and great ape lineage split away from the monkey lineage about 30 million years ago. Based upon DNA mutations over evolutionary time, a "DNA clock" has been developed which makes it possible to estimate the percent communality of DNA (genetic communality) between species and to date the times when the various great

ape species diverged from one another.

The human chimpanzee branched off from the common chimpanzee about 6-7 million years ago with a DNA difference about 1.6 %. Using the average 6.5 million-year estimate, this equals 4.1 million years of evolutionary time per 1% DNA change (6.5/1.6). Diamond (1992) states that the "common and pygmy chimpanzee differ in about 0.7 percent of their DNA and diverged around 3 million years ago", which results in a nearly identical 1% DNA difference that equals 4.3 million years of evolutionary time. (3/0.7).

Given the 0.7 percent difference of DNA between the common and bonobo chimpanzee, the DNA difference between the bonobo and human is 0.9 percent (1.6-0.7), which represents a divergence of 3.9 million years ago between the bonobo and human chimpanzee, given that 1% DNA difference equals 4.3 million years (4.3 x 0.9). The bonobo chimpanzee is clearly our closest genetic relative. This conclusion differs from that of De Wall and Lanting (1997) who state: "The human lineage split off an estimated 6 million years ago—well before the split between bonobos and chimpanzees. Thus, neither ape can be considered closer to us than the other" (p.3). It would seem that it does not matter which species split off first or second, but rather the issue is how much DNA is carried in common, no matter when the evolutionary split came (first or second), knowing that 1% DNA difference equals about 4.3 million years of primate evolutionary time.

However these differences are resolved, from an evolutionary-genetic perspective, it is this 99.1 percent communality of DNA or 0.9 percent difference of DNA between the matrifocal bonobo and the matrilineal human chimpanzee that is of most interest in accounting for the high communality of parenting and social-sexual behaviors that exist between these two species. This statement is directed specifically at the communality between the *matrifocal* bonobo community and the *matrilineal* human cultures, as the *patrilineal* human cultures have the opposite parenting-social-sexual characteristics of the matrifocal bonobo community, as well as the matrilineal human cultures, which will be reviewed below.

It has yet to be demonstrated whether any of these social-sexual behavioral communalities are reflected in genetic communalities. The question is whether there are some genetic variations that can be identified which facilitates or predisposes a species to affiliative, affectional-communal behaviors (matrilineal cultures) or their opposite behaviors of authoritarian, violent behav-

iors (patrilineal cultures) and whether these genetic variations can support cultural structures that reinforce these genetic pre-dispositions.

The realization that it only takes about 0.9 percent DNA difference to account for the extraordinary differences between the bonobo and human chimpanzee in physique, emotional-social-sexual behaviors, language and cognitive-rational skills gives pause for reflection. The extraordinary similarities and differences between the bonobo and human chimpanzee have yet to be explained by this 1% DNA difference. This issue is further complicated when it is recognized that a significant portion of our DNA is “junk DNA” (Diamond, 1992). It is for these reasons that it was recommended that the bonobo genome be identified to compare with the human genome, which has yet to be implemented by the NIH (Prescott, 1993),

Can a missing gene account for the pathological violence of *homo sapiens*? As we shall discover it is something else that is missing that accounts for the pathological violence of *homo sapiens* and which clearly distinguishes between the bonobo and human chimpanzee in terms of peaceful and violent behaviors. It is highly unlikely that a gene for peace and love can be found—no more than a gene for hate or violence can be found, as genes code for proteins and not behaviors (Lewontin, 1991). Love and hate are learned behaviors where love can reflect violence as well as peace (*John 3:16-17*). How can the murder of a son be declared an act of love? How can rape be described as an act of love?

The historical and Biblical acceptance of rape (Genesis 19:1-11; Judges 19:14-30) down through the ages has brutalized the psyche of males brought up in this tradition. This is well illustrated in the account of Michael McCusker, a Marine sergeant who witnessed a gang rape in Vietnam.

*McCusker [7] tells of a rifle squad of nine men who entered a small village. They were supposed to go after what they called a Viet Cong whore. They went into her village and instead of capturing her, they raped her — every man raped her. As a matter of fact, one man said to me later that it was the first time he had ever made love to a woman with his boots on. The man who led the platoon, or the squad, was actually a private. The squad leader was a sergeant but he was a useless person and he let the private take over his squad. Later he said he took no part in the raid. It was against his morals. So instead of telling his squad not to do it, because they wouldn't listen to him anyway, the sergeant*

*went into another side of the village and just sat and stared bleakly at the ground, feeling sorry for himself. But at any rate, they raped the girl, and then, the last man to make love to her, shot her in the head.*

*What is it in the American psyche that permits the use of the word 'love' to describe rape? And where the act of love is completed with a bullet in the head!*

(From: Prescott, J.W. *Body Pleasure and The Origins of Violence The Futurist* April 1975 <http://www.violence.de/prescott/bulletin/article.html>; and Vietnam Veterans Against the War, statement by Michael McClusker in *The Winter Soldier Investigation: An Inquiry into American War Crimes* (Boston: Beacon Press, 1972).

### **Bonobo Chimpanzee Parenting for Non-Violent Behaviors**

The bonobo have long term bonding between mother and infant and, particularly, between mother and son. Even after one year of age, bonobo infants do little walking or climbing and the mother keeps them very close to her. There is a long dependency as infants. The bonobo infant does not begin to play with other infants until about 1.5 years of age. Nursing continues until about four years of age and the *infant is physically carried by the mother through the juvenile stage of development*. Another singular feature of the bonobo is the lack of infanticide, which is commonly observed in other primate species including the human primate (De Waal and Lanting, 1997). Hrdy (1999) has described the primary nature of Great Ape mother-infant bonding:

“Great Ape mothers carry their infants wherever they go. Fathers, by comparison, are rarely in direct contact with babies” (p.205). And “It was the mother who continuously carried the infant in skin-to-skin contact-stomach to stomach, chest to breast. Soothed by her heartbeat, nestled in the heat of her body, rocked by her movements, the infant's entire world was its mother. (p. 98)... and ...**no wild monkey or ape mother has ever been observed to deliberately harm her own baby**” (p.179). Emphasis added.

What has happened along the evolutionary trail where infanticide and harm and injury to the young have suddenly appeared in the Great Ape *homo sapiens*? Why is sexual abuse of the prepubertal young unknown in the primate evolutionary record but is common in *homo sapiens*? What genetic or cultural factors could possibly account for this difference? (Prescott, 2001, at

<http://www.violence.de/prescott/reviews/hrdy.html>).

Bonobo female bonding is very strong and they will sit together, groom and play with each other far more than with males and will follow each other about seven times more frequently than they follow males, according to one study. This female cohesion is undoubtedly highly influenced by the long association of the female with their offspring. The female is the central and dominant but non-authoritarian force in the bonobo society, which is characterized by an overall nurturance of the young and egalitarian relationships, which are mediated primarily by sharing food and sex. Some competitive aggression appears in the males but is insignificant

The bonobo mother-son dyad is very strong where they have been observed living together even when the son is full-grown. Female juveniles separate from their mother earlier than the son and it is observed that the sons are more affectionate and attached to their mothers than are the daughters. Males stay in their natal group, have strong brother and male bonding, whereas females disperse to neighboring groups of bonobos which are unfamiliar and sometimes hostile but insures the prevention of incest/inbreeding in the natal group. Additionally, the pre-pubertal females in the natal group are “sexually-inactive”—avoiding sexual relations with brothers and adult males—and usually migrate out of the natal colony at seven years of age when their first genital swellings appear and which mature at about 10 years of age. First offspring appears at ages 13 or 14 years. (De Waal and Lanting, 1997).

The long-term maternal-infant affectional bonding process in the infra-human primate, particularly, the bonobo chimpanzee—where the mother-son bond is strong and life-long—must be recognized as a primary factor in the prevention of infanticide, other forms of violence against the young and of the females in the bonobo troop by the male bonobo. This intense mother-infant bonding must be recognized as one of the roots of our evolutionary biological heritage that *homo sapiens* has abandoned and which has placed us on the path of pathological violence against children and females in our society—and of unbonded females against their young.

Analyses of human tribal cultures, which are summarized below, support this conclusion, as do the statistics on child abuse and neglect, teen suicides and impaired/failed bonding in the mother-infant/child relationship attest. Only 16% of American mothers are breastfeeding at one year of age (SG/DHHS, 2000), which is one measure of impaired maternal-infant bonding in the American culture that impairs normal infant/child brain development and which places such children at high risk for

depression and violence. (Prescott, 1996,1997).

### **Bonobo Sexual Behavior and Non-Violent Behavior**

The sexual behavior among the bonobo is unique among primates and is a second developmental factor that accounts for the non-violence of the bonobo chimpanzee. “Sex is the glue of bonobo society” and the multiple male mating by the female bonobo with other males in the troop is a major strategy of reducing conflict and anxiety and assuring peaceful and harmonious relationships within the troop. Female bonobo sexuality is not constrained to the estrus cycle, which permits the female bonobo to copulate at any time of the day/night—like *homo sapiens*. Clearly, female bonobo and human sexuality have been freed from the estrus cycle that serves other purposes than reproduction. (Diamond, 1992; De Wall and Lanting, 1997; Hrdy, 1999). However, unlike the bonobo, female *homo sapiens* are not free to copulate with any male of their choice without fear of harsh punishment that can include death.

As De Waal and Lanting (1997) note:

*Had bonobos been known earlier, reconstruction of human evolution might have emphasized sexual relations, equality between males and females, and the origin of the family, instead of war, hunting, tool technology, and other masculine fortes. Bonobo society seems ruled by the “Make Love, Not War” slogan of the 1960s rather than the myth of a bloodthirsty killer ape that has dominated textbooks for at least three decades” (p.2).*

Hrdy (1988) has provided a review of the few other primate species where the female engages in multiple male mating which is associated with male non-violence against her and her offspring, which is in contrast to the alpha male of the harem organized primate troops. The killing of the nursing offspring by a new alpha male has been interpreted by the sociobiologists and evolutionary psychologists as being driven by evolutionary forces to optimize the propagation of the genes of the new alpha male.

A better explanation is that the killing of nursing offspring forces the female into the estrus cycle that permits the new alpha male to mount her and claim property control over the female and her sexuality. It is a matter of power and control by the male over the female and not gene propagation of a specific lineage that explains this behavior (Prescott, 2001).



### III. Child Abuse and Neglect in America

The disintegration of American Society from within is reflected in the statistics of the continuing terrorism of child abuse and neglect, child sexual abuse, child abuse mortality and domestic violence. These events establish the foundation for a society that is characterized by depression, social alienation, drug abuse/addiction, dysfunctional male/female relationships and the violence of suicide and homicide. No society can remain free or equal with this human chaos in its midst.

The Third National Incidence Study of Child Abuse and Neglect Executive Summary (NIS-3), (Sedlak and Broadhurst, 1996)—from the National Clearinghouse on Child Abuse and Neglect Information—summarized the changes in child abuse and neglect from its last NIS-2 report of 1986:

*First, the 1993 estimate of the number of children who were endangered by their maltreatment (but not yet harmed) was more than four times the corresponding 1986 estimate. That is the number of endangered children rose from an estimated 254,000 in 1986 to an estimated 1,032,000 in 1993 (a 306% increase). Second, the number of children who were seriously injured or harmed by abuse or neglect that fit the Endangerment Standard in 1993 was well over one-half million, which is nearly quadruple the 1986 estimate for this category. In 1986, an estimated 143,300 had been seriously injured by abuse or neglect; in 1993 the figure was 569,900 children (a 298% increase). (p.5) (emphasis mine).*

Using the Harm Standard, from 1986-1993:

1. Girls were sexually abused three times more often than boys
2. Children are consistently vulnerable to sexual abuse from age three on.
3. The estimated number of sexually abused children under the Harm Standard rose from 119,200 in 1986 to 217,700 in 1993 (an 125% increase).

Using the Endangerment Standard, 1986-1993:

1. The estimated number of sexually abused children increased from an estimated 133,600 children to 300,200 (a 125% increase).

Overpeck, et al (1998) reported that “Homicide is the leading cause of infant deaths due to injury accounting for almost one third of such deaths in 1996.... More than 80 percent of documented homicides in very young children can be viewed as fatal child abuse, and there is strong evidence that both homicides and fatal cases of child abuse are underaccounted” (p.1211).

The problem of *underestimating* child abuse homicides in our society is reflected in a retrospective descriptive study of child abuse homicides in North Carolina from 1985-1994 by Herman-Giddens, et.al (1999). They found that the ICD-9 cause of death coding underascertained child abuse homicides by 61.6%.

The finding of some 300,200 sexually abused children in 1993 from the NIS-3 study cited above was confirmed by researchers from the University of Pennsylvania School of Social Work which estimated that some 325,000 children per year in the United States are sexually exploited which includes prostitution, use in pornography and molestation. The study headed by Professor Richard J. Estes found that 47 percent of sexual assaults against children came from relatives; 49 percent came from an acquaintance, such as teacher, coach or neighbor; and only 4% by strangers. Some 20 percent of these children were involved in prostitution rings that worked across state lines (Hernandez, 2001).

The Surgeon General’s Call To Action To Promote Sexual Health and Responsible Sexual Behavior (Satcher, 2001) reported that “an estimated 104,000 children are victims of sexual abuse each year”—that was based upon a prior DHHS report— and is substantially less than the 300 to 325,000 sexually abused children per year reported above. This discrepancy requires clarification.

Moskowitz, et al (2001) studied teen disability and death that utilized the National Pediatric Trauma Registry and the Web-Based Injury Statistics and Query Reporting System for homicides for the period January 1, 1990 to December 31, 1997. They reported 3,487 homicide deaths of adolescent girls and 17,292 homicide deaths for adolescent boys (ages 12-18). This is a staggering loss of teen life due to homicidal violence during this eight-year time period.

Helm, et al (2000) found that child sexual and physical abuse leads to life long abnormal responses to stress in adulthood, where women with a history of childhood abuse and current major depression had a six-fold greater ACTH (adrenalcorticotrophic hormone) response to stress than age-matched healthy controls.

Steiger, et al (2001) found abnormal cortisol responses and serotonin functioning in women characterized with bulimia and/or a history of childhood abuse. Women with a history of child abuse showed a *decrease* in plasma cortisol levels compared to nonabused women who were normal eaters. These findings, in context with other studies, indicate that both hyper or hypo cortisol functioning can occur in response to a history

of stress which is consistent with the different stages of stress advanced by Seyle (1956). Hypo responders may well represent the more critically ill, as they could reflect the stage of adreno-cortical exhaustion that precedes death in the experimental animals of Seyle. Clearly, these two kinds of abnormal responders should not be grouped together for comparative analyses with control groups.

Sakado, et al (2000) found a life-time disability of depression in Japanese workers who had a history of dysfunctional parenting.

These studies are specifically relevant to understanding the linkage of depression and suicide with histories of child/teen sexual abuse, which have their roots in failed bonding in the mother-infant relationship. Mothers, fathers and adults, who are highly bonded with their children, do not subject their or other children and teens to abuse, particularly sexual abuse.

When children kill children the entire fabric of society has to be examined including the loom of society that has fashioned such a weave of destruction. The report of an 11-year old boy that was convicted of beating to death his 8 year old sister and his 13 year old cousin who was also charged in her beating death and raping her demands a "developmental inquest", as to how this was possible. The coroner's report showed bruises on more than 50% of her body with signs of current and prior sexual abuse (Edwards, 2001).

The religious roots of violence against children are well known and courts have acted to remove children from the custody of religious parents who physically abuse their children in the name of their religion. Scharnberg and Ferkenhoff (2001) have reported in the Chicago Tribune one of the worst cases of child abuse homicide on record.

"Larry and Constance Slack, described by neighbors as devoutly religious (Jehovah's Witness), delivered 160 blows to their daughter (12 years old), according to the charges, stuffing a towel in her mouth at one point to silence her screams"... "He then cut off his daughter's shirt, ordered the other children to pull off her pants and whipped her 39 more times, the prosecutor said. Constance followed with 20 more lashes, Pfeiffer said". (Larry Slack used an electric cable that was about three-quarters of an inch thick for the whippings)."...

The case of Laree Slack, who was pronounced dead at South Shore Hospital just hours after her beating, has rattled even seasoned child abuse experts"... "Calumet Area detectives who were familiar with the case said Tuesday that Larry slack had told them that he strongly believed in corporal punishment. They also said that they knew him to be deeply religious, but they added it was

unclear whether Slack was abiding by some religious mandate. But Leon Slack, an uncle of Laree's said religion had nothing to do with what happened. "Our family loved Laree dearly," read a statement the family released Tuesday."

When will America hold religious organizations responsible and accountable for their poisonous doctrines that advocate the infliction of pain, injury and death upon children?, re *Proverbs 23: 13-14*— "Withhold not correction from the child: for if thou strike him with the rod, he shall not die. Thou shall beat him with the rod, and deliver his soul from hell".

Tragically, America's treatment of its own children is no better— if not worse— than the Islamic Taliban's brutal treatment of women and children. Religious terrorism against women and children must be ended wherever it is found including America. Helfer and Kempe (1968,1987), Miller (1983), Reich (1933/1946) and deMause (1974,1982) provide a searching and detailed analyses of the childhood and societal roots of adult violence against children and women, which command review. This writer, however, strongly disagrees with deMause (1982) on his conclusions that hunter-gatherer's are in the infanticide mode, which is not supported by the quantitative cross-cultural data reviewed herein.

*To begin with, the childhood of Australian aborigines, like that of all contemporary hunter-gatherers, is in the infanticidal mode. That is, they not only kill a large proportion of their newborns without remorse, but also treat those they do bring up with a combination of severe neglect, physical and emotional abuse, and symbiotic clinging (emphasis added, 1982, p.273). and*

*The conclusions of anthropologists like Whiting, Child, Bacon and others that hunting groups have a wide range of child-rearing modes from poor to good are—unfortunately, in my opinion (see footnote 107)—based on wholly inadequate anthropological field evidence. We started *The Journal of Psychological Anthropology* precisely to counter this condition and to give psychoanalytically-trained anthropologists a chance to restudy these groups. Whatever reliable evidence does exist, however, confirms the infanticidal basis of their parenting, and the mistake of previous anthropologists of labeling neglect "permissiveness" and symbiotic clinging "warmth" (1982, Footnote #112, p.325).*

## Corporal Punishment of Children and Societal Rape.

A study on the effects of State support of spanking of children in the public schools was undertaken to evaluate the relationship between corporal punishment of children and later adult violence. The results of this study was submitted to the Oakland City Council in support of a resolution to establish a "No-Spanking Zone" within the City of Oakland. The No-Spanking Zone proposal was submitted by Jordan Riak, Executive Director, "Parents and Teachers Against Violence in Education (PTAVE)" ("Project NoSpank" which can be seen at <http://silcon.com/~ptave>)(Riak, 1999).

**Table 1** summarizes this "paddling" study which identified the 15 highest and 15 lowest violent States, as measured by their rape rates in 1996, and were compared to their state sanctions of "paddling" of children in the public school system. An examination of **Table 1** shows a highly significant statistical relationship between "paddling" of children in school and the rape rates of those States (Chi Square = 10.47,  $p < .005$ ,  $N = 30$ ). It was found that:

**82%** of Paddle States had high rape rates (42-65 rapes per 100,000 population).

**68%** of Non-Paddle States had low rape rates (20-28 rapes per 100,000 population).

These data confirm the expected relationship between pain inflicted—"paddling"—upon the child and the later sexual violence of adults in these cultures (States) of violence; and, conversely, that elimination of "paddling violence" against children is reflected in lowered rape rates of these cultures (States). Physical assaults against school children (paddling) appears to have specific sexual connotations and consequences, as other measures of societal violence did not have statistically significant relationships with "paddling". The physical striking of the buttocks (anal-genital area), where protective clothing is often removed to enhance the physical and emotional pain, should make obvious this relationship. More systematic studies are needed to clarify this relationship.

## Other Cross-Cultural Studies

The cross-cultural studies of Ember and Ember (1992,1993ab,1994 and 1997) have examined the issues of peace, war and violence from the perspectives of broader social constructs of culture and interpersonal relationships than the primary biological measures of interpersonal relationships employed herein by this investigator. One of their primary conclusions is that "so-

cialization for aggression in boys in late childhood is by far the strongest socialization predictor of higher rates of homicide and assault" and "that socialization for aggression is a likely consequence, not a cause, of war. The theory of violence suggested here is that war is the major cause of more homicide/assault"...that war motivates parents to socialize for aggression and also legitimizes violence (Ember and Ember, 1994). Another major finding was that the ethnographic record shows that more participatory or "democratic" polities fight with each other less often than authoritarian polities.

A direct comparison between the above studies and those herein is not possible since the Ember studies involve a variable based analyses where the Prescott studies involve subject (culture) based analyses. Thus, correlations among variables are the primary data reported by the Embers v the percent cultures actually predicted from the variables by Prescott.

Russell (1972), utilizing an orthogonal factor analyses of 78 cultural characteristics related to warfare (Textor, 1967), found that psychocultural factors were more related to aggression in cultures and that "technological development, social complexity and lineage were only minimally related to warfare". "Warlike cultures are more restrictive and more punitive toward children and adults, and their members are evidently less well adjusted than those in peaceful cultures". Other characteristics related to warfare were non-indulgent child-rearing practices, emphases upon achievement, narcissism and punishment of pre-and extramarital sexuality.

These independent statistical findings of Russell (1972) are highly consistent with the psychobiological based S-SAD theory and findings of Prescott (1971, 1975,1977,1979, 1996).

Bacon, Child and Barry (1963) pioneered in relating measures of socialization based upon psychoanalytic theory with measures of criminal behavior. They state: "*Our principal findings concerning common correlates of both Theft and Personal Crime are relevant to a hypothesis that crime arises partly as a defense against strong feminine identification.*" (This psychoanalytic hypothesis is not supported by the Bonobo culture where the opposite prevails, namely, a strong mother-son identification is associated with non-violence.) The highest significant correlation reported in this study was  $r = .56$  (31% variance) where most of the correlations were substantially less. This study provided some modest support between psychoanalytic based concepts of human relationships and later crime but are substantially less than realized with the biologically based S-SAD theory

of human development and relationship, as represented herein. From this perspective, support for psychoanalytic based cross-cultural studies on peace or violence are quite limited.

#### **IV. NICHD Study, Infant & Early Child Day Care— A Study in Maternal-Infant/Child Separation: Ghosts of, Holt, Watson, Bowlby and Montagu**

The report of the NICHD (National Institute of Child Health and Human Development) Study of Early Child Care (SECC) found that infants and very young children who spend more than 30 hours a week in child care “are far more demanding, more noncompliant, and they are more aggressive” and “They scored higher on things like gets in **lots of fights, cruelty, bullying, meanness** as well as talking too much, demands must be met immediately”, according to Dr. Belsky, one of the principle investigators” (*New York Times*, April 19, 2001) (emphasis mine)

Dr. Sarah Friedman, NICHD Scientific Project Officer was reported as saying “We cannot and should not hide the findings but I don’t want to create a mass hysteria when I don’t know what explains these results” (Stolberg, 2001). Unfortunately, no measures of biological stress have been incorporated in this study, as of this writing.

Spitz (1945,1946,1965) and Bowlby (1947, 1951,1969,1973) knew over fifty years ago what produces the emotional disabilities of infants and children separated from their mothers. Montagu (1971) has reviewed an earlier history of the damaging effects of maternal-infant separations that stemmed from the wrongful teaching of nurse educator Lisbeth D. Price where she advised in 1892 that the baby “should never be rocked nor hushed on the nurse’s neck” or that of pediatrician Luther Emmett Holt who stated in his textbook on child rearing (1894) “To induce sleep, rocking and all other habits of this sort are useless and may be harmful” and later in 1916 advised that the crib should not rock in order that “the unnecessary and vicious practice may not be carried on”.

This damaging philosophy of child -rearing was reinforced by John B. Watson, perhaps the most destructive psychologist of the 20th Century, for the damage that he has inflicted upon children and families. Montagu (1971) provides a succinct description of Watson’s views on children and families:

*It was through his book “Psychological Care of Infant and Child”, published in 1928, in which he pays unbounded tribute to Holt, that Watson and his disciples were able to reinforce and compound the errors of Luther*

*Emmett Holt. Mothers were enjoined to keep their emotional distance from the child, to desist from kissing, coddling, or fondling it. They were not to respond too readily to their children’s cries for food or attention. Their capacities, Watson said, should be trained toward conquering the world. In order to do so, children must be taught to master their feeding schedules, toilet training, and other tasks, according to a strict regimen. It is the problem-solving techniques and boundless absorption in activity with which the child must be prepared that will enable him to cope with the demands of American society. Such a child will be “as free as possible of sensitivities to people and one who, almost from birth, is relatively independent of the family situation.*

*There is, Watson wrote, “a sensible way of treating children.... Never hug and kiss them, never let them sit in your lap. If you must, kiss them once on the forehead when they say good night. Shake hands with them in the morning. Give them a pat on the head if they have made an extraordinarily good job of a difficult task. Try it out. In a week’s time you will find how easy it is to be perfectly objective with your child and at the same time kindly. You will be utterly ashamed of the mawkish, sentimental way you have been handling it.’ And so the learned psychologist proceeds nonsensically and disastrously on; Bertrand Russell approved the book, Parents Magazine hailed it as one that should be on “every intelligent mother’s shelf,” and the Atlantic Monthly referred to it as “a godsend to parents.’ (pp. 150-151, 3rd edition, emphasis added).*

The teachings of pediatrician Luther Emmett Holt and John B Watson, a century ago, established the fertile foundation for a century of child-rearing practices in America that has born the bitter fruit of the epidemics of depression, impulse dyscontrol, drug addiction and suicidal/homicidal violence that we are experiencing today.

Spock (1972) added to these destructive child-rearing practices with advice to let a crying infant/child cry itself to sleep from his internationally acclaimed “Baby and Child Care”:

*The habit is usually easy to break once the parents realize that it is as bad for the baby as it is for them. The cure is simple, put the baby to bed at a reasonable hour, say good night affectionately but firmly, walk out of the room, and don’t go back. Most babies, who have developed this pattern, cry furiously for 20 or 30 minutes the first night, and then when they see that nothing happens, they suddenly fall asleep! The sec-*

*ond night the crying is apt to last only 10 minutes. The third night there usually isn't any at all! (p. 195, 20th printing, 1972).*

This practice constitutes emotional abandonment of the infant/child by mother and the fragile somatic bond of “Basic Trust” that is broken between mother and infant/child before it is firmly formed and before cognitive language is acquired.

Solter (1984,2001) has specifically rejected the advice of Spock on the rightful grounds of betrayal of trust, but also advises against rocking of the infant as “The rocking or nursing may have prevented her from releasing pent-up stress. You can solve this problem by holding your baby and paying attention to her, but without rocking or nursing her. She will then have an opportunity to cry without distractions” (Your baby needs to cry, pp. 110-111). Solter also supports “holding therapy” (restraint/immobilization) even when it is against the will of the child and even if the child has a known condition of neurological impairment:

*The child often resists strongly while crying and raging, sometimes for weeks, before beginning to comply. Although behavioral therapists do not recognize crying as a therapeutic factor, much of the success of this approach can probably be attributed to the crying that occurs. Whenever early trauma is a contributing factor to autism, these forms of therapy are likely to be successful. However, when the cause of autism is biological (the result of defective genes, brain damage, or other biological factors), crying would not be as effective (p.56).*

It is inconceivable that it can be proposed that a serious disorder of autism can exist without an underlying biological disorder or that other pathological behavioral conditions do not also have an underlying biological disorder. Solter also supports “holding therapy” in cases of attachment disorders and concludes:

*By holding your crying baby and allowing him to cry as long as needed, you will help him heal from early trauma and stress while he is still a baby. This will enhance his physical and emotional health, as well as his ability to learn (p. 56).*

No scientific evidence is offered to support this claim and the crying baby that becomes exhausted from this ordeal is more likely to become emotionally disconnected/abandoned from mother/caretaker, which is likely carried throughout life in other human relationships, than being healed from early trauma. No infant/child should be forcibly restrained against his/her will unless it is necessary to prevent self injury or injury to others. Attention

needs to be given to the developmental causes of this “raging crying” that can occur for hours or days or weeks—which is abnormal—for prevention rather than to questionable therapies that are harmful.

Solter (2001) rightly notes the damaging effects that stress and high levels of cortisol have upon the developing brain but where is the evidence that prolonged, pathological crying rages of hours, days and weeks lower cortisol and have beneficial effects?

The beneficial effects of short-term crying to acute stress is not being questioned here only the pathological chronic crying where comforting, like rocking and nursing, are withheld. Highly bonded infants/children do not exhibit prolonged crying rages and cultures where infant crying is high are characterized with high alcoholism, which is also associated with low mother-infant body contact (Barry, 1988; Prescott, 1996).

Returning to the spirit of John B. Watson and Emmett Holt, Sr. concerning the issues of body movement and rocking behaviors, we have the following commentary from a prominent pediatrician, Richard Ferber, M.D., where he states in his book “Solve Your Child’s Sleep Problems” (1985), Chapter 13: “Headbanging, Body Rocking, and Head Rolling”, the following:

*Many children engage in some sort of repetitions, rhythmic behavior at bedtime, after waking during the night, or in the morning. They rock on all fours, roll their heads from side to side, bang their heads against the headboards of their beds, or repeatedly drop their heads onto their pillows or mattresses. At night this may continue until they fall asleep, and in the morning it may persist until they are fully awake. **If your child is like this, you may be comforted to know that headbanging, body rocking, and head rolling are very common in early childhood and, at least at this age, are usually normal. If your child exhibits any of these behaviors there is little need for concern about emotional difficulties or neurological illness.** However, if these symptoms persist or begin in older children, there may be other implications. (p.193, emphasis added). and **“In the infant and young toddler, rhythmic patterns are of little significance and you will not need to intervene”**(p. 197, emphasis added). And...*

*A normal child will not injure himself seriously while headbanging, although he occasionally may bruise his forehead and, very rarely, there may be a small amount of bleeding. Concussions, fractured skulls, or brain injuries just do not occur. The main damage is to furniture and walls.” (p. 198).*

It is most alarming that Dr. Ferber would admit damage to walls and furniture due to headbanging but no damage to the immature developing brain. It is difficult to believe that microlesions of the frontal/pre-frontal cortical and other brain structures are not induced by such headbanging that is sufficiently severe to induce scalp bleeding. The long-term developmental consequences of such head traumas have yet to be properly assessed, however, it is well known that many early traumas do not evidence themselves in brain injury until much later in life, e.g. Faro and Windle (1969) who documented delayed brain damage, as much as ten years after the experimental insult of neonatal anoxia.

The findings of the Jacobson group (1987, 1988, 1990, 1978, 2001) in Sweden documented that early perinatal trauma and obstetric drug exposure of various kinds have life-long consequences for later adult behavior with increased risks of addiction to specific drugs and specific forms of homicide and suicidal behaviors. Nyhan (1972) demonstrated the beneficial effects of movement (vestibular-rotational) stimulation upon brain damaged children by replacing their chronic flat affect with smiling and pleasure affect responses. These effects were stimulus-bound and these children showed no post-rotatory nystagmus. Children who manifest chronic rocking, head-banging or stereotypical behaviors should be evaluated for the neural integrity of the vestibular-cerebellar system. Similar evaluations should be a part of the neurological/psychophysiological examination of abused, neglected and affectionate mother deprived children.

Heath (1975) demonstrated that sub-cortical spiking activity in violent adult mother deprived monkeys could be precipitated and enhanced by caloric stimulation of the inner ear, a finding not observed in normal controls (personal communication).

Harlow and his many associates—a half of a century ago—documented the emotional-behavioral disorders consequent to mother-infant separations in rhesus monkeys and the NICHD studies confirmed developmental brain disorders in these violent and drug-addictive adult mother deprived monkeys (Harlow, 1956; Prescott, 1968, 1971, 1976, 1993, 1996; Higley, et al, 1996).

Cook (1996) has provided additional documentation of the harmful effects of institutionalized day care, which Bowlby (1951, 1953) recognized a half a century ago, where he stated:

*“Among the most significant developments of psychiatry during the past quarter of a century (written in 1951) has been the steady growth of evidence that the*

*quality of the parental care which a child receives in his earliest years is of vital importance for his future mental health.” (p. 11)....*

*“Deprived children, whether in their homes or out of them, are the source of social infection as real and serious as are carriers of diphtheria and typhoid. And, just as preventive measures have reduced these diseases to negligible proportions, so can determined actions greatly reduce the number of deprived children in our midst and the growth of adults liable to produce more of them. Yet, so far, no country has tackled this problem seriously.” (p. 181)....*

*“The second factor still at work is a lack of conviction on the part of governments, social agencies, and the public that mother-love in infancy and childhood is as important for mental health as are vitamins and proteins for physical health” (p. 182)...*

***“One must be beware of a vested interest in the institutional care of children!”*** (p. 182, emphasis added). *“Let it be hoped, then, that all over the world men and women in public life will recognize the relation of mental health to maternal care, and will seize their opportunities for promoting courageous and far-reaching reforms.” (p. 182).*

It must be recognized that “bullying”, “cruelty” and “meanness” are commonly identified in the numerous school shootings and killings in this country, which were dramatized in the shootings and killings at Columbine High School in Littleton, Colorado. The deranged student killers were bullied and ostracized from the student body community and committed suicide after their rage of shootings and killings. It is little recognized that the roots of this pathological behavior are to be found in infancy and early childhood—separation from mother and unbonded with mother or with anyone else. The long-term consequences of these early life experiences of separation upon psychobiological functioning have yet to be evaluated in the NICHD study, particularly with respect to adrenocortical, serotonin and dopamine functioning and in teen and adult sexual functioning.

In the light of the above history and data, it is difficult to comprehend that a book could be written with the title *Mother-Infant Bonding: A Scientific Fiction* (Eyer, 1992) or that of *The Nurture Assumption* (Harris, 1998) that dismisses the primary importance of mother in nurturing, where peer relationships are considered more important in development and to ignore the scientific literature of prenatal, perinatal and postnatal experiences that are known to affect maternal infant bonding behaviors (Ainsworth, 1967; Arms, 1973, 1993; Baker, 2001;

Barker, 2001; Chamberlain, 1988; Crocker, 1994; Field, et al (1986); Klaus and Kennell, 1982; Leidloff, 1975; Magid, 1988; Money, 1972, 1992; Odent, 1999; Pearce, 1971, 1977; Verny and Kelly, 1981; Rohner, 1975; Werner and Smith, 1992) plus many other sources that cannot be cited or reviewed herein.

Our modern corporate culture has made it difficult, if not impossible, for mothers to be nurturing mothers or for fathers to be caring fathers. Parents should not be made the primary "scapegoat" for why children and youth kill and commit suicide. All of society is responsible, as all of society has its impact upon the family and the developing infant and child.

## V. Depression and Suicide in Children and Youth of America

Depression and suicide are of epidemic proportions in America. Suicide has been the third leading cause of death in the youth age group of 15-24 years for the past generation (1979-1997) and is the fifth and sixth leading cause of death in the 5-14 year age group for the years 1979 and 1997, respectively. **Tables 2 & 3 show that the suicide rates have doubled in the 5-14 year age group from 1979-1997. Table 4** gives the number of suicidal and homicidal deaths for the years 1979, 1994 and 1998 for the age groups of 1-4 years; 5-14 years and 15-24 years. The total number of suicidal deaths in these age groups for the years 1979, 1994 and 1998 are 5,398; 5,274 and 4,321, respectively. This represents an average of 4,999 suicide deaths per year for these years.

Given the average of 5,000 suicidal deaths per year, the estimated total number of suicidal deaths in these age groups from 1979-2000 is 105,000 children and youth who have committed suicide over this past generation. More children and youth (ages 5-24 years) have committed suicide in the past ten years than the total number of American *combat* lives lost in the *ten year* Vietnam War (est. 55,000 v 47,355), yet little or no public attention has been given to this reality and what it represents.

There are an estimated 60,828 suicides in the 25-44 year age group for the *five years* from 1994-1998 (12,166x5=60,828), an estimated total of 121,656 American lives lost to suicide for ten years in this age group that is more than double all the American lives lost in the ten year Vietnam War.

**Table 5** gives the suicide rates as a percent of the homicide rates for these specific age groups and for the years 1979, 1994 and 1998. *For the 5-14 year old*

*age group*, suicide rates, as a percent of homicide rates, have systematically increased from 1979 to 1998, as follows: 1979:**36%**; 1994: **60 %**; 1998:**73 %**.

Suicidal death, relative to homicidal death, has dramatically increased for our children and youth in the 5-14 year age group from 1979-1998. The question that remains unanswered is why do our children and youth prefer suicidal death to living in America, presumably the healthiest, wealthiest, and greatest nation of the world? Clearly, these dramatic increases in suicide rates over a single generation cannot be attributed to any changes in the human gene pool.

These statistics indicate that America is an unsafe nation to rear its children and this conclusion is also supported by the epidemic of depression that afflicts our children and youth, as evidenced by their massive psychiatric medication (Zito, et.al, 2000). Some 1.5 million prescriptions of the anti-depressant class of drugs called the serotonin re-uptake inhibitors (SRIs, e.g., Prozac) are given annually to children and youth and some 3 million prescriptions of Ritalin are prescribed annually.

The problem of *underestimating child/youth suicides* in our society is as real as it is for child abuse homicides, previously cited (Herman-Giddens, et.al, 1999), where they found that child abuse homicides were underascertained by 62%. It is reasonable to project a similar or larger underestimation of suicidal deaths, given the higher societal and family shame and guilt that is associated with suicidal death, particularly of children and youth. Undoubtedly, many suicidal deaths are hidden in the accidental death statistics and are a greater problem than the current statistics indicate.

The pioneering study of Salk, et al (1985) found prenatal and perinatal stress factors in 81% of teen suicides that represented a 400% increased risk of suicide compared to the control subjects. The studies of the Jacobson group in Sweden also documented the role of perinatal trauma and obstetric medications on later adult behaviors of suicide, homicide and drug addictive behaviors, where increased risks for some of these behaviors was as high as 500% compared to control groups (Jacobson, et al, 1987, 1988, 1990, 1998/2000). The study of Raine, et al (1994) found birth complications and maternal rejection predicting violent crime at 18 years of age, which adds additional evidence that prenatal/perinatal trauma contributes to adult behavioral disorders. The report of Levy (1945) that the trauma of circumcision can lead to homicidal and suicidal emotional states should not be neglected in the overall assessment of prenatal, perinatal and postnatal factors that



contribute to child, teen and adult emotional-behavioral disorders.

### **Teen Sexual Abuse in Depression and Suicide**

A Medline search of the National Library of Medicine using the key words "Child abuse and suicide" yielded 344 citations, most of them citing child/youth sexual abuse and domestic violence, as primary risk factors in depression and suicidal behaviors. The search was made on April 3, 2001 and included citations from 1967 to February 2001, which attests to the magnitude of the problem.

Inexplicably, no mention was made of child abuse/neglect or child/teen sexual abuse in the Surgeon General's report on suicide: *The Surgeon General's Call to Action to Prevent Suicide* (Satcher, 1999), where these developmental life experiences are recognized as strong predictors of mental/emotional dysfunctions, particularly depression and suicide.

Silverman, et al (2001) have identified Intimate Partner Violence (IPV) as a major public health problem where more than 1.5 million women are sexually or physically abused each year in the United States and some 25% of adolescent girls experience sexual or physical dating violence. These investigators evaluated female 9th-12th grade students who participated in the 1997 and 1999 Massachusetts Youth Risk Behavior Surveys (n = 1977 and 2165, respectively). They found that some 20% of adolescent girls report sexual assaults by their dating partner in 1997 and some 18% in 1999.

A number of high-risk health problems were found in these adolescent girls that were subjected to physical or sexual dating violence. They report:

*In multivariate analyses of data from both survey years, experience of both physical and sexual dating violence was a significant independent predictor of substance use (heavy smoking, binge drinking, cocaine use), unhealthy weight control (diet pill use, laxative use, or vomiting), sexual risk behavior (intercourse before the age of 15 years, 3 or more partners in the past 3 months), pregnancy, and both considering and attempting suicide (p.576)...*

*High school girls reporting experiences of violence from dating partners were found to be approximately **4-6 times** more likely than their non-abused peers to have ever been pregnant in this study (p.577)...*

*Finally, recent suicide ideation and actual suicide attempts were approximately **6 to 9 times** as common among adolescent girls who reported having been sexually and physically hurt by dating partners (p. 578) (Emphasis mine).*

Rennison (2001) reports on the results of the National Criminal Victimization Survey (NCVS) from the Bureau of Justice Statistics (BJS), U.S. Department of Justice survey of Intimate Partner Violence (IPV) crimes. For 1999, 671,000 women were the victims of domestic violence that took the form of simple assault (66 percent); rape or sexual assault (14 percent) or aggravated assault (10 percent). Women represented 85% of all victims of IPV and men 15%. Women between the ages of 16-24 were three times more victims of IPV than other age group. In 1999, 1,642 persons were killed in intimate relationships where 74% were women and 26% were men. From 1993 to 1999, a 42 percent decrease in IPV against women was reported, from 1.1 million women in 1993 to 671,110 in 1999.

Ackard and Neumark-Sztainer (2001), in a study of 81,247 ninth and twelfth grade girls and boys in Minnesota public schools, found that one in ten girls and one in twenty boys reported experiencing violence and/or being raped. Date violence and rape were associated with significantly higher rates of disordered eating behaviors, suicidal thoughts and attempts and lower scores on measures of well being and self-esteem. Over 50% of youth reporting both date violence and rape also reported attempting suicide.

Suicide in other nation states is also of crisis proportion. In Ireland, for example, the National Suicide Research Foundation in Cork reported that men dying of suicide has quadrupled in the past two decades and that "Suicide is now the most common cause of death for young men aged 15-24 years old from all socio-economic backgrounds". Preliminary findings of research conducted at one Dublin hospital reported that half of all suicide attempts had a history of child abuse; 67% had learning difficulties; and 55% had a history of depression (Birchard, 2001).

Christie (2001) reports that the suicide rate in young men in Scotland is twice that in England and Wales and has increased more than 70% in the past 30 years. Higher levels of poverty and unemployment in Scotland are cited as important factors in the increase of suicide rates. Unfortunately, no reference was made to the prevalence of a history of child abuse and neglect and sexual abuse in the history of these Scottish suicide victims.

It is beyond the scope of this paper to provide systematic analyses of suicides by nation states; however, there is little question that a developmental history of child abuse/neglect, particularly sexual abuse, is a significant factor in depression and suicidal deaths.



Moran (2000) reported on a survey in five San Diego high schools where 22.3 percent of students had seriously considered suicide in the past 12 months. The national rate was given as 20.5 percent. Why should 20% of high school students, nationwide, be seriously considering suicide?

It is recognized that homicide and suicide have a common ground where homicidal killings are often followed by suicidal death of the perpetrator, particularly where family or social relationships exist. The previously cited mass homicidal killings of students at Columbine High School in Littleton, CO by fellow students Klebold and Harris that was followed by their suicidal deaths is a dramatic example of this relationship. Many other examples of school shootings have been documented where depression and suicidal mentality are common to the assailant.

Again, questions must be raised as to what is wrong with America that it's children and youth are so emotionally disabled that they turn to homicidal and suicidal violence and require massive psychiatric medications— unheard of in the G-8 nations of the world. These statistics are only the tip of the iceberg, where it is claimed that many additional children and youth are so emotionally disturbed that they are in need of but not receiving psychiatric medications (White House Conference on Child/Youth Psychiatric Medications, March 21,2000).

## **VI. Psychiatric Medications of the Children and Youth of America.**

Breggin (1994,1995, 1998) has warned America about the effects of a Toxic Psychiatry upon the children and youth of America, which have gone unheeded. The psychiatric drugging of the children, youth and adults of America have become worse where there is little or no questions being asked by the psychiatric-political establishment as to why are all these psychiatric drugs are necessary. Breggin (2000) provides a framework for the prevention of the psychiatric drugging of the children and youth of America and a path to follow, if natural happiness is to become a reality, which is the true prevention of depression and violence.

Zito, et al (2000) have reviewed the prevalence of psychotropic medication use in children and youth; and in preschool-aged children from 1991-1995 from two state Medicaid programs and an HMO. They reported:

*The prevalence of psychotropic medication treatment for children and adolescents with emotional and behavioral disorders has significantly increased in the United States during the last few decades, particularly*

*in the last 15 years. Specifically the 5 through 14-year-old age group has experienced a great increase in stimulant treatment for attention-deficit/hyperactivity disorder (ADHS), and the 15 through 19-year-old age group has had sizable increases in the use of antidepressant medications (pp.1-2)...*

*The rate of psychotropic medication prescribed for preschoolers in the MWM program increased substantially from 1991-1995. The increase was greatest for clonidine (28.2-fold), stimulants (3.0-fold), and antidepressants (2.2-fold). By contrast, neuroleptic use did not increase substantially during this time (p.4)...*

*Methylphenidate (Ritalin) use according to age group in children and adolescents in the MWM program was most prominent for those aged 5-14 years... The largest methylphenidate increase (311%) was among 15 through 19-year olds, whereas the 2 through 4-year-olds, like the 5-through 14-year-olds, had a smaller but still substantial increase (169% to 176%) (pp.4-5)...*

*Several prominent trends characterized the use of psychotropic medications in preschoolers during the early to mid 1990s. Overall, there were large increases for all study medications (except the neuroleptics) and considerable variation according to gender, age, geographic region, and health care system. These findings are remarkable in light of the limited knowledge base that underlies psychotropic medication use in very young children. Controlled clinical studies to evaluate the efficacy and safety of psychotropic medications for preschoolers are rare. Efficacy data are essentially lacking for clonidine and the SSRIs and methylphenidate's adverse effects for preschool children are more pronounced than for older youths. Consequently, the vast majority of psychotropic medications prescribed for preschoolers are being used off-label. (P.5).*

Recall that this 5-14 year age group showed a doubling of suicide rates over the past twenty years (supra).

## **VII. Failed Mother-Infant/Child Bonding, Developmental Brain Disorders, Depression and Violence**

The National Institute of Child Health and Human Development (NICHD), National Institutes of Health (NIH) was founded by an Act of Congress (PL 87-838) on 17 October 1962 with the following charge:

*"...to establish in the Public Health Service an institute for the conduct and support of research and train-*

*ing relating to maternal health, child health, and human development, including research and training in the special health problems and requirement of mothers and children...*" (Sec 441).

As part of this NICHD mission, the Developmental Behavioral Biology Program was established which initiated basic research programs on the effects of maternal-infant separation on the developing brain and behavior in the rhesus monkey and relevant cross-cultural studies.

### **Primate Laboratory Studies Maternal-Infant Separation**

Harlow (1958) and his many associates and colleagues pioneered in these primate mother-infant separation studies, which revealed a variety of social-sexual-behavioral pathologies in these mother-deprived monkeys that included depression, chronic stimulus-seeking behaviors, including self-mutilation, stereotypical rocking, impulse dyscontrol, sexual dysfunctioning and pathological violence. Motherless mother monkeys were violent toward their offspring, as were juvenile and adult mother deprived monkeys. Some of these and related studies have been reviewed elsewhere and need not be repeated here (Prescott, 1971, 1976, 1979, 1990, 1996). The depression and pathological rocking and violence resulting from deprivation of mother love can be seen at: <http://www.violence.de/tv/rockabye.html>

The studies of Mason (1968) and Mason and Berkson (1975) are perhaps the most important studies in these genre of studies since they demonstrated that rearing infant monkeys on a moving surrogate mother essentially prevented the development of the maternal-social deprivation syndrome described above. This dramatic study was included in the Time-Life documentary, *Rock-a-bye Baby* that was premiered at the 1970 White House Conference on Children, which summarized the primary and initial findings of NICHD research on this subject, and can be seen at: <http://www.violence.de/tv/rockabye.html>

Prescott (1971) interpreted the Mason and Berkson findings as involving the vestibular-cerebellar system in the mediation of depression and violence induced by loss of mother love, which represented a special case of SomatoSensory Affectional Deprivation (S-SAD). This reformulation of loss of mother love as a special case of somatosensory affectional deprivation (lack of body touch and body movement sensory stimulation) led to a series of brain studies in these mother deprived monkeys that documented a variety of brain-behavioral disorders that

involved aberrant brain structure, electrophysiological and biochemical functions. These pioneering studies have been reviewed elsewhere and need not be repeated here, re. Saltzberg, et al (1971); Berman, et al (1971); Coleman, 1971; Heath (1972, 1975); Riesen, et al (1977); Struble and Riesen (1978); Floeter and Greenough (1979); Laudenslager, et al (1982); Bryan, et. al (1989).

Special significance is given to the depletion of brain serotonin in mother deprived monkeys by Coleman (1971), as it is well documented that brain serotonin deficits mediate depression, impulse dyscontrol and violence of suicide and homicide. Brain serotonin deficits are also induced by lack of sufficient breastfeeding, since the amino acid tryptophan is richly present in colostrum and breastmilk but deficient or absent in formula milk and is essential for the development of brain serotonin (Prescott, 1996, 1997). This will be returned to later. See: [www.violence.de/prescott/pppj/article.html](http://www.violence.de/prescott/pppj/article.html) [www.violence.de/prescott/ttf/article.html](http://www.violence.de/prescott/ttf/article.html).

Higley, Suomi and Linnoila (1996) -- some 25 years later -- have documented that significant reductions in brain serotonin, as measured by CSF-5-HIAA, were found in mother and social deprived monkeys, which were related to excessive alcohol consumption and aggression, impulse dyscontrol and impaired social relationships (few companions—loners, and few positive social relationships). Impaired sexual behaviors are another consequence of mother-infant separations (Harlow, 1971).

Kruesi, et al (1990) found that children with low CSF 5-HIAA levels had greater hostility to parents, aggressive behaviors and cruelty to animals. A follow-up study of these same children found that CSF 5-HIAA levels predicted aggressive behaviors two years later (Kresi, et al, 1992).

Bacon, et al (1965) and Barry III, H (1976, 1982) reported excessive alcohol consumption in tribal cultures that were rated as having low maternal-infant body contact and high infant crying, which was highly correlated ( $r=.77$ ) with drunkenness of the cultures. High infant crying is a measure of impaired bonding in the mother-infant/child relationship that has more than one cause.

In summary, the above studies documented that failed bonding in the mother-infant relationship due to lack of body touch and body movement (S-SAD) induces developmental brain disorders that mediate the pathological behaviors of depression, impulse dyscontrol, excessive alcohol consumption/drug abuse, sexual

dysfunctioning and violence, all of which are largely preventable. S-SAD theory predicts that these collective social-emotional behavioral disorders would be rarely represented in those who have been breastfed for “two years of age or beyond”, which is in urgent need of research on modern societies and which have yet to be conducted by the NIH.

### **VIII Cross-Cultural Studies** **Confirm Primate Laboratory Studies**

The extraordinary findings of Mason (1968) and Mason and Berkson (1975) that simple artificial body movement stimulation of the infant monkey on a “swinging” mother surrogate could prevent the pathological emotional-social behaviors of mother-deprived monkeys, not only implicated the vestibular-cerebellar brain system, but called for a validation of this relationship on the human primate. See: *Rock a Bye Baby*—<http://www.violence.de/tv/rockabye.html>

In the Time Life documentary “Rock a Bye Baby”, the study of Dr. Mary Neal on the benefits of a gently swinging incubator for premature infants was presented, as this artificial movement stimulation resulted in accelerated neuromaturation, significant reduction of illness and earlier hospital discharge (Neal, 1967). Charpak, et al (2001) have reported on the positive effects of “Kangaroo Mother Care” on low birth weight infants that included “skin to skin” contact with mother for 24 hours a day and exclusive breastfeeding until three months of age. A comparative analyses would show that greater health benefits would accrue from increased vestibular-cerebellar stimulation than from increased “skin to skin” contact in premature infants. Unfortunately, the Neal (1967) study over 30 years ago has been lost on the pediatric community and the NICHD with the loss of health benefits to premature infants over these past 30 years.

### **Child Rearing Practices for Peaceful or Violent Behaviors**

A series of cross-cultural studies on tribal cultures were initiated that compared cultures, which carried their infants on the body of mother or caretaker throughout the day during the first year of life v those cultures that did not. The data resource of Textor (1967) was consulted that contained information on this child rearing practice, the violence of the culture and the sexual practices of the culture. Only 49 of the 400 culture sample of Textor had information on both this child rearing practice and the violence of the culture that was defined by Slater (1967) as “killing, torture and mutilation of enemy

captured in warfare”—the most extreme measure of violence in Textor (1967). The infant carrying child rearing practice was developed by Barry, et al (1967). The sexual practices of the cultures that permitted or punished premarital or extramarital sexuality were rated by Ford and Beach (1951) and John T. Westbrook (1963).

**Table 6** lists those significant social-behavioral characteristics of cultures that are highly nurturant to infants and children. These cultures are peaceful and do not inflict pain on the infant/child; weaning age is 2.5 years or longer; are low in crime; supportive of youth sexuality and are low in religious activity.

**Table 7** lists those significant social-behavioral characteristics of cultures that punish youth sexuality. These cultures are characterized by high violence and crime; society complexity and social classes are high; high slavery; small extended families; primarily patrilineal; post-partum sex taboos and sex disability are high; bride prices are high; narcissism and exhibitionistic dancing are high; and a high god in human morality is high.

**Table 8** presents the results of the analyses of the 49 tribal culture study, where 29 of the cultures were peaceful and 20 were violent. All cultures from the 400 culture sample of Textor (1967) were selected that had information on both child rearing practices and violence of the culture, which yielded 49 cultures for study. It was found that the peaceful or violent nature of these 49 tribal cultures could be predicted with 80% accuracy from the single measure of maternal-infant bonding, as measured by carrying of the infant on the body of the mother or caretaker throughout the day during the first year of life.

These results confirm the findings of the Mason and Berkson study on the significance of body movement in the mother-infant relationship for the prevention of violent behaviors in the human primate. Baby-carrying constitutes the “environmental sensory umbilical cord”, which keeps mother and infant “connected”, and reflects Basic Trust in the mother-infant relationship. The cultural exceptions could be accounted for by whether the culture permitted or punished youth premarital sexuality.

In brief, two measures of physical affectional bonding in two different stages of development, 1) the mother-infant relationship and 2) the youth sexual relationship could accurately predict with 100% accuracy the peaceful or homicidal violent nature of these 49 tribal cultures which were distributed throughout the world. The premarital sexual affectional variable could predict, by itself, the peaceful or homicidal violent nature of 35 cultures with 69% accuracy.

There is no other theoretical system or data-base that can predict human peaceful or homicidal behaviors in 49 tribal cultures distributed throughout the world from two developmental variables with the accuracy reported in these studies (Prescott, 1975, 1977, 1979, 1980,1990,1996). The implications for modern cultures are clear, as DeMeo (1999) notes from a different theoretical perspective.

The reason for this high degree of predictive validity is due to the nature of the brain mechanisms that mediate pleasure bonding or rage/homicidal violence. Pleasure inhibits depression, anger/rage and violence. Depression inhibits pleasure and sexual desire, which often leads to substance abuse and the violence of suicide and homicide. If the pleasure systems of the brain are not developed during the formative periods of brain development than these impaired pleasure systems of the brain cannot inhibit those neural systems that mediate depression, substance abuse and the violence of homicide and suicide. There is a basic neurobiological reciprocal inhibitory process in the brain that mediates these relationships (Prescott, 1971, 1976; Gambil, 1980).

It is emphasized that these different brain-behavioral relationships for peace or violence are mediated by either the neurointegrative or neurodissociative brain where the neurointegrative brain is built by the developmental processes of sensory stimulation and the neurodissociative brain is built by the processes of sensory deprivation. Neurodissociative pleasure does not inhibit depression, violence or substance abuse but only through neurointegrative pleasure. The neurointegrative brain is the nurturing, joyful and peaceful brain; the neurodissociative brain is the alienated, depressive and violent brain, where somatic pleasure is the primary process for integration or non-integration into higher brain processes that must begin during the formative periods of brain development. Without this integration into higher brain processes, somatic pleasure becomes hedonistic which is driven by chronic stimulus-seeking behaviors and which cannot form the brain gestalt of love—the beginnings of which are to be found in Mother Love.

### **Patrilineal Cultures v Matrilineal Cultures and the Bonobo Culture**

**Table 9** lists the social and behavioral characteristics of exclusively patrilineal cultures vs all other kin groups. Textor Codes 186 (Exclusively Patrilineal) and 190 (Patrilineal or Double Descent) were used to compare statistically significant correlates with other social-behavioral

characteristics of these cultures (Textor, 1967). There are 150 exclusively patrilineal cultures and 186 patrilineal/double descent cultures in these Textor Codes. The cultures are ranked from the highest communality to the lowest communality with the social behaviors listed and associated number of cultures in the analysis. It can be seen that these patrilineal cultures are characterized by high punishment of abortion (86%); high desire for children (63%); high bride price (63%); superordinate justice present (79%); polygyny common (73%), small extended family (66%); caste system present (69%); slavery present(62%) and male genital mutilation (69%) present; low child indulgence (61%); female initiation rites absent (66%); punitive premarital sexuality (64%-TC190); punitive extramarital sexuality (63%); moderate/low insobriety (69%); a high god in human morality is present (73%); and homosexuality is permitted (57%).

**Table 10** presents the social and behavioral characteristics of exclusively matrilineal cultures v all other kin groups. Textor Code 187 was used in this analysis where there are 55 exclusive matrilineal cultures. The communality of associations are ranked from the highest to the lowest with associated sample size and are all statistically significant. The matrilineal cultures are characterized by low castration anxiety (84%), secret societies are present (77%), high god absent in human morality (74%), high food taboos (73%); anal reasons for illness (70%); large extended families (66%); low child anxiety (66%); youth sexuality supported (63%); wives easily obtained (62%); and class stratification is absent (56%).

A comparison of these social-behavioral characteristics indicate that the matrilineal cultures are strikingly different from the patrilineal cultures. The matrilineal cultures have similar characteristics to the bonobo culture with respect to nurturance of young, large extended family and support of expressive sexuality, which are distinguished from the patrilineal cultures that are violent and sexually controlling and punitive.

It is apparent that the evolutionary stage of the bonobo does not admit speculation of a “high god” in their culture nor for the existence of any gene structure for a “high god”. For some it will be a relief to know that there is no genetic basis for a belief in a “high god”. From whence then does such a belief system arise, which has inflicted so much violence upon humanity? The answer is culture.

### **Gods of Culture**

#### **Gods of Peace or Gods of Violence?**

**Table 11** lists the social-behavioral characteristics

of cultures that make possible the support of a belief in a benevolent god or an aggressive/violent god. Textor Code 425 was utilized for this analysis, which contrasts those cultures whose “Supernaturals” are benevolent v those cultures whose “Supernaturals” are aggressive/violent. There are 16 cultures whose supernatural is mainly benevolent and 20 cultures whose supernatural is mainly aggressive. (Lambert, Triandis, and Wolf, 1959; Textor 1967).

The statistically significant characteristics of cultures with aggressive/violent gods include: religious specialists are full time not part-time (92%); explanation of illness has an oral nature (83%); totemism with food taboos is absent (82%); female contribution to subsistence is high (81%); post partum sex taboo is greater than one month (79%); extramarital sex is punished (79%); high avoidance of mother-in-law (73%); high child anxiety for low performance (71%); developing self-reliant behavior in child is high (69%); high pain is inflicted upon the infant (64%); developing nurturant behavior in child is low (69%); low child indulgence (67%);

The striking relationship here is that if the culture is highly nurturant to children and supportive of human sexuality, the supernatural—if present—is highly likely benevolent. If the culture is punitive toward child nurturance, physical affection and sexuality, the supernatural is very likely to be aggressive/violent. In short, the image/behavior of the supernatural reflects the characteristics of the human culture—peaceful/benevolent or aggressive/violent. These data are consistent with the basic reciprocal relationship between pain and pleasure and peace or violence summarized earlier.

It can be concluded that culture creates the supernatural that mirrors its own values and behaviors. The historical record of the monotheistic cultures need re-evaluation in the light of these observations and why the supernatural of the monotheistic religions is characterized by high violence and revenge that reinforces and drives the violence of the human monotheistic cultures of Judaism, Christianity and Islam. (Isaiah, 35:4; Jeremiah 51:6; Luke 21: 20-24).

If this interpretation of the tribal cultural data is correct and as it applies to modern monotheistic cultures, it appears that prayers to the supernatural for human change are fruitless, as the characteristics of the supernatural are derived from human culture. If human culture and human behavior are to change, these changes must come from *homo sapiens*.

## **IX. Breastfeeding and Bonding for the Prevention of Depression & Suicide**

In addition to the power of body movement (vestibular-cerebellar) stimulation, breastfeeding through its special sensory stimulation of the infant/child brain from mother’s body involving touch, taste, smell and the biochemical nutrients of breastmilk have a special role upon brain development and behavior. The WHO/UNICEF recommend breastfeeding for “two years of age or beyond” and exclusive breastfeeding for the first six months of life—no water, juice or any other food (WHO/UNICEF, 1990).

Human breastmilk contains a rich complex of nutrients—not found in infant formula milk—that are essential for normal brain and immunological development. One of these vital brain nutrients is the essential amino acid tryptophan that is richly present in colostrum and breastmilk but deficient or absent in infant formula milk and is necessary for the development of the brain serotonin system.

The nutritional deficiencies of infant formula milk has been recognized by the Food and Drug Administration (FDA) with its authorization for adding two fatty acids, DHA (docosahexaenoic acid) and AA (arachidonic acid) to infant formula milk, which are richly present in breastmilk (Cunnane, et.al, 2000; Brody, 2001). Other nutritional deficiencies are clearly involved.

**Table 12** provides a partial list of selected references that document tryptophan deficiencies in infant formula milk. These findings of tryptophan deficiency suggests that infant formula milk may also be deficient in other essential amino acids necessary for the normal development of other brain neurotransmitters, e.g. tyrosine that is essential for brain dopamine development, which mediates pleasure and bonding—deficits of which mediate drug addictive behaviors and other emotional-social behavioral disorders.

Studies are needed to document to what extent the epidemics of depression, impulse dyscontrol, substance abuse and suicidal/homicidal violence in the American culture can be attributed to impaired bonding and insufficient breastfeeding that produce impaired brain neurotransmitter functions. The NIH has yet to conduct studies on these complex relationships.

Crenshaw (1996) and Pert (1997) have provided excellent reviews of the relationship of brain neurotransmitters with emotional behaviors but, unfortunately, have not related them to breastfeeding and other early life experiences. It should be noted that all of these brain neurochemical transmitters have their amino acid pre-

cursors (Daly and Salloway, 1994) and have their origins in breastmilk . Specifically:

a) L-phenylalanine is a precursor for PEA (phenylethylamine).

b) L-Tyrosine is a precursor for dopamine, norepinephrine and epinephrine. (The conversion of tyrosine to any of these amines is determined by the amount of magnesium and vitamin B6 in the body).

c) L-Tryptophan is a precursor for Serotonin.

**Table 13** lists the essential amino acids and their magnitude for normal infant and child brain development. It is unknown to what extent these values are met by infant formula milk, given the findings that tryptophan and DHA and AA fatty acid deficits are found in infant formula milk (Merck, 1987; Cunnane, et al, 2000; Table 12). An urgent systematic evaluation is needed to assess what other brain neurotransmitters are impaired in their development due to infant formula milk.

Given the limited breastfeeding in the American culture with its reliance on infant formula milk, it can be concluded that infant formula milk constitutes malnutrition for normal brain development, specifically the normal development of the brain serotonin system, deficits of which are known to mediate depression, impulse dyscontrol, substance abuse and the violence of suicide and homicide.

The Third National Health and Nutrition Examination Survey, 1988-94 gives the following estimates for duration of breastfeeding in the American culture (Hediger, 2001). For the 2,685 sample of 3-5 yr olds from NHANES III, (variable HYB5) - time completely stopped for breastfeeding milk.

For all children:

- 9.6% were breastfeeding at 11 months
- 6.8% were breastfeeding at 12 months
- 2.7% were breastfed for 24 months or more,
- 1.0% were breastfed for 30 months or more.

For the children who were ever breastfed:

- 17.9% were breastfeeding at 11 months
- 12.7%** were breastfeeding at 12 months
- 5.1% were breastfed 24 months or more
- 1.8% for 30 months or more.

These findings for all children, that only 7% were breastfeeding at 12 months; 3% were breastfeeding at 24 months and 1% for 30 months or more indicates the crises that exists in America for compromised brain development of our infants and children and for the realization of peace, harmony and happiness.

The NHANES III is an invaluable data base where the duration of breastfeeding can be examined with respect

to the other health measures collected in that survey, particularly, the extent to which these children of different durations of breastfeeding are diagnosed with depression, attention deficit hyperactivity disorders (ADHD) and prescribed psychiatric medications. Inexplicably, the NICHD/NIH has yet to analyze this database that would provide preliminary invaluable information on the duration of breastfeeding and a variety of health measures contained in NHANES III. The 5.1% of the sample size of 2,685 subjects in the NHANES III, who have been breastfed for 24 months or longer, equals 137 children. The 1.8% of the study sample yields 48 subjects who have been breastfed for 30 months or more that could be subject to special evaluations. Such studies would provide invaluable data on a wide-range of health benefits from breastfeeding for these time durations that are recommended by WHO/UNICEF (1990).

### **Cross-Cultural Studies on Breastfeeding and Prevention of Suicidal Behavior**

**Table 14** presents the statistically significant social-behavioral characteristics of tribal cultures where weaning age was 2.5 years or greater and which were compared to cultures with less than 2.5 years. An examination of this table indicates the high degree that infant and child nurturance, class systems, narcissism, personal wealth and violence differentiates between these two classes of cultures. Unfortunately, a comparison group of non-breastfed cultures does not exist in tribal cultures and no other comparison group existed in Textor (1967). It would be expected to find much greater differences if the comparison cultures were "never-breastfed" cultures, which do not exist in tribal cultures.

Since it was desired to evaluate the incidence of suicide in cultures with weaning age of 2.5 years of age or longer the following studies were conducted. Textor Code 473 was used for this analyses and is described as follows:

*"Sensitivity to Insults" is rated "High" if: "Public humiliation frequently leads to suicide or some other violent response; Interpersonal insults frequently leads to suicide, homicide, vendetta and demands heavy remuneration; Ethnographer says explicitly they are acutely sensitive to narcissistic wounds, easily take offense, pride is wounded, not merely feeling rejected, unloved or deprived.*

*"Low", if none of the above are present and "Ridicule and shame are specifically excluded as important public sanctions, Or "Incidents are specifically mentioned (as typical) by ethnographer in which in-*

*sults, scorn, etc., are received without marked reaction. Offenses can be erased with small gifts, etc.” Or, Ethnographer specifically describes them as phlegmatic, serene, easygoing, not easily offended, quick to forgive slights, etc.” (Textor, 1967, p.173).*

**Table 15** lists the social-behavioral characteristics that statistically discriminate between high and low suicide cultures. As can be seen, narcissism, personal crime and various measures of violence with low indulgence of children are the salient discriminating characteristics. There are 32 high suicide cultures and 56 low suicide cultures in this study. Not all cultures were rated on all variables.

**Table 16** contrasts cultures with weaning age of 2.5 years or greater with baby-carrying cultures and adolescent sexuality, as a function of high or low suicides. 77% (20/26) of 26 cultures with weaning age of 2.5 years or greater are rated low or absent in *suicide*, whereas 56% (9/16) of the 16 high suicide cultures are rated low or absent in *baby carrying*; and 61% (20/33) of 33 low suicide cultures are characterized by high baby carrying. Baby carrying does not predict suicidal from non-suicidal cultures. It appears that extended breastfeeding (Intimacy) has a different primary behavioral effect with respect to preventing suicide than does baby-carrying (Basic Trust), which has its primary behavioral effect on preventing externalized violent or homicidal behaviors (80% from prior study, Prescott, 1975, 1979, 1996).

This difference is largely attributed to the role of tryptophan in breast milk that is essential for brain serotonin development, deficits of which are known to mediate depression, impulse dyscontrol and suicidal behavior. However, it must be recognized that the rich sensory stimulation of the infant/child brain from the mother's body (touch, taste, smell and movement—called biological love) also play a major role in this relationship, which also influences the development of later sexual affectional behaviors. The pleasure experienced in the breastfeeding relationship results in a happy baby, which necessarily inhibits infant/child depression and later teen depression and suicidal behaviors.

The degree to which youth sexuality is supported or punished by these highly nurturing breastfeeding cultures was examined. It was found that 82% (14 /17) of cultures with weaning age of 2.5 years or longer *and* which support youth sexuality are rated as low or absent in *suicide*. Only 18% (3/17) of these highly nurturing breastfeeding cultures that are rated low in *suicide* punish youth sexuality. The three irrelevant cultures identified have early marriage around puberty. (Column 2).

All of the six cultures that were rated as high suicide cultures with weaning age 2.5 years or greater (Col. 1) also inflicted pain upon the infant/child (Textor Code 324). This basic conflict between pain and pleasure with mother love in the body/mind of the infant/child is proposed to establish a foundation for later suicidal behaviors. This suggestion requires rigorous evaluation. There was insufficient information on premarital sex on these cultures for evaluation.

The two child rearing practices of a) breastfeeding 2.5 years or longer and b) carrying of the infant on the body of the mother all day during the first year of life differentially influence suicidal and homicidal behaviors. Suicides can be potentially reduced by 77% through breastfeeding for 2.5 years of age or longer (Intimacy); and by 82%, if the culture also supports youth affectional sexuality. Lack of baby carrying (Basic Trust) is primarily related to homicidal violence (80%-prior study).

These two separate but not independent developmental processes that form bonding in the mother-infant relationship, namely a) *Basic Bonding* that is mediated through *Baby Carrying*; and b) *Intimate Bonding* that is mediated through *Breastfeeding* have differential effects upon the developing brain with corresponding differential effects upon behavior. Both forms of bonding are essential for the development of the *Neurointegrative Brain* and *Neurointegrative Behaviors*.

This writer has stated before that it would be rare to find any rapist, murderer or drug addict that has been breastfed for 2.5 years or greater or who has been highly bonded with mother through continuous baby-carrying during the first year of life. Male violence against the body of woman can largely be prevented through these two forms of high bonding with mother during infancy and early childhood; as well as the self-destructive internalized violence of depression, drug addiction and suicide and the “need” for psychiatric medications of our children and youth that is out of control in this nation.

**Table 17** evaluates cultures with a weaning age of 2.5 years or greater with respect to baby carrying (Basic Trust) and homicidal violence. 64% of high breastfeeding (Intimacy) cultures or longer also have high baby-carrying practices, conversely, 36% of these cultures do not. These differences in communality of child rearing practices will translate into differential developmental outcomes with respect to peace and violence. In the original 49 culture study of baby-carrying and violence, breastfeeding duration was not included as a co-factor in that analyses since infant feeding was held constant for the experimental and control animals in the Ma-



son (1968, 1975) study. It is apparent from this analyses that both child-rearing factors need to be assessed for the prediction of homicidal and suicidal behaviors of the adult culture.

For this cultural sample where weaning age is 2.5 years or greater, 68% (15/22) are rated low in violence, conversely 32% of high breastfeeding cultures are rated high in violence. Clearly, weaning age of 2.5 years or greater does not guarantee a non-violent culture and that there are other developmental factors that contribute to peaceful or violent adult behaviors. Sexual adolescent behavior is one such developmental factor, which is strongly linked to peaceful or violent behaviors (Table 7).

The weaning age codes developed by Barry and Paxon (1971) were utilized to compare cultures with weaning age of 24 months or less with those cultures with weaning age of 36 months or more with respect to suicidal behaviors. These data were combined with the data from Textor to maximize sample size for analysis, which involved a total of 65 cultures. It was found that a statistically significant difference existed between cultures with weaning age of 24 months or less v 36 months or more in distinguishing high from low suicidal behaviors, as defined by Textor Code 473.

**Table 18** summarizes this data analyses where 62% of high suicide cultures have a weaning age of 24 months or less and 64% of low suicide cultures have a weaning age of 36 months or greater. The average weaning age of low suicide cultures is 34 months and for the high suicide cultures is 28 months. It is striking that a 6-month difference in breastfeeding at this age could significantly discriminate high from low suicide cultures ( $p < .05$ ). **Table 19** lists the low suicide cultures with range of duration and average of weaning age in months from Barry and Paxon (1971) and Textor (1967). **Table 20** lists the high suicide cultures with range of duration and average of weaning age in months from Barry and Paxon (1971) and Textor (1996). These combined data from Textor (1967) on weaning age of 2.5 years (30 months) or greater and from Barry and Paxon (1971) suggest that it may take breastfeeding for 30 months or longer to optimize the emotional health of the infant for the prevention of depression and violence. The complexity of modern human societies compared to tribal cultures will certainly modify these relationships and systematic studies are needed to evaluate the minimal duration of breastfeeding that is necessary for the optimal development of the emotional health of the child. Some tribal cultures breastfeed for as long as five or six years or longer (Barry and Paxon, 1971; Stuart-Macadam and Dettwyler, 1995;

Zheng, et al, 2000).

Breastfeeding for 2.5 years or longer to confer optimal health benefits is supported by the finding of Zheng, et al, 2000 who reported a significantly reduced risk of breast cancer in women who breastfed for more than 24 months and for those women whose lifetime duration of lactation totaled 73-108 months. Similar benefits of reduced breast cancer for Icelandic lactating mothers was reported by Tryggvadotir, et. al (2001) with decreased cancer associated with greater duration of breastfeeding for women with first diagnosis at 40 years age or earlier. The inverse dose-response relation between breastfeeding duration and breast cancer observed for younger women at first diagnosis (40 years or earlier) was not found for the older age group, perimenopausal ages 40-55 years for first diagnosis.

Dye, et al (1997) have shed light on life factors that discourage women from breastfeeding. They report that unintended (mistimed and unwanted pregnancies, as opposed to planned pregnancies), resulted in a significant reduction of breastfeeding by these women. "Overall, 29.2% of the births in the central New York region were to women who did not intend to become pregnant (22.5% were mistimed, 6.6% were not wanted)". Planned pregnancies were associated with a 63.2% intent to breastfeed; 50.2% for unplanned pregnancies; and 44.2% for unwanted pregnancies.

The finding that 29.2% of *pregnancies* in central New York were unintended must be considered within the Surgeon General's national statistic that nearly 50% of *pregnancies* are unintended or unwanted (Satcher, 2001). Given a total of 3,944,046 births per year (1998), plus an estimated 1,366,000 abortions (1996) produces a total of 5,310,046 pregnancies per year, 50% of which are unintended or 2,655,023/3,944,046 (67%) unintended pregnancies. This national estimate of 67% unintended births is a staggering number for the realization of healthy and happy children and a healthy/happy society given all the implications of unintended pregnancies.

It is transparent that society must seek the ideal where all pregnancies are wanted pregnancies and all children are wanted and loved children, if health and happiness are to be realized.

The continuation of physical affectional bonding that begins with the mother-infant/child relationship and continues throughout the adolescent sexual relationship assures low suicidal and homicidal behaviors in these adult tribal cultures that are distributed throughout the world. This developmental continuum of pleasure bonding cre-



ates the neurointegrative brain that makes peace, tranquility, joy, harmony and love possible. The sensory deprivation of physical affectional pleasure during this developmental continuum produces the neurodissociative brain and the neurodissociative behaviors of depression, social alienation, impulse dyscontrol, drug addictions, anger/hate and violence (homicidal and suicidal).

### **X.Youth Romantic Love and Sexuality**

How is it possible to reconcile the data on tribal cultures that acceptance of youth sexual expression is associated with the peaceful, harmonious and egalitarian culture with the culture of America, where youth sexual expression is commonly associated with its opposite of coercive, abusive and authoritarian relationships; rape, drug abuse and depression rather than happiness?

Many believe that youth sexual activity, *per se*, is responsible for the sexual violence, sexual dysfunctions, unwanted pregnancies and sexually transmitted diseases. Consequently, a national health policy and legislative policies that discourages and prohibits youth sexual activity by just saying "NO" to sex before marriage is offered as the solution to these problems. The positive personal, social and biological health benefits of protected, affectionate sex between caring teens is hardly mentioned, where such healthy sexual relationships are known to result in states of happiness and contentment that are the best antidotes to depression, drug use and violence.

There can be little question that the roots of abusive, violent sexual relationships have their roots in the emotional deprivation of physical affection and love, as infants and children; a history of child abuse, particularly sexual abuse that accompanies such emotional deprivations of physical affection and love; and that these early traumatic life experiences of emotional deprivation establish a compulsive need for physical affection later in life that is expressed in early sexual activity with partners who mix the pleasures of sex with abuse and violence. The need for physical affectional pleasure, of being wanted and loved overpower the need to avoid the pain of abuse and violence.

Thus, teens and women with such histories find themselves entrapped in abusive/violent relationships in order not to lose what physical affection is present or out of fear of great harm, if they try to leave such a relationship. It is transparent from the tribal cross-cultural data that the acceptance of youth sexuality is rooted in family and culture where there is a high degree of infant physical affection and child indulgence where physical pain

inflicted upon the infant/child is low and where children are permitted to be children rather than being exploited as an economic resource of the tribe.

Without this early history of high infant/child affection and nurturance, teen, youth and adult sexuality is highly likely to be dysfunctional with unhappiness and depression being more common than joy or happiness. It is equally transparent that happiness in a sexual relationship depends upon the quality of the relationship and that teens are rarely counseled that the quality of their relationship is critical and should determine whether they should be sexually intimate in that relationship. If the lesson of "NO SEX" is to be given to teens, it should be NO SEX to casual sex and not "NO SEX" in significant emotional relationships.

In the many studies cited above on teen sexual relationships that were characterized as abusive and violent, their appeared to be an absence of information on how much sexual pleasure, satisfaction and happiness was experienced in the sexual relationship and, specifically, to what extent was sexual orgasm experienced and its quality of satisfaction. Anxiety, apprehension and fear that characterize abusive and controlling relationships are certain anti-dotes to the experiencing of sexual pleasure, orgasm and happiness in the sexual relationship.

Gallagher (2001) cited Dr. Wyndol Furman, Editor of the book "The Development of Romantic Relationships in Adolescence", who affirmed that romantic relationships among teens can be significant sources of emotional support, fun and companionship that are so necessary in teen and youth development. Romantic and sexual relationships, however, are often driven by the need for physical affection and love because of early affectional deprivation and under these conditions, the romantic and/or sexual experience is likely to be a more negative than positive experience. When the romantic relationship is built upon a positive foundation of family affection and love, the outcome of the teen romantic/sexual relationship is more likely to promote happiness and peace rather than depression and violence, as the tribal cross-cultural data affirm.

These points were well-made by Dr. Miriam Ehrensaft of the New York State Psychiatric Institute where she also expressed concern about relationships that were two or more years apart, particularly if the teen was depressed or otherwise troubled. Dr. Kara Joyner, a sociologist at Cornell University, observed that many of the 13-14 year-old teen girls she studied who were romantically involved were also likely to be depressed but also

noted that prior depression and unhappiness may drive the romantic relationship rather than the relationship driving the depression.

In overview, this nation must recognize that teen sexual activity that occurs earlier and earlier in life is driven by many factors where the need for emotional and physical affection that was not obtained during infancy and childhood may be the primary factor for many such teens. It is also necessary to recognize that emerging teen sexuality is a normal part of development that can bring stability and happiness to life, if a history of emotional deprivation and child abuse does not exist.

As a nation, we need to focus our efforts on the prevention of child abuse and neglect, particularly, the sexual abuse of children which will pay large dividends to teens (and adults) for being better able to develop more meaningful and stable romantic and sexual relationships. Further, this nation needs to recognize the inherent value and worth of mutually affectionate teen sexual relationships that lead to happiness. Teens should not be criminalized for such behavior, where treating such teens as felons under the statutory rape laws are becoming increasingly more common.

It is ironic and tragic that 13 and 14 year olds can be tried as adults for committing violent crimes but not treated equally as adults for behaviors that express affection and love. The application of the statutory rape laws to teen sexual behavior must be abolished, as it contributes to the continuing obstruction and destruction of healthy teen sexual relationships that are essential for healthy adult social-sexual relationships.

## **XI. Past is Prologue - Report to the President 1970 White House Conference on Children**

*Never has this White House Conference come at a time of greater national questioning... The Conference can and will define problems, seek new knowledge, evaluate past successes and failures, and outline alternative courses of action.* Richard M. Nixon 12/05/69

### **Minority Report of Forum 15. Chairman, Urie Bronfenbrenner.**

*I take issue with the accompanying document on two major counts. First, the report, in my judgement fails to convey the urgency and severity of the problem confronting the nation's families and their children. Second, the document underestimates and consequently fails to alert the reader to the critical role played by business and industry—both private and public—in determining the life style of the American family and the*

*manner in which parent and children are treated in American society. I shall speak to each of these points in turn.*

*The working draft of the original Forum 15 Task Force report began with the following statement:*

***America's families, and their children, are in trouble, trouble so deep and pervasive as to threaten the future of our nation. The source of the trouble is nothing less than a national neglect of children and those primarily engaged in their care—America's parents.***

*The Editorial Committee objected to this statement on the grounds that it applied only to a minority of the nation's children and that, therefore, no note of urgency was justified. I strongly disagree (p. 252) (Hess, S., 1970)*

Not much has changed from 1970 to 2001:

*I gradually realized that mothers—and everyone else who spends much time with children—were still in the same boat that women had been in only a few years earlier. After fighting hard to win respect in the workplace, women had yet to win respect for their work at home (Crittendon, 2001).*

## **XII. Can America Recover?**

It is with some significance that Steve Berman, M.D., FAAP and President of the American Academy of Pediatrics stated the following in an open letter in *Pediatrics*, August 2001:

*In May, the AAP Board of Directors added a new objective to the AAP Strategic Plan. Under the heading of advocacy, you'll now find, "The Academy will facilitate development and dissemination of educational materials to support the advocacy partnership among the pediatrician, the family and the community **to optimize early brain development.** (emphasis mine)..."*

*The Academy and its members have been devoted to early brain development for years now. But it's time for pediatricians to delve even deeper into the issue and alter our way of thinking.*

*Quoting from Dr. Shonkoff, co-editor of the Institute of Medicine's report "From Neurons to Neighborhoods: The Science of Early Childhood Development" (2000), the following themes were identified:*

(1) *All children are born wired for feelings and ready to learn.*

(2) *Early environments matter, and nurturing relationships are essential.*

(3) *Society is changing, and the needs of children*

*are not being addressed.*

*(4) Interactions among early childhood science, policy and practice are problematic and demand dramatic rethinking.*

Although the emphasis given by Dr. Berman was upon cognitive and language development, he recognized the importance of the emotional-social development of the child:

*As pediatricians, we must become more actively engaged in helping parents to provide an enriched, supportive environment that promotes not only early literacy, but a young child's emotional regulatory and social development.*

It is with some anticipation that we await the response of the *American Academy of Pediatrics* to Dr. Berman's letter with the new and dramatic rethinking that he calls for and to take the forceful actions that are necessary to assure the development of "nurturing relationships".

Inexplicably, no mention is made in the above National Research Council (2000) report nor in the Berman (2001) statement of the scientific breakthroughs that were made from NICHD/NIH research programs in the 1960s and 1970s that failed bonding and nurturance in the mother-infant relationship results in developmental brain disorders that mediate depression, impulse dyscontrol, drug addictions and violence (homicidal and suicidal). Further, no mention of the history of this NICHD supported research was made in two other National Research Council studies: "Understanding and Preventing Violence" (Reiss and Roth, 1993); and "Understanding Child Abuse and Neglect (NRC, 1993).

This history of silence by the National Research Council on NICHD research from over 30 years ago, which documented that failed nurturance in the mother-infant relationship leads to developmental brain disorders and abnormal behaviors—which continues to this day—requires national inquiry.

The American Academy of Pediatrics made no reference to the scientific literature which documents the deficiencies or absence of tryptophan in infant formula milk in its revised policy statement on breastfeeding (AAP, 1997; <http://www.aap.org/policy/re9729.html>) and the critical role that breastfeeding has in mother-infant bonding/nurturance and normal brain development, thus keeping in ignorance this nation and its mothers on the dangers inherent in infant formula milk that compromises normal brain development, bonding/nurturance and the realization of emotionally happy and stable children and youth. This omission and neglect also demands a national inquiry.

It is difficult for an infant to bond with a dead plastic nipple and plastic bottle with artificial milk (plastic love) when compared to mothers living breast with living milk that nourishes the brain and body of the newborn/infant/child in ways that bottle feeding cannot.

A national public inquiry is urgently needed with respect to this past and current history that has resulted in such great loss of life and happiness of this nation's children and youth to depression, suicide and homicide—most of which could have been prevented.

The following specific actions are required, if the intentions and objectives stated by Dr. Berman are to be realized:

1) Support mothers being nurturing mothers that includes breastfeeding for "two years of age or beyond", as recommended by WHO and UNICEF and not the AAP recommendation of breastfeeding for only one year;

2) Mandate nutritional supplementation of infant formula milk with tryptophan, as has been with DHA and AHA fatty acids, to correct this nutritional deficiency of infant formula milk.

3) Banning of infant formula milk advertising and products from every hospital and doctors office and, wherever possible, its use that prevents and compromises normal brain-behavioral development, bonding and the emotional-social and immunological health of the infant/child. (Newman, 1995).

4) Abolition of ritual circumcision trauma that induces untoward perinatal trauma of pain and suffering upon the newborn that interferes with bonding between the traumatized infant and mother; has no medical justification; and can only be harmful to normal brain development and the emotional-social health of the infant/child/teen/adult. Similarly for female children.

5) Support the abolition of infant and early institutional child day care (first three years) that prevents breastfeeding, bonding and normal brain development for the emotional-social health of the infant/child. Public funds should support homes, families and nurturing mothers and not institutional day care centers with stranger caregivers and administrators.

6) Support the abolition of physical punishment and pain, as an instrument of "discipline" in the development of the child and which is contraindicated in promoting "nurturing relationships".

7) Support an amendment of the 1996 Welfare Reform Act to exempt nursing mothers and mothers with three year olds or younger from that Act. Herbert (2001) predicts a national crises and tragedy from the Welfare

Reform Act of 1996, with the current economy, that will plunge millions of additional children and families into poverty.

8) Assure that every maternity hospital meets the WHO-UNICEF "Ten Steps of the Baby-Friendly Hospital Initiative" to promote successful breastfeeding; and support the "Ten Steps of the Mother-Friendly Childbirth Initiative (**Table 19**).

9) Support continuous "baby wearing" during the first year of life.

10) Assure comprehensive prenatal care for all pregnant women.

The implementation of the above principles by the American Academy of Pediatrics would give meaning and substance to Dr. Berman's call to "optimize early brain development"; "alter our way of thinking" and "demand dramatic rethinking" that would optimize "nurturing relationships " to meet the "needs of children (that) are not being addressed."

**Table 20** lists this writer's Ten Principles, if implemented, would transform American Culture from a culture of depression, drug addiction and violence to one of peace, harmony and happiness, as envisioned by our Founding Fathers—"Life, Liberty and the Pursuit of Happiness".

### XIII. Epilogue

Gender inequality in human societies is perhaps the single greatest root of human violence, injustice and evil that characterizes humanity. From this great inequality flows virtually all other human moral disorders and injustices (Prescott, 1995). Tragically, it is the monotheistic religions of Judaism, Christianity and Islam and the polytheism of other religions that have decreed by fiat that being female is unequal to being male and that the female principle is the source of evil. For example, "From woman came the beginning of sin and through her we all die" (*Ecclesiasticus*, 25:24); and "When a woman conceives and bears a male child, she shall be unclean for seven days....If she bears a female child, she shall be unclean for fourteen days..." (*Leviticus* 12:1-6); and "man was not created for woman's sake, but woman for the sake of man" (*1 Corinthians* 11:8-9). Texts from other religions could be cited that confirms their hostility to the feminine.

The roots of this false ideology of human nature can also be found in the "wisdom" of the Greek philosophers that valued woman less than man: "Also, as regards male and female, the former is superior, the latter is inferior, the male is ruler, the female is subject" (Aristotle, *Poli-*

*tics* Bk. 1, Ch. 4). And Pythagoras gave explicit moral characteristics to gender. "There is a good principle which has created order, light and man; and a bad principle which has created chaos, darkness and woman." {Quoted in Simone de Beauvoir, *The Second Sex* (1953)}. This doctrine of moral inequality is strongly reinforced by Roman Catholic theology: "As regards the individual nature, woman is defective and misbegotten." (St. Thomas Aquinas. *Summa Theologica*).

Similar values characterize the religion of Islam and its inhumane treatment of women, which has been made most evident by the Islamic Taliban treatment of women. Grown men beat defenseless women for the slightest violation of the Islamic Taliban code of behavior for women and which summarily execute women for violations of their sexual code of behavior. It must be emphasized that this extreme religious fundamentalism characterizes all of the monotheistic religions which have a history of abuse of women including death for violations of sexual codes of behavior that were created by men.

The practice of aborting female fetuses but not male fetuses in India and other countries is illustrative of the continuing inherent moral and social hostility that exists against the feminine, which erodes and degrades the very source of human life itself. Science is not independent from these life philosophies nor are our political systems of thought that perpetrate these false ideologies of what it means to be human, particularly being woman. Science and technology are used to destroy female fetuses but not male fetuses and to falsely justify the genital mutilation of children on the spurious grounds of medical and moral benefits (Prescott, 1989,1997; Prescott, Milos and Denniston, 1999). See

<http://www.violence.de/prescott/truthseeker/genpl.html>

<http://www.nocirc.org/symposia/fourth/prescott.html>,

<http://www.icgi.org/Downloads/Humanist.pdf>

*The reality of woman being equal to man and to become mothers by choice are essential for the birth of a different humanity that can actually bring Peace on Earth. Children who are not born free can never be truly free nor can humanity.* (Prescott, 1986)

The abolishment of these false ideologies and life philosophies that subordinate woman to man are necessary, as it is a poison that infects our humanity and provides fuel for the continuing male violence against woman, her children and humanity itself. The religions of violence, terrorism, hate and discrimination can no longer be supported under the banner of "freedom of

religion”, no more than can human sacrifices to the gods of these religions of antiquity. Such religious “practices” and “ideology” are not supported by the U.S. Constitution that assures “...Life, Liberty and the Pursuit of Happiness”

Bishop Spong (2001) has recognized the evil of monotheistic ideology, which has made the Christian religion toxic to humanity and has affirmed the necessity to emancipate Christianity from the chains of monotheism, if human love, equality, peace and justice are ever to be realized—a formidable objective that is equally relevant for the monotheisms of Judaism and Islam.

One example of the evil of monotheistic ideology is the equating of natural sensory pleasure with evil. Pope John Paul II at the World Youth Day in Toronto restated this pathological moral doctrine when he advised world youth to avoid the temptations of “the fleeting pleasure of the senses” (Bruni, New York Times, July 26, 2002). Modern developmental neuropsychological science has documented that sensory deprivation of sensory pleasure results in developmental brain disorders that mediate depression, drug abuse/addiction, sexual violence and the violence of suicide and homicide. Modern cultural anthropology has confirmed these pathological behaviors, as a consequence of sensory deprivation of sensory pleasure, particularly, youth sexual affectional pleasure.

As the modern physical sciences with Copernicus and Galileo disproved the errors of Vatican moral doctrine that affirmed that the Earth and “Man” was the center of the universe, similarly, the modern life sciences have documented the fundamental moral and philosophical errors of equating sensory pleasure with “evil” and pain/suffering with “virtue”.

Science is limited in the achievement of human equality and, thus, the urgency for social-political action and this final recommendation and challenge. What nation state on this planet will be the first to create gender equality in its legislative bodies? The Turkish Parliament has given hope for gender equality when it abolished a Muslim Code which affirmed that “the husband is the head of the matrimonial union” which had barred women from making decisions concerning the family (USA Today, 2001).

A great opportunity has arisen for Japan to exercise international leadership in affirming the equality of woman with man. The birth of a daughter to the Royal Family offers the reality of a woman becoming the next successor to the Chrysanthemum Throne. A Constitutional Amendment is needed, however, as current law forbids

a woman to ascend to the Chrysanthemum Throne. This is an historical moment for Japan to exercise world leadership on behalf of the equality of women.

The actions of the Bush Administration in affirming and supporting a significant role of women in the new government of Afghanistan is another major political action which gives hope for gender equality and freedom in a former fundamentalist Taliban Islamic country. The religious fundamentalism of the Judaic and Christian nations require similar reforms. These necessary political actions can serve to support mothers being nurturing mothers, without which, true human transformation will not be possible.

Legislative and Judicial gender equality is a necessary but insufficient condition to insure human equality, dignity, peace and harmony between man and woman, of our children and for the survival of our species. Equally relevant is judicial equality of representation of defense and prosecuting attorneys in the background of judicial appointments, as laws and their interpretation determine human justice, which are shaped and formed by the ideologies of defense and prosecution.

*“If Anything is Sacred The Human Body is Sacred”*

Walt Whitman, *The Children of Adam* (1872)

*“Love must be spontaneous to be a spiritual bond in the beginning, and it must remain spontaneous if it is to remain spiritual... and those of us who do not believe in the possibility of free love ought to declare frankly that we do not, at bottom, believe in the possibility of freedom.”*

George Santayana *Winds of Doctrine* (1913)

*“Woman loves with her whole soul. To woman love is life, to man it is the joy of life. But where the body of the beloved person is made the sole object of love, or if sexual pleasure only is sought without regard to the communion of soul and mind, true love does not exist. Neither is it found among the disciples of Plato, who love the soul only and despise sexual enjoyment. In the one case the body is the fetish, in the other the soul, and love is fetishism”.*

Baron Richard Von Kraft-Ebing—*Psychopathia Sexualis* (1866)

*“Woman is, for man, the symbol and personification of all the fulfillments we look for from the universe. The theoretical and practical problem of the attainment of knowledge has found its natural climate in the problem of the sublimation of love. At the term of the spiritual power of matter, lies the spiritual power of the flesh and of the feminine.” (II. A New Moral Conception of Matter).*

Tielhard de Chardin—*The Evolution of Chastity* (1934)

TABLE 1.  
 RAPE RATES IN THE 15 MOST AND 15 LEAST VIOLENT STATES  
 (PER 100,000 POPULATION)

COMPARING STATE RAPE RATES IN 1996  
 AS A FUNCTION OF STATES THAT ENDORSE "PADDLING" OF CHILDREN

High Rape Rate (41.8-65.6)		Low Rape Rate (19.6-27.5)		Low Rape Rate (19.6-27.5)		High Rape Rate (41.8-65.6)	
Paddle States		No Paddle States		Paddle States		No Paddle States	
NM	63.5	WI	19.6	PA	25.3	AK	65.6
DE	62.6	WV	19.6	ID	26.3	MI	57.0
FL	52.1	IA	19.7			NV	53.4
SC	49.2	ME	20.9			WA	51.1
OK	46.8	WI	21.0			MN	50.0
TN	46.5	NY	23.0			UT	41.8
CO	46.2	CT	23.1				
TX	43.8	ND	24.1				
KS	42.6	NJ	24.7				
		VT	26.7				
		NE	27.1				
		MT	27.1				
		HI	27.5				
N = 9		N = 13		N = 2		N = 6	
82%		68%		18%		32%	

82% of Paddle States Had High Rape Rates;  
 68% of Non-Paddle States Had Low Rape Rates

32% of Non-Paddle States Had High Rape Rates;  
 18% of Paddle States Had Low Rape Rates

Chi-Square = 10.47, P < .005, N = 30

Rape Rates from the *Uniform Crime Reports (FBI)*, October 4, 1997 and "State Rankings 1998", Morgan Quitno, Lawrence, Kansas, <[www.morganquitno.com](http://www.morganquitno.com)>

Paddle States from listing by PTAVE at <[www.nospank.org](http://www.nospank.org)>

TABLE 2. 1979

**ACCIDENT, HOMICIDE and SUICIDE RATES and RANKS AS LEADING CAUSES OF DEATH FOR  
AGE GROUPS 1-4; 5-14 AND 15-24 YEARS  
PER 100,000 IN SPECIFIED AGE GROUP**

TABLE 1. 1979

DEATH	<u>1-4 YRS</u>		<u>5-14 YRS</u>		<u>15-24 YRS</u>	
	Rank	Rate	Rank	Rate	Rank	Rate
ACCIDENTS	1	26.5	1	16.1	1	62.6
HOMICIDES	3	2.5	3	1.1	2	14.5
SUICIDES	—	—	5	0.4	3	12.4

TABLE 2. 1997

DEATH	<u>1-4 YRS</u>		<u>5-14 YRS</u>		<u>15-24 YRS</u>	
	Rank	Rate	Rank	Rate	Rank	Rate
ACCIDENTS	1	13.1	1	8.7	1	36.5
HOMICIDES	4	2.4	3	1.2	2	16.8
SUICIDES	—	—	6	0.8	3	11.4

FROM: National Vital Statistics Reports—Centers For Disease Control and Prevention—National Center For Health Statistics.  
Deaths: Final Data for 1997. June 30, 1999

The National Vital Statistics Reports, dated September 21, 2001 that just arrived, on *Deaths: Final Data for 1999* lists a suicide death rate of 0.6 which is a significant decrease from 0.8 for 1997 for the 5-14 year age group. The reasons for this decrease are not specified, however, it should not be concluded that this decrease necessarily reflects an improvement of the mental-emotional health of these children. The massive psychiatric medication of children and youth that prevents suicide may well account for a significant portion of this decrease that masks the underlying mental-emotional disorders of these children. This hypothesis requires rigorous evaluation.

TABLE 4

NUMBER OF SUICIDES AND HOMICIDES  
FOR SPECIFIC AGE GROUPS  
YEARS 1979, 1994 AND 1998

AGE YEARS	1979		1994		1998	
	SUICIDE	HOMICIDE	SUICIDE	HOMICIDE	SUICIDE	HOMICIDE
1-4	—	314	—	473	—	368
5-14	152	394	322	572	318	423
15-24	5,246	6,156	4,956	8,116	4,003	5,233
<b>SUB-TOTAL</b>	<b>5,398</b>	<b>6,864</b>	<b>5,278</b>	<b>9,161</b>	<b>4,321</b>	<b>6,024</b>
25-44	9,733	10,130	12,729	11,419	11,602	7,743
<b>TOTAL</b>	<b>15,131</b>	<b>16,994</b>	<b>18,007</b>	<b>20,580</b>	<b>15,923</b>	<b>13,767</b>

From: *Monthly Vital Statistics Report*. Centers For Disease Control and Prevention/National Center for Health Statistics. Advance Report of Final Mortality Statistics, 1994. Vol 45, No. 3, Supplement; September 30, 1996 (Tables 6 & 7). Rates per 100,000 population in specified age group.

*National Vital Statistics Reports*. Centers For Disease Control and Prevention/National Center for Health Statistics. Births and Deaths: Preliminary Data for 1998. Vol 47, Number 25; October 5, 1999. Table 17. The average number of annual suicides for the years 1994 and 1998 was calculated for each age group and multiplied by five to give an estimated total number of suicidal deaths in the five-year period from 1994-1998 for each age group.

**Suicide Numbers from 1994-1998  
by Age Group**

1,600 5- 14 YEARS  
22,398 15-24 YEARS  
60,828 25-44 YEARS



TABLE 5

**SUICIDE RATES AS PERCENT OF HOMICIDE RATES  
FOR SPECIFIC AGE GROUPS AND FOR  
YEARS 1979, 1994 AND 1998**

AGE YEARS	1979		1994		1998	
	RATIO	PER CENT	RATIO	PER CENT	RATIO	PER CENT
	S/H Rate		S/H Rate		S/H Rate	
1-4	—	—	—	—	—	—
5-14	<b>0.4/1.1</b>	<b>36</b>	<b>0.9/1.5</b>	<b>60</b>	<b>0.8/1.1</b>	<b>73</b>
15-24	12.4/14.5	<b>86</b>	13.8/22.6	<b>61</b>	10.8/14.1	<b>77</b>
25-44	15.9/16.3	<b>98</b>	15.3/13.8	<b>111</b>	13.9/9.3	<b>149</b>

From: *Monthly Vital Statistics Report*. Centers For Disease Control and Prevention/National Center for Health Statistics. Advance Report of Final Mortality Statistics, 1994. Vol 45, No. 3, Supplement; September 30, 1996 (Tables 6 & 7). Rates per 100,000 population in specified age group.

*National Vital Statistics Reports*. Centers For Disease Control and Prevention/National Center for Health Statistics. Births and Deaths: Preliminary Data for 1998. Vol 47, Number 25; October 5, 1999. Table 17.

**For the 5-14 year old age group, suicide rates, as a percent of homicide rates, have systematically increased from 1979 to 1998—**

**1979—36 percent**

**1994—60 percent**

**1998—73 percent**

**Other findings are commented upon in the text.**

**TABLE 6.**  
**Social and Behavioral Characteristics of Cultures**  
**That Have High Infant Physical Affection—Carrying of Infant On Body of Mother**  
**(% Communality of Cultures)**

<u>% Correct Classification</u>	<u>Sample Size # Cultures</u>	<u>P</u>	<u>Social-Behavioral Characteristics</u>
1. 81	27	.003	<b>Religious activity is low</b>
2. 80	66	.000	<b>Overall infant indulgence is high</b>
3. 78	18	.03	Dissociation of sexes at adolescence is high
4. 76	17	.05	Witchcraft is low or absent
5. 76	17	.05	Belief in reincarnation absent
6. 74	65	.000	Degree of reducing infant needs is high
7. 73	49	.004	<b>Torture, mutilation and killing of enemy captured in warfare is absent/negligible</b>
8. 72	36	.02	Incidence of theft is low
9. 71	38	.007	Fear of human beings is high
10. 68	65	.004	Low Child anxiety over responsible behavior
11. 68	59	.02	Immediacy of reducing infant needs is high
12. 68*	22	.07	Superordinate justice is absent
13. 66*	41	.06	Asceticism in mourning is low
14. 66*	50	.06	Invidious display of wealth is low
15. 65	63	.03	Low Child anxiety over obedient behavior
16. 65	63	.03	<b>Infant physical pain is low</b>
17. 63	63	.05	<b>Weaning age is 2.5 years or longer</b>

From: Prescott (1977). Phylogenetic and Ontogenetic Aspects of Human Affectional Development. In. *Progress In Sexology*.pp.431-457. Proceedings of the 1976 International Congress of Sexology (R. Gemme &CC. Wheeler, Eds). Plenum Press, New York. Also Prescott, 1979,1996.

**Table 7.**  
**Social and Behavioral Characteristics of Cultures**  
**That Punish Adolescent Premarital Sexuality**  
**(% Community of Cultures)**

<u>% Correct Classification</u>	<u>Sample Size # Cultures</u>	<u>P</u>	<u>Social-Behavioral Characteristics</u>
1. 89	25	.000	<b>Intensity of sex anxiety is high</b>
2. 87	15	.01	Societal complexity is high
3. 83	23	.004	<b>Sex disability is present</b>
4. 81	27	.01	<b>High god in human morality</b>
5. 73	80	.000	Community size is larger
6. 71	58	.005	<b>Extramarital sex is punished</b>
7. 71	28	.05	<b>Personal crime is high</b>
8. 71*	24	.09	Female income is low
9. 70	62	.008	Extended family is small
10. 69*	35	.07	<b>Torture, mutilation and killing of enemy captured in warfare is high</b>
11. 68	37	.04	<b>Bellicosity is extreme</b>
12. 68*	31	.07	<b>Incidence of theft is high</b>
13. 66	38	.04	Narcissism is high
14. 65	66	.04	Exhibitionistic dancing is emphasized
15. 65	37	.009	Castration anxiety is high
16. 62	50	.03	Postpartum sex taboo is longer
17. 62	114	.04	<b>Kin group exclusively patrilineal</b>
18. 60	111	.01	Class stratification is present
19. 59	176	.005	<b>Slavery is present</b>
20. 54	114	.02	<b>Wives are purchased</b>

From: Prescott (1977). Phylogenetic and Ontogenetic Aspects of Human Affectional Development. In. *Progress In Sexology*.pp.431-457. Proceedings of the 1976 International Congress of Sexology (R. Gemme &CC. Wheeler, Eds). Plenum Press, New York. And

Prescott (1990). Affectional Bonding for the Prevention of Violent Behaviors: Neurobiological, Psychological and Religious/Spiritual Determinants.pp.95-124. In: *Violent Behavior* Vol. 1. Assessment & Intervention. (Hertzberg, L.J., Ostrum, G.F. and Field, J.R., Eds) PMA Publishing, New York.

**TABLE 8**  
**DISTRIBUTION OF 49 CULTURES WHICH RELATES**  
**DEPRIVATION OF INFANT PHYSICAL AFFECTION TO HIGH ADULT PHYSICAL VIOLENCE**  
**(Torture, Mutilation and Killing of Enemy Captured in Warfare)**

and

**HIGH INFANT PHYSICAL AFFECTION TO LOW ADULT VIOLENCE**

1	2	3	4
High Infant Physical Affection *****	Low Infant Physical Affection *****	High Infant Physical Affection *****	Low Infant Physical Affection *****
Low Adult Physical Violence N = 23	High Adult Physical Violence N = 16	High Adult Physical Violence N = 4	Low Adult Physical Violence N = 6
Andamanese	Alorese	Cheyenne*	Ainu**
Arapesh	Aranda	Chir-Apache*	Ganda**
Balinese	Araucanians	Crow*	Kwakiutl**
Chagga	Ashanti	Jivaro*-Error	Lepcha**
Chenchu	Aymara	Kurtatchi*	Pukapuka**
Chuckeechee	Azande	Zuni-Error	Samoans**-Error
Cuna	Comanche		Tanala**
Hano	Fon		
Lau	Kaska		
Lesu	Marquesans		
Maori	Masai		
Murngin	Navaho		
Nuer	Ojibwa		
Papago	Thonga		
Siriono	(Jivaro)		
Tallensi	(Samoans)		
Tikopia			
Timbira			
Trobriand			
Wogeo			
Wolesians			
Yahgan			
(Zuni)			

1. According to Harner (1972) the Jivaro culture is misclassified and belongs in Column 2 (personal communication).
2. According to Derek Freeman, Professor Anthropology, Australian National University, the Samoans belong in Column 2 (personal communication).
3. The Zuni have also been misclassified in Textor (1967) and belongs in Column 1.
4. \* Premarital sex is punished; \*\*Premarital sex is permitted; E = Error of original classification in Textor (1967).
5. Infant physical affection predicts violence and non-violence in 80% (39/49) of the cultures that are distributed throughout the world.

**Table 9.**  
**Social and Behavioral Characteristics of Exclusively**  
**Patrilineal Cultures vs All Other Kin Groups**

<u>Per Cent Correct</u> <u>Classification</u>	<u>Sample Size</u> <u># Cultures</u>	<u>P</u>	<u>Social-Behavioral Characteristics</u>
1. 69	368	.0000	Castes are present
<b>2. 62</b>	<b>381</b>	<b>.0001</b>	<b>Slavery is present</b>
3. 79	24	.03	Superordinate justice is present
4. 100	196	.0000	Marital residence is patrilocal
5. 66	133	.007	Small extended family
6. 73	244	.004	Polygyny is common
7. 63	395	.0000	Bride price is high
<b>8. 63</b>	<b>23</b>	<b>.09</b>	<b>Desire for children is high</b>
<b>9. 86</b>	<b>14</b>	<b>.02</b>	<b>Abortion is highly punished</b>
10. 71	80	.008	Mother-child household is low
<b>11. 61</b>	<b>78</b>	<b>.02</b>	<b>Child indulgence is low</b>
12. 61	75	.02	High child anxiety over responsibility
13. 62	73	.05	High child anxiety
14. 66	73	.03	High child conflict
15. 62	37	.05	Adolescent sex dissociation is low
16. 62	241	.007	Adolescent boys separated from mother-sister
<b>17. 69</b>	<b>325</b>	<b>.0000</b>	<b>Male genital mutilation is present</b>
18. 66	65	.04	Female initiation rites are absent
<b>19. 52</b>	<b>107</b>	<b>.003</b>	<b>Premarital coitus is strongly punished</b>
<b>20. 63</b>	<b>52</b>	<b>.10</b>	<b>Extramarital coitus is strongly punished</b>
21. 57	38	.05	Homosexuality is permitted
<b>22. 68</b>	<b>167</b>	<b>.0006</b>	<b>High god is present</b>
<b>23. 62</b>	<b>103</b>	<b>.02</b>	<b>High god is active</b>
<b>24. 73</b>	<b>56</b>	<b>.02</b>	<b>High god in human morality</b>
25. 67	36	.01	High other culture contact
<b>26. 69</b>	<b>49</b>	<b>.05</b>	<b>Low insobriety</b>

1. Derived from R. B. Textor (1967) *A Cross Cultural Summary* HRAF Press New Haven
2. Measures of Patrilineal Cultures from the Ethnographic Atlas (1967).  
There are only 150 exclusively patrilineal cultures in the Ethnographic Atlas
3. Previously published with more complete statistical data (Prescott, 1990)

**Table 10.**  
**Social and Behavioral Characteristics of**  
**Exclusively Matrilineal Cultures vs All Other Kin Groups**

<u>Per Cent Correct Classification</u>	<u>Sample Size # Cultures</u>	<u>P</u>	<u>Social-Behavioral Characteristics</u>
1. 56	382	.07	Class stratification absent
2. 100	200	.0000	Marital residence matrilineal
3. 66	212	.01	Large extended family
<b>4. 62</b>	<b>394</b>	<b>.005</b>	<b>Wives easily obtained</b>
5. 66	73	.04	Low child anxiety over responsibility
6. 63	242	.02	Adolescent boys separated from mother-sisters
<b>7. 63</b>	<b>178</b>	<b>.01</b>	<b>Premarital coitus permitted</b>
<b>8. 84</b>	<b>44</b>	<b>.10</b>	<b>Low castration anxiety</b>
9. 70	60	.04	Anal reasons for illness
<b>10. 63</b>	<b>259</b>	<b>.01</b>	<b>High god is absent</b>
<b>11. 62</b>	<b>156</b>	<b>.008</b>	<b>High god, if present, is absent</b>
<b>12. 74</b>	<b>87</b>	<b>.04</b>	<b>High god absent in human morality</b>
13. 73	86	.05	High food taboos
14. 77	22	.05	Secret societies are present

- 
1. Derived from R. B. Textor (1967) *A Cross Cultural Summary* HRAF Press New Haven
  2. Measures of Exclusively Matrilineal Cultures from the Ethnographic Atlas (1967). There are only 55 Exclusively Matrilineal Cultures in the Ethnographic Atlas
  3. Previously published with more complete statistical data (Prescott, 1990)

**Table 11.**  
**Social-Behavioral Characteristics of Cultures**  
**Where A High God is Present**

<u>% Correct Classification</u>	<u>Sample Size # Cultures</u>	<u>P</u>	<u>Social-Behavioral Characteristics</u>
52	244	.0004	Caste System Present
60	251	.0002	Slavery is Present
68	167	.0006	Patrilineal
65	258	.0015	Wives Purchased
71	45	.01	High Aggression Socialization Anxiety
63	57	.08	High Infant Pain by Caretaker
69	29	.06	Early Independence Training
54	257	.0009	Male Genital Mutilation Present
59	149	.05	Premarital Sex Strongly Punished

From: Prescott (1990). *Affectional Bonding for the Prevention of Violent Behaviors: Neurobiological, Psychological and Religious/Spiritual Determinants*. pp.95-124. In: *Violent Behavior* Vol. 1. Assessment & Intervention. (Hertzberg, L.J., Ostrum, G.F. and Field, J.R., Eds) PMA Publishing, New York.

1. Derived from R. B. Textor (1967) *A Cross Cultural Summary* HRAF Press New Haven
2. Measures of Exclusively Matrilineal Cultures from the Ethnographic Atlas (1967). There are only 55 Exclusively Matrilineal Cultures in the Ethnographic Atlas
3. Previously published with more complete statistical data (Prescott, 1990)

**Table 12**  
**BREASTMILK NUTRIENTS ARE ESSENTIAL**  
**FOR NORMAL BRAIN DEVELOPMENT**

Tryptophan is necessary for normal brain serotonin development and the prevention of depressive and violent behaviors. Since tryptophan fortified formula milk results in similar blood tryptophan levels as breast-fed infants and related studies document the importance of breast milk with its many essential nutrients— that are not found in formula milk— for normal immunological and brain development, function and behavior, **it can be concluded that infant formula milk constitutes malnutrition for normal brain development and behavior** (Fazzolari-Nesci, et. al., 1992; Hanning, et. al, 1992; Kamimura, et. al, 1991; Kohn, et. al, 1994; Lanting, et. al, 1994; Lothaller and Widhalm, 1991; Neuringer, 1993; Newman, 1995; Prescott, Read and Coursin, 1975; Prescott, 1996; Uauy and De Andraca, 1995; Udani, 1992; Van Biervliet, et. al, 1992; and others (See: <http://www.violence.de/prescott/ttf/article.html>).

**Lack of sufficient breastfeeding/nurturance induces a high developmental risk for depression and later violence.** (See <http://www.violence.de/prescott/pppj/article.html>). **Only 16%** of American Mothers are breastfeeding by one year of age (HHS Blueprint for Action on Breastfeeding, 2000). **WHO/UNICEF** recommends breastfeeding for “two years of age or beyond”.

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**TABLE 13.**  
**ESTIMATED DAILY REQUIREMENTS (MG/KG)**  
**OF THE ESSENTIAL AMINO ACIDS FOR INFANT, CHILD AND ADULT**

	ADULT	INFANT		CHILD
	MG/KG	MG/KG	% Adult	10-12 years MG/KG
HISTIDINE	16	26	163	19
ISOLEUCINE	13	46	354	28
LEUCINE	19	93	489	44
LYCINE	16	66	247	44
METHIONINE & CYSTINE	17	42	235	22
PHENYLALANINE & TYROSINE	19	72	379	22
THREONINE	9	43	478	28
TRYPTOPHAN	5	17	340	9
VALINE	13	56	431	25

FROM: The Merck Manual. Nutritional and Metabolic Disorders. P. 920. Fifteenth Edition. 1987. Merck & Co., Inc. Rahway, NJ. Infant percent value of adult requirements were calculated and added to Table.

Modified from Energy and Protein Requirements. Report of a Joint FAO/WHO Ad Hoc Expert Committee. WHO Technical Report Series No. 724. Copyright 1985 by FAO AND WHO.

**TABLE 14.**  
**Social-Behavioral Characteristics of Cultures**  
**Where Weaning Age Is 2.5 Years Or Greater**  
**Textor Code 330 (Per Cent Community of Cultures)**

Percent Community	Sample Size # Cultures	Textor Code	<u>Social-Behavioral Characteristics</u>
94	34	242	Marriage Polygynous Rather Than Monogamous
93	15	424	Religious Specialists Are Part-Time Not Full Time
81*	16	302	Early Satisfaction Potential Is High
79	14	286	High Number of Food Taboos During Pregnancy
75	24	327	High Mother/Infant Contact Is Beyond Two Years
71	31	317	Infant Physical Affection Is High
70	20	303	Early Oral Satisfaction Potential Is High
70*	10	329	Age Of Toilet Training Is Two Years or Greater
68*	19	358	Low Presence Of Adolescent Groups In Public Gatherings
67	30	326	Transition Anxiety Between Infancy-Childhood Is Low
65	34	334	Indulgence of Child Is High
64	11	272	Divorce Rate Is Low
57	23	343	Child Conflict Over Nurturant Behavior Is Low

- 1 All of the above relationships are statistically significant with  $p < .05$  except for starred items where:  $10 < p < .05$ ; Percent community represents the percentage of cultures with weaning age 2.5 years or greater that have in common the joint variables of behaviors listed. High breastfeeding cultures are highly child nurturing cultures that are sexually polygynous, low in religious activity and divorce. Although, paired-comparisons are statistically significant based upon the total sample size that involve cultures with weaning age less than 2.5 years, certain paired comparisons have small sample sizes. A more complete and systematic behavioral ratings of the 400 culture sample of Textor (1967) is needed.
2. Derived from R. B. Textor (1967): A Cross- Cultural Summary, HRAF Press New Haven



**TABLE 15.**  
**SOCIAL-BEHAVIORAL CHARACTERISTICS OF CULTURES**  
**THAT DISCRIMINATE HIGH SUICIDE FROM LOW SUICIDE CULTURES**  
**Textor Code 473, N = 88**

<u>% Culture</u> <u>Communality</u>	<u>Sample</u> <u>Size (N)</u>	<u>Textor</u> <u>Code</u>	<u>Social-Behavioral</u> <u>Descriptor</u>
<b>80</b>	84	109	Caste system present
<b>76</b>	88	472	Narcissism is high
<b>75</b>	73	209	Patrilocal residence
<b>74</b>	30	148	Personal crime is high
<b>73</b>	86	242	Polygynous marriage common
<b>73</b>	88	262	Wives obtained for some consideration
<b>72</b>	36	356	Adolescent pair courtship present
<b>71</b>	67	196	Inheritance rights are high
<b>71</b>	44	303	Early oral satisfaction is low
<b>70</b>	84	419	Military Glory Emphasized
<b>65</b>	52	318	Overall indulgence of infant is low
<b>64</b>	87	474	Boastfulness is extreme
<b>63</b>	87	137	Display of wealth is high
<b>63</b>	85	420	Bellicosity is extreme
<b>62</b>	88	110	Slavery present
<b>51</b>	36	335	Indulgence of child dependency is low

Textor Code 473: “Sensitivity to Insults” is rated “High” if: “Public humiliation frequently leads to suicide or some other violent response; Interpersonal insults frequently leads to suicide, homicide, vendetta and demands heavy remuneration; Ethnographer says explicitly they are acutely sensitive to narcissistic wounds, easily take offense, pride is wounded, not merely feeling rejected, unloved or deprived.

N = 32 (High Suicide Cultures);      N = 56 (Low Suicide Cultures)      N = 88 (Total Culture Sample)

All relationships are statistically significant :  $p < .05$

% Culture communality is the sum of the percentages of cultures found to be in the expected direction, e.g. high narcissism with high suicide cultures (29/47 cultures =62%); plus low narcissism with low suicide cultures (38/41 cultures = 93%) . The average = 76% cultures in predicted relationship.

High suicide cultures are characterized by high narcissism, personal crime, caste system, boastfulness, display of wealth, slavery present and military glory emphasized. Early infant oral satisfaction and overall infant indulgence is low. Adolescent courtship is present where the culture is patrilocal, marriage is slightly more polygynous than monogamous and wives are obtained for some consideration

**TABLE 16.**  
**SUICIDE CULTURES AS A FUNCTION OF WEANING AGE,**  
**BABY CARRYING AND ADOLESCENT SEXUALITY**

WEANING AGE 2.5 YEARS OR LONGER				BABY CARRYING—BASIC TRUST			
SUICIDE		CULTURES		SUICIDE		CULTURES	
High Suicide		Low Suicide		High Suicide		Low Suicide	
Infant Pain		Youth Sex		Baby Carry		Baby Carry	
Balinese	Yes	Ainu	+	Alorese	Low	Ainu	L
Jivaro	Yes	Andamanese	+	Ashanti	Low	Andamanese+	H
Kwakiutl	Yes	Aranda	Irrelev	Azandi	Low	Aranda-	L
Nuer	Yes	Arapesh	Irrelev	Balinese	High	Arapesh+	H
Nyakyusa	Yes	Cheyenne	-	Chagga	High	Araucanians-	L
Ojibwa	Yes	Chukchee	+	Jivaro	Low*	Aymara-	L
		Cuna	-	Kwakiutl	Low	Chenchu+	H
		Kurtachi	+	Maori	High	Cheyenne+	H
		Lakher	+	Marquesans	Low	ChirApache+	H
		Lepcha	+	Masai	Low	Chuckchee+	H
		Lesu	+	Nuer	High	Comanche-	L
		Manus	-	Ojibwa	Low	Crow+	H
		Murngin	Irrelev	Samoans	Low	Cuna+	H
		Navaho	+	Tikopia	High	Fon-	L
		Siriono	+	Trobriand	High	Ganda-	L
		Tallensi	+	Yahgan	High	Hano+	H
		Thonga	+			Kaska-	L
		Venda	+			Kurtatchi +	H
		Wogeo	+			Lau+	H
		Woleaians	+			Lepcha-	L
						Lesu+	H
						Manus+	H
						Murngin+	H
						Navaho-	L
						Papago+	H
						Pukapuka-	L
						Siriono+	H
						Tallensi+	H
						Tanala-	L
						Thonga-	L
						Timbira+	H
						Wogeo+	H
						Woleaians+	H
						Zuni+	H

6

20

(17)

16: 9 Low ; 7 High

33: 13 Low; 20 High

\* Jivaro reclassified from Textor as low in baby carry (infant affection).

77% (20/ 26) cultures where weaning age is 2.5 years or greater are low suicidal cultures.

82% (14/17) cultures with weaning age 2.5 yrs and greater support youth sex and have low suicides.

Baby Carrying is not predictive of adult suicidal behavior.

Irrelevant since marriage occurs shortly after puberty, thus low sexual pleasure.

Premarital Sex TC 392; WA > 2 Yrs TC 330; Baby Carry TC 317; Infant Pain TC 324, Suicide TC 473

**TABLE 17.**  
**CULTURES WHOSE WEANING AGE IS 2.5 YEARS OR GREATER:**  
**RELATIONSHIP WITH BABY CARRYING (BASIC TRUST) AND HOMICIDAL VIOLENCE**

High Baby Carry Low Violence	High Baby Carry High Violence	Low Baby Carry Low Violence	Low Baby Carry High Violence
Andamanese	Cheyenne-a	Ainu-b	Aranda
Arapesh	Kurtachi-a	Kwakiutl-b	Jivaro
Balinese		Lepcha—b	Navaho
Chunkchee			Ojibwa
Cuna			Thonga
Lesu			
Murugin			
Nuer			
Siriono			
Tallensi			
Wogeo			
Wolesians			
N = 12    52%	N = 2    9%	N = 3    13%	N = 5    23%

All cultures that have weaning age of 2.5 years or longer are not necessarily all nurturing and peaceful cultures. Cultural necessity and custom rather than nurturance may dictate duration of breastfeeding. Additional measures of infant nurturance and whether premarital sexual expression (sexual affectional nurturance) is permitted or punished determine the peaceful or violent nature of these cultural exceptions.

**64% (14/22) of cultures with weaning age 2.5 years or longer have high baby carrying**

36 % (8/22) of cultures with weaning age 2.5 years or longer have low infant carrying

**68% (15/22) of cultures with weaning age 2.5 years or longer have low violence.**

32% (7/22) of cultures with weaning age 2.5 years or longer have high violence.

a The Cheyenne and Kurtatchi cultures are punitive toward premarital sexual expression (low sexual affectional nurturance) which accounts for their high physical violence

b The Ainu, Kwakiutl and Lepcha cultures are tolerant of premarital sexual affection and, thus, low in physical violence.

100% of cultures where weaning age is 2.5 years or longer and where infant physical affection and premarital sexual expression are known can predict with 100% accuracy the peaceful or violent nature of this cultural sample. The role of premarital sex is examined in more detail in Table 7.

From: R. B Textor (1967). *A Cross-Cultural Summary*. Human Relations Area Files (HRAF) Press. New Haven.

1. Cultures with weaning age of 2.5 years or longer rated by Barry, Bacon and Child-TC 330
2. Baby Carrying was rated by Barry, Bacon and Child-TC 317 & TC 318
3. Physical violence was rated by Philip E. Slater-TC421
4. Premarital sexuality was rated by John T. Westbrook-TC 392
5. 11 of the original 34 high breastfeeding culture sample lacked information on their violence or infant nurturance.

**TABLE 18. ANALYSES OF WEANING AGE ONSET IN HIGH AND LOW SUICIDAL TRIBAL CULTURES**

	<b>Average Weaning Age Onset Months</b>		Sum
	<u>24 MO/Less</u>	<u>30 MO/Plus</u>	
<b>Low Suicide</b>	5	31	<b>36</b>
<b>High Suicide</b>	10	19	<b>29</b>
<b>Sum</b>	<b>15</b>	<b>50</b>	<b>65</b>

Chi Square Equals 3.84; p = .05, N = 65

1. **14 % (5/36) of low suicide cultures have weaning age onset of 24 months or less.**
2. **86 % (31/36) of low suicide cultures have weaning age onset of 30 months or greater**
3. **34 % (10/29) of high suicide cultures have weaning age of 24 months or less.**
4. **66 % (19/29) of high suicide cultures have weaning age onset 30 months or greater.**
5. **77 % (20/26) of low suicide cultures have weaning age onset of 2.5 years or greater (previous Textor study).**

These data support the following conclusions:

1. The additional culture samples from Barry and Paxon (1971) in evaluating both high and low suicide cultures has increased the prediction of low suicide cultures with weaning age of 2.5 years or greater in Textor from 77% to 86%. Given the nature of cross-cultural data and other factors this degree of variation should not be surprising. These data need to be validated un modern human cultures.
2. A greater significant difference could be expected if the low weaning age was 6 months or less, which does not exist in tribal cultures, rather than the 24 months or less used in this study.
3. There is no question that the benefits of breastfeeding for the prevention of suicide will be much greater in the American culture where only 6.8% of mothers are breastfeeding at one year of age. Only about 10% of tribal cultures breastfeed for 12 months or less compared to 93.2% of American mothers who breastfed for 12 months or less (NHANES III data)--National Health and Nutrition Survey Examination 1988-1994.

<p><b>THESE DATA SUPPORT THE NECESSITY OF BREASTFEEDING FOR 2.5 YEARS OR LONGER TO REALIZE THE OPTIMAL BENEFITS OF BREASTFEEDING FOR SUICIDE PREVENTION and OTHER HEALTH BENEFITS FOR CHILD AND MOTHER</b></p>
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**TABLE 19.**  
**LOW SUICIDE CULTURES and WEANING AGE**  
**RANGE AND AVERAGE IN MONTHS**

<u>Weaning Age Months</u>			<u>Weaning Age Months</u>		
	Range	Mean		Range	Mean
AINU	48-60	54	LAU		
AMERICANS			LEPCHA	36-48	42
ANDAMANESE	36-48	42	LESU	30T	30
ARANDA	36	36	MANUS	30-36	33
ARAPESH	30T	30	MURNGIN	30T	30
ARAUCANIANS			NAMA		
AYMARA	24-32	28	NAVAHO	31	31
CHENCHU	—		PAPAGO	18-36	27
CHEYENNE	30T	30	PUKAPUKA	15	15
CHIR-APACHE			RWALA		
CHUKCHEE	36-72	54	SANPOIL		
COMANCHE	—		SIRIONO	36-48	42
COPR ESKIMO	36-60	48	TALLENSI	36	36
CREEK	—		TANALA	—	
CROW	—		TAPIRAPE		
CUNA	48-60	54	THONGA	30-36	33
CZECHS			TIMBIRA	24	24
DOBUANS			TIV	24-30	27
FON	24-36	30	TODA	24	24
GANDA	36	30	VENDA	30T	30
GOND	24-36	30	VIETNAMESE	36+	36
HANO			WITOTO		
IBAN	—		WOGEO	36	36
INCA	24	24	WOLEAIANS	30T	30
KASKA	24-36	30	YAGUA		
KAZAK	48-60	54	ZUNI	12-60	36
KURTATCHI	30T	30			
LAKHER	24-36	30			
LANGO					
LAPPS	12-24	18			

Low suicide cultures from Textor, R. B. (1967). *A Cross-Cultural Summary*. HRAF Press, New Haven CT. Code #473 N = 56.

Weaning age from Barry III, H. and Paxon, L.M. (1971). *Infancy and Early Childhood: Cross-Cultural Codes 2*. *Ethnology*. X(4):466-508. N = 28

AVERAGE WEANING AGE OF LOW SUICIDE CULTURES EQUALS 34 MONTHS

**TABLE 20.  
HIGH SUICIDE CULTURES AND WEANING AGE  
RANGE AND AVERAGE IN MONTHS**

<u>Weaning Age Months</u>			<u>Weaning Age Months</u>		
Culture	Range	Mean	Culture	Range	Mean
ABIPON	36	36	MAORI	10-24	17
ALBANIANS	36	36	MARQUESANS	12	12
AIORESE	24-30	27	MASAI		
ASHANTI	24	24	NUER	30T	30
AZANDE	24-28	36	NYAKYUSA	24-36	30
AZETIC	36	36	OJIBWA	30T	30
BALINESE	30	30	RIFFIANS	60	60
BEMBA	24-36	30	SAMOANS	24	24
BHL			SIWANS		
CHAGGA	36	36	SOMALI	12-24	18
HAIDA	24	24	TIKOPIA	9	9
HEBREWS	36	36	TROBRIAND	24	24
IFUGAO	24-36	30	WARRAU	24-36	30
JIVARO	36	36	WOLOF	24	24
KOREANS	24-36	30	YAHGAN	24	24
KWAKIUTL	30T	30	YUROK	24-36	30

High suicide cultures from Textor, R. B. (1967). *A Cross-Cultural Summary*. HRAF Press, New Haven CT. Code #473 N = 32.

Weaning age from Barry III, H. and Paxon, L.M. (1971). *Infancy and Early Childhood: Cross-Cultural Codes 2. Ethnology*. X(4):466-508. N = 28

AVERAGE WEANING AGE OF HIGH SUICIDE CULTURES EQUALS 28 MONTHS

**Table 21.**  
**Ten Steps of the Mother-Friendly Childbirth Initiative**  
**For Mother-Friendly Hospitals, Birth Centers,\* and Home Birth Services**

*To receive CIMS designation as Mother-Friendly, a hospital, birth center, or home birth service must carry out the above philosophical principles by fulfilling the Ten Steps of Mother-Friendly Care: page 3*

Other interventions are limited as follows:

- Has an induction\* rate of 10% or less;
- Has an episiotomy\* rate of 20% or less, with a goal of 5% or less;
- Has a total cesarean rate of 10% or less in community hospitals, and 15% or less in tertiary care (high-risk) hospitals;
- Has a VBAC (vaginal birth after cesarean) rate of 60% or more with a goal of 75% or more.

7. Educates staff in non-drug methods of pain relief, and does not promote the use of analgesic or anesthetic drugs not specifically required to correct a complication.

8. Encourages all mothers and families, including those with sick or premature newborns or infants with congenital problems, to touch, hold, breastfeed, and care for their babies to the extent compatible with their conditions.

9. Discourages non-religious circumcision of the newborn.

10. Strives to achieve the WHO-UNICEF “Ten Steps of the Baby-Friendly Hospital Initiative” to promote successful breastfeeding:

1. *Have a written breastfeeding policy that is routinely communicated to all health care staff,*
2. *Train all health care staff in skills necessary to implement this policy;*
3. *Inform all pregnant women about the benefits and management of breastfeeding;*
4. *Help mothers initiate breastfeeding within a half-hour of birth;*
5. *Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants;*
6. *Give newborn infants no food or drink other than breast milk unless medically indicated;*
7. *Practice rooming in: allow mothers and infants to remain together 24 hours a day;*
8. *Encourage breastfeeding on demand;*
9. *Give no artificial teat or pacifiers (also called dummies or soothers) to breastfeeding infants;*
10. *Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospitals or clinics.*

A mother-friendly hospital, birth center, or home birth service:

1. Offers all birthing mothers:

- Unrestricted access to the birth companions of her choice, including fathers, partners, children, family members, and friends;
- Unrestricted access to continuous emotional and physical support from a skilled woman—for example, a doula,\* or labor-support professional;
- Access to professional midwifery care.

2. Provides accurate descriptive and statistical information to the public about its practices and procedures for birth care, including measures of interventions and outcomes.

3. Provides culturally competent care—that is, care that is sensitive and responsive to the specific beliefs, values, and customs of the mother’s ethnicity and religion.

4. Provides the birthing woman with the freedom to walk, move about, and assume the positions of her choice during labor and birth (unless restriction is specifically required to correct a complication), and discourages the use of the lithotomy (flat on back with legs elevated) position.

5. Has clearly defined policies and procedures for:

- collaborating and consulting throughout the perinatal period with other maternity services, including communicating with the original caregiver when transfer from one birth site to another is necessary;
- linking the mother and baby to appropriate community resources, including prenatal and postdischarge follow-up and breastfeeding support.

6. Does not routinely employ practices and procedures that are unsupported by scientific evidence, including but not limited to the following:

- shaving;
- enemas;
- IVs (intravenous drip);
- withholding nourishment or water;
- early rupture of membranes\*;
- electronic fetal monitoring.

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**TABLE 22.**  
**TEN PRINCIPLES OF MOTHER-INFANT BONDING**  
**FOR HEALTH, HAPPINESS and HARMONY**

**I. Every Pregnancy Is A Wanted Pregnancy. Every Child Is A Wanted Child.**

Unwanted children are typically unloved, abused and neglected who become the next generation of delinquents, violent offenders and alcohol/drug abusers and addicts.

**II. Every Pregnancy Has Proper Nutrition & Prenatal Care**—medical and psychological -and is free from alcohol, drugs, tobacco and other harmful agents of stress.

**III. Natural Birthing**—avoid wherever possible obstetrical medications, forceps & induced labor with no episiotomy nor premature cutting of umbilical cord. Mother controls birthing position with **no separation of newborn from mother**. Newborn maintains intimate body contact with mother for breastfeeding and nurturance.

**IV. No Circumcision** of newborn. The traumatic pain of newborn circumcision adversely affects normal brain development, impairs affectional bonding with mother and has long lasting effects upon how pain and pleasure are experienced in life.

**V. Breastfeeding On Demand** by newborn/infant/child and for “two years or beyond”, as recommended by the *World Health Organization* (WHO) and UNICEF. Failure to breastfeed results in positive harm to normal brain development & to the immunological health of the newborn, infant and child. Encoding the developing brain with the smell of mother's body through breastfeeding is essential for the later development of intimate sexuality.

**VI. Intimate Body Contact** is maintained between mother and newborn/infant by being carried continuously on the body of the mother for the first year of life. Such continuous gentle body movement stimulation of the newborn/infant promotes optimal brain development and “Basic Trust” for peaceful/happy behaviors. Mother-infant co-sleeping is encouraged for “two years or beyond”. Mother-infant/child body contact can also be optimized with daily infant/child massage. The Father must also learn to affectionately bond with his infant and child by being an additional source of physical affection.

**VII. Immediate Comforting** is given to infants and children who are crying. No infant/child should ever be permitted to cry itself to sleep.

**VIII. Infants and Children Are For Hugging** and should never be physically hit for any reason. Merging childhood parental love with parental violent pain helps create adult violent love.

**IX. Infants and Children Are Honored** and should never be humiliated nor emotionally abused for any reason. The emerging sexuality of every child is respected.

**X. Mothers Must Be Honored** and not replaced by Institutional Day Care which emotionally harms children before three years of age. Mother-Infant/Child Community Development Centers must replace Institutionalized Day Care.

**THE CHILD IS THE FATHER OF THE MAN**  
**THE CHILD IS THE MOTHER OF CULTURE**  
**THE CHILD IS THE FUTURE OF HUMANITY**  
<http://www.violence.de>



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