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Vulnerability in Facing the Covid-19 Pandemic in the Light of Relational Trauma*

Abstract

Coping with the COVID-19 pandemic has revealed different ways individuals react to frustrations they have experienced. Many times we have witnessed an increased level of aggression in interpersonal relationships and in the general social context. We find that there are some differences in coping and responding according to gender, with men showing a higher level of vulnerability and risk of inappropriate regulation and expression of anger when frustrated. To a certain extent, the answer to why this happens is provided by neuroscientific research, which shows that already at an early age, boys' brains develop differently from girls', as it takes more time to develop their stress-regulating mechanism; consequently, due to slower development, boys are more vulnerable to early stressful

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situations and have more problems with self-regulation of affective states at this early age. Together with the possibility of relational trauma in the family, to which many children are exposed from the earliest period of their lives and which plays an important role in providing a context for the development of affect regulation, that means that boys and men are even more vulnerable and sensitive to stress, aggression and trauma later in life. It makes sense to take these neuroscience findings into account when building an understanding of responses to stressful challenges, such as coping with a pandemic, as well as when planning appropriate models to help individuals cope with different types of stress.

Keywords

Coping with pandemic, aggression, affect regulation, child development, traumatic experiences.

1. Introduction

Modern neuroscientific research shows an interesting picture of child development, which surprised even scientists, namely how male infants and toddlers are much more vulnerable in terms of development than female infants and toddlers.[1] Based on this research, neuroscientists increasingly emphasize that we should take into account the results of contemporary research for studies and especially in the application of developmental theories and models, since gender differences are apparent at this earliest age. Based on this, we can conclude that in comparison with female infants, male infants are much more sensitive and consequently more vulnerable to inappropriate parental care when they are victims of neglect, exposure and even rejection, in short, of relational trauma. Physically, boys mature later than girls, their language skills and affect regulation develop later as well, which makes young, developing boys especially vulnerable from an early age.[2]

[1] A. Schore, *Right Brain Psychotherapy*, New York 2019, W. W. Norton & Company, pp. 158–159; A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 87–89.

[2] L. J. Cozolino, *The neuroscience of psychotherapy: Healing the social brain*, New York 2017, W. W. Norton & Company, pp. 221–223; A. N. Schore, *The Science of the Art of Psychotherapy*, New York 2012, W.W. Norton & Company, pp. 52–53; A. Schore, *Right Brain Psychotherapy*, New York 2019, W. W. Norton & Company, pp. 163–165; A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 88–89, 153.

Thus, it can be said that the risk of growing up – from pre-natal and postnatal period and throughout childhood and adolescence – is much more risky for boys than it is for girls. And if there is no adult, primarily parent, supporting the child and later adolescent, the sediments of early neglect or trauma can extremely strongly impact later development and is instrumental in the emergence of immature and aggressive behaviour. This is also shown by research on mental illness, which is largely the result of insufficient social and emotional support in adolescence. This is why even in later life, adolescent boys and young men are more likely to express their dissatisfaction externally, with physical activities, which often include drinking alcohol and drug abuse, as well as aggressive behaviour. Adolescent girls and young women, on the other hand, are much more prone to internalizing difficult affects, which can lead to depression and eating disorders.[3] In light of external stressors, such as the situation during the pandemic that engulfed us and literally pushed us into a ghetto, individuals prone to aggression will even more likely express this additional frustration in an aggressive manner due to their dysregulation of affect. During this time, aggression has also increased in intimate couple relationships, between partners who already had had problems with violence and had been dysfunctional in this regard and who had abused their children emotionally and physically. However, aggression or dysregulation of affect has also increased in society in general, especially in children, adolescents and adult men who had previously shown symptoms of dysregulation of fear and anger. Thus, in the background of inappropriate responses to challenges such as a pandemic, we can also identify the poor legacy of the relational history of these individuals, where men are particularly vulnerable.

2. The vulnerable group

As stated in the introduction, male infants are much more vulnerable and sensitive to stress, aggression, and trauma than female infants. This has recently been confirmed by studies and research which have shown that young boys are 2.5 times more likely to be diagnosed with attention deficit hyperactivity disorder and behavioural problems than girls, further confirming their vulnerability when

[3] H. E. Fisher, *Anatomija ljubezni (Anatomy of Love)*, Ljubljana 2017, UMco, pp. 179–183; D. J. Siegel, *Mind: A journey to the heart of being human*, New York 2017, W. W. Norton & Company, pp. 67–69; A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 90–92.

facing their social environment that is likely to treat them more strictly, as girls tend to appear much more calm and orderly. It is also known that the mechanism of stress regulation in boys matures later than in girls, with both prenatal and postnatal periods observed, which reflect normal gender differences in the right brain, where activities can be observed, awakened by attachment to the mother.[4] This research also shows that boys are more vulnerable in stressful situations due to slower development. It can be seen, for example, that a 3–4 month old male child, due to elevated levels of postnatal testosterone, shows more frequent negative responses, which are expressed in restless and often violent crying when the parent or the guardian does not meet his needs, which is less pronounced in girls. A similar pattern can be observed in six-month-old boys, who are less able to regulate physiological frustrations than girls of the same age.[5]

Here we can mention further research showing that six-month-old boys are more emotionally reactive than girls at this age, namely in face-to-face social interaction with their mothers. At the same time, boys are more prone to anger and restlessness, both of which they show in more extreme manners and react more tumultuously with facial expressions, grimacing, crying and whining when they either want their mothers to lift them in their arms or when they want to move away from them. When they want to move away, they show this very decisively by leaning far away from their mothers, showing them their backs, and if they are in a chair, they try to turn away completely. All this clearly shows the differences in gender, namely how boys and girls, respectively, self-regulate their affects or psycho-organic states from a very tender age.[6] Higher emotional reactivity in boys also clearly shows that even at this extremely early age, they have greater problems with self-regulation of their affective states and therefore have to rely much more on mothers or fathers for this kind of help than the girls of the same age.[7] And if the mother is absent for whatever reason, it is very likely that in adulthood, when overwhelmed by stress, this individual will react

[4] A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 93–95.

[5] L. J. Cozolino, *The neuroscience of psychotherapy: Healing the social brain*, New York 2017, W. W. Norton & Company, pp. 283–285; H. E. Fisher, *Anatomija ljubezni (Anatomy of Love)*, Ljubljana 2017, UMco, pp. 320–322; D. J. Siegel, *Mind: A journey to the heart of being human*, New York 2017, W. W. Norton & Company, pp. 80–88.

[6] A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 97–99.

[7] H. E. Fisher, *Anatomija ljubezni (Anatomy of Love)*, Ljubljana 2017, UMco, pp. 324–325.

impulsively and aggressively to external stress stimuli as his self-regulatory system has remained underdeveloped.[8]

2.1. Emotional reactivity

Obviously, it is easy to draw a parallel with further development, as it is often possible to see in adult men how they find it difficult to regulate their affects, especially more difficult ones, as well as other feelings and affects such as sadness, anger, fear, disappointment, frustration, etc., which may mainly occur in times of social or health crisis. For them, a very small and quite innocent gesture of disapproval by the wife or child, therefore the tiniest trigger, is often enough for the husband or father to resentfully withdraw into his world or react aggressively, while the wife or mother can discuss the same affects and situations at length without losing her internal self-regulation, in spite of the fact that she is offended, angry and even furious, and she expresses this out loud without becoming aggressive or violent. On the other hand, even in adulthood we can observe men who are in no way able to leave their mothers emotionally, because they enable their sons' affective regulation, and certainly vice versa. Of course, the same can be observed in women who are unhealthily attached to their mothers, but also fathers, and here both genders are very similar.[9] So this is an extremely strong unconscious connection, which can be very uncomfortable and full of various conflicts, but since it is so powerful both are trapped in a real Gordian knot that neither of them can cut. Thus, they remain in an exceptional symbiosis, which can also be very painful, but because it allows for fundamental regulation, they maintain this status quo.

If we continue to follow the development of a child and adolescent, we can see that boys and young men after puberty "catch up with women" in their development, but even in adulthood there remains a significant difference between female and male processing of emotional affective states; the strategies they use differ considerably. The subjective affective experience in men is more rooted in sensations coming from outside, while the female affective experience is much more grounded in sensations coming from herself, especially from her bodily

[8] L. J. Cozolino, *The neuroscience of psychotherapy: Healing the social brain*, New York 2017, W. W. Norton & Company, pp. 287–289.

[9] A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 97–99.

intuitive perception. At the same time, this finding confirms the well-known male social tendency to use cognitive empathy, while women are more likely to express empathy based on an intuitive, body-based perception of another person's distress. In parallel with this process, a socio-emotional difference in the regulation of affects can also be recognized, where men are much more inclined to self-regulation, while women are much more inclined to interact with others when overwhelmed by difficult affects.[10] As has been said many times, male adolescents and especially adult men who have not developed self-regulation of severe emotions of anger and fear in their early years, consequently find it much more difficult to control or regulate these in adulthood.

2.2. Differences in brain structure

In this regard, we can further mention that the male brain is structured in such a way that it primarily creates connection between perception and coordinated action; the female brain, on the other hand, is structured in a way that primarily creates and enables communication between the analytical and intuitive processing of perceptions and their processes, followed by appropriate responses and actions. Researchers find that the male brain is much more capable of communicating within a single hemisphere, while women are strongly oriented towards internal inter-hemispheric communication.[11] Men who have not developed self-regulation are literally forced to do so, and even more responsibly, especially as regards zero tolerance of violence. The researchers add that these tracks of development were drawn at the earliest age and that the dominant structure and shape of the brain, which was then established, was maintained throughout the life cycle and development.[12]

These differences can be seen again and again in full force, especially when intimate partners, for example, are in their most vulnerable states, particularly in conflict. In these states, not only differences and the ways of perceiving and processing affects, sensations and information in general can emerge; old,

[10] H. E. Fisher, *Anatomija ljubezni (Anatomy of Love)*, Ljubljana 2017, UMco, pp. 326–327; D. J. Siegel, *Mind: A journey to the heart of being human*, New York 2017, W. W. Norton & Company, pp. 95–97.

[11] A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 95–99.

[12] L. J. Cozolino, *The neuroscience of psychotherapy: Healing the social brain*, New York 2017, W. W. Norton & Company, pp. 239–243.

established psycho-organic models and experiences from the earliest period of their lives, when the foundations of regulatory mechanisms were created, can be extensively recreated. And what is critical, both regulatory and dysregulatory mechanisms of affect and functional or non-functional responses to both exteroceptive and interoceptive stimuli and sensations begin to fully take shape.[13] This, of course, is instrumental in healthy development as well as in the emergence of personality disorders and various other forms of pathology, and in both, as we have already found, boys are much more sensitive and vulnerable. This certainly does not excuse them for being violent, but it is important that they are aware of their vulnerability and take full responsibility for it.

3. Relational trauma and further development

We can therefore unequivocally say that both mild and severe personality and pathological disorders and related aggressive actions and their regulation or dysregulation have their roots not only in neurological developmental deficiencies and damage in childhood, which is often observed in sociopaths, but especially in relational trauma which is most often caused by neglect and abuse. Thus, even neurologically healthy children can develop painful symptomatology and psychopathology on the basis of relational trauma, which is deeply ingrained in the cortical and especially subcortical parts of the child's brain; it resides there, constantly inhibiting the child's healthy development.[14] This is especially evident in affect regulation, as this mechanism in many ways depends entirely on the healthy environment in the family in which the child grows up. Due to an unhealthy environment, the brain can be damaged and is consequently unable to regulate the affect, especially aggressive affects resulting from relational trauma. This means that parents, who should create a healthy environment in which the child can develop functionally, not only create inappropriate conditions, but neglect the child and often even physically and sexually abuse him, which certainly has disastrous consequences.[15] These adults will literally

[13] D. J. Siegel, *Mind: A journey to the heart of being human*, New York 2017, W. W. Norton & Company, pp. 117–121.

[14] J. N. Briere, C. Scott, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)*, Los Angeles, CA, 2015, Sage Publications, pp. 127–132.

[15] A. Schore, *Right Brain Psychotherapy*, New York 2019, W. W. Norton & Company, pp. 95–97.

lash out at others in adulthood, or join otherwise legitimate protest processes where they will express their inner pain in an aggressive, brutally violent way.

3.1. Influence of early attachment

The longing or even drive for attachment and relationship is genetically encoded in the human psyche. Humans crave a relationship ceaselessly: we cannot live or even survive without it. The kind of relationships we enter and build, however, largely depends on the attachment we have established with the primary caregiver. If one experienced a lot of stress, fear and anger or aggression in this relationship, one's brain functions can be overwhelmed by stress hormones, so one can forever be extremely vulnerable with every higher amount of stress one experiences, but always keeps looking for someone with whom one will repeat the old entanglement. We must add that a child in stressful situations does not even have a proper opportunity to functionally cope with a threatening environment, as his essential functions and mechanisms on how to deal with stress and trauma are still developing. Moreover, it depends on the environment in which he lives to what extent he will be able to develop the basic mechanisms, of which affect regulation is certainly in the foreground. A child growing up in a frightening environment full of aggression, really has no choice in terms of his ability to survive, so he is forced to remain attached to his parents and the environment in which he lives. This cruel exposure deeply marks the child, not only with shame, but often with violence and aggression that can damage him for life.[16]

It can be said that an insecure environment is being repeatedly created by a variety of parental addictions, among which alcoholism is certainly the most common, and associated aggression. Research shows that an environment in which alcoholism prevails (e.g. if the mother consumes alcohol both before and after the birth) can have an extremely strong impact on the child's subsequent inability to regulate the affects of anger and aggression.[17] This is an exceptional form of unhealthy, insecure attachment, as the child is repeatedly exposed to extremely unpredictable conditions, when he occasionally gets a great

[16] G. L. Schmelzer, *Journey through trauma: A trail guide to the 5-phase cycle of healing repeated trauma*, New York 2018, Avery Publishing Group, pp. 87–193.

[17] J. N. Briere, C. Scott, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)*, Los Angeles, CA, 2015, Sage Publications, pp. 135–137.

deal of attention, but in the next moment he experiences complete neglect and rejection – depending on the state the mother is in.[18] In this state, however, the father's role is certainly essential: if he drinks too, or if only one of the parents drinks – any combination can have very traumatic consequences, but it is clear that these are most severe if both parents drink. In such an environment, the child is extremely cruelly exposed and is a direct victim of violence, and if he or she becomes a victim of physical violence and sexual abuse, this is violence beyond measure.

An insecure, unhealthy attachment may therefore be the result of a combination of genetic constitutional vulnerability and psychosocial external stressors; however, these interactions always make it highly possible that a person will have major problems in the future due to dysregulated aggression, especially when distress (such as currently caused by the pandemic) occurs in the outside world and the person who is prone to aggression will act out their inner frustrated impulses in a violent, aggressive way.[19] Research even shows that dysregulation of affect, especially when it comes to aggression, can be observed in these personality structures very early and it only increases in stressful situations.[20] In children who often experience severe emotional stress and consequently cry a lot, higher activity in the right cerebral spheres can be observed by means of the EEG as early as when they are ten months old. Behavioural patterns such as kicking, screaming, pounding, biting, and stubbornness, which are part of a child's development and reach their peak between the ages of eighteen and twenty-four months and then usually lose their intensity, do not cease so soon in children under frequent stress, or they even continue into a later period. These early signals can already significantly predict later behavioural disorders and pathology, especially if stubborn and violent behaviours last longer than just until the second or third year of age and if they occur more often than in other

[18] L. J. Cozolino, *The neuroscience of psychotherapy: Healing the social brain*, New York 2017, W. W. Norton & Company, pp. 247–251; K. Steele, S. Boon, O. van der Hart, *Treating Trauma-Related Dissociation: A Practical, Integrative Approach,* New York 2016, W. W. Norton & Company, pp. 331–333.

[19] A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 101–103.

[20] J. N. Briere, C. Scott, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)*, Los Angeles, CA, 2015, Sage Publications, pp. 219–141; K. Steele, S. Boon, O. van der Hart, *Treating Trauma-Related Dissociation: A Practical, Integrative Approach,* New York 2016, W. W. Norton & Company, pp. 335–337.

children of the same age.[21] In children, therefore, we especially notice that they are very restless and destructive and always get involved in various conflicts, which they most often resolve through physical violence. In general, they are incapable of any major adaptation to social norms, which only intensifies over the years in the face of unpredictable stressful situations, such as the pandemic in our case.

Research[22] also shows that in the case of the child's dissociation, the response to relational trauma is not in a faster but slower heart rate – this phenomenon cannot be found in any other psychiatric disorder; however, it can be found in the case of a fearless response. Researchers[23] further note that children with low physiological arousal, indicating hostile physiological states characteristic of antisocial, aggressive individuals, need special types of stimulation to increase their physiological level of arousal. Thus, aggressive behaviour is understood as a form of stimulation that manifests itself in angry outbursts, beatings, and other atrocities, e.g. at protests in the streets, which, according to them, gives them the so-called legitimate right to be violent and aggressive.[24] Outbursts of anger and dysfunctional affect regulation mechanism are most obvious in stressful situations and challenges that require higher behavioural flexibility. In these situations, a merely innocent gesture can trigger a violent outburst of anger. These children, and later adults, can therefore experience such an uncontrollable

[21] J. N. Briere, C. Scott, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)*, Los Angeles, CA, 2015, Sage Publications, pp. 165–167; K. Steele, S. Boon, O. van der Hart, *Treating Trauma-Related Dissociation: A Practical, Integrative Approach,* New York 2016, W. W. Norton & Company, pp. 342–345.

[22] T. H. Diseth, *Dissociation in children and adolescents as reaction to trauma – An overview of conceptual issues and neurobiological factors*, "Nordic Journal of Psychiatry" 59 (2005), pp. 79–82; P. Fonagy, G. Gergely, E. L. Juirist, M. Target, *Affect Regulation, Mentalization, and the development of the self*, New York 2007, Other Press, pp. 45–47; J. B. Kaplow, C. S. Widom, *Age of onset of children maltreatment predicts long-term mental healh outcomes*, "Journal of Abnormal Psychology" 116 (2007), pp. 79–182; A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 69–75.

[23] J. N. Briere, C. Scott, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)*, Los Angeles, CA, 2015, Sage Publications, pp. 183–185; T. H. Diseth, *Dissociation in children and adolescents as reaction to trauma – An overview of conceptual issues and neurobiological factors*, "Nordic Journal of Psychiatry" 59 (2005), pp. 82–85; A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 186–189.

[24] P. Ogden, J. Fisher, *Sensoriomotor psychotherapy: Interventions for trauma and attachment,* New York 2015, W. W. Norton & Company, pp. 137–143.

outburst of anger in an event that is completely insignificant to others, that they can frighten everyone around them.

A classic example of an individual experiencing a sudden, violent escalation of angry emotions can be seen in response to a humiliating, contemptuous and aggressive look that the individual subjectively experiences as such and reacts to it immediately with extremely intense anger, which is particularly characteristic of close relationships within families which were forced to stay indoors for several weeks, as for example during the lockdown. Humiliating and shameful responses, which may have been an everyday experience for children, increased dramatically during the pandemic due to their parents' internal distress, and as a result, physical and sexual offenses only accumulated. Because of these humiliating experiences, as adults they will always tend to react with violent anger and aggression if they have the slightest feeling that they are again a victim of abuse and thus of further humiliation and shame. Affects of shame and disgust are usually extremely dissociated, so that they can be observed or revealed only on the basis of an individual's behaviour, e.g. when he keeps embarrassing himself, or embarrassing and humiliating others. In both cases, however, he merely outwardly demonstrates deep shame and sometimes disgust, which have become a strong part of his intrapsychic psycho-organic structure.

3.2. Aggressive pathological tendencies

Longitudinal studies[25] reveal that even in nine-year-old boys, psychopathological tendencies can already be observed, or that irregularities in the processing of more complex affects, such as anger, sadness, and fear, are already evident at this age. These boys were mostly physically abused or lived in highly insecure, unhealthy relationships, leading them to develop memory structures containing violent patterns and an aggressive response repertoire. When faced with challenges such as peer provocations, humiliation, and irritation, the imprinted models caused extremely hostile feelings, which very quickly led to aggressive behaviour. These dynamics already characterize the early origin of the antisocial adolescent, and can be identified as early as between the ages of seven and eleven. This is a period when the young person is not yet preoccupied with his

[25] P. Frewen, R. Lanius, *Healing the traumatized self: Consciousness, neuroscience, and treatment*, New York 2015, W. W. Norton & Company, pp. 151–153; A. Schore, *The Development of the Unconscious Mind*, New New York 2019, W. W. Norton & Company, pp. 102–107.

own body and sexuality, which will soon start to fully develop but is now only beginning to awaken, so this is a period when boys still play a lot in group sports, where mutual cooperation is very important. However, a young person with these disorders finds it very difficult to cope with more difficult feelings that occur e.g. on the pitch, especially when he feels he is being wronged.[26]

In adolescence, during which the one undergoes many changes, one's violent behaviour is much more visible and obvious.[27] During this period, he experiences not only the internal bio-psycho-social changes and maturing of his brain, but also the changes in his environment because he moves in different socio-cultural environments in which he seeks company, which place many more demands on him and present new tasks.[28] After a rather long period of slow development in childhood, the adolescent's brain begins to reorganize and transform in many ways and very quickly. We are talking about the reorganization of the amygdala and prefrontal-limbic parts, which are involved in the hypothalamus and modulate the adolescent's emotional reactivity. It is very important to know that the same systems are at work in both aggression and its regulation.[29] It is safe to say that, even for a young person who is developing normally and functionally, adolescence can be an extremely difficult period, as they have to overcome various entanglements and obstacles posed by their social environment.

Just as adolescence can be a period of creative restlessness, growth and maturation for an adolescent, the same period can be very complicated and full of painful tensions for an individual with a difficult psychoorganic past.[30]

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[26] P. Ogden, J. Fisher, *Sensoriomotor psychotherapy: Interventions for trauma and attachment,* New York 2015, W. W. Norton & Company, pp. 145– 149; G. L. Schmelzer, *Journey through trauma: A trail guide to the 5-phase cycle of healing repeated trauma*, New York 2018, Avery Publishing Group, pp. 147–151.

[27] B. Rothschild, *The body remembers, Volume 2: Revolutionizing trauma treatment,* New York 2017, W. W. Norton & Company, pp. 32–37; D. J. Siegel, *Mind: A journey to the heart of being human*, New York 2017, W. W. Norton & Company, pp. 59–65.

[28] V. Carter, M. R. Myers, *Exploring the risk of substantiated physical neglect related to poverty and parental characteristics: A national sample*, "Children and Youth Services Review" 29 (2007), pp. 117–119; G. L. Schmelzer, *Journey through trauma: A trail guide to the 5-phase cycle of healing repeated trauma*, New York 2018, Avery Publishing Group, pp. 157– 159.

[29] D. J. Siegel, *Mind: A journey to the heart of being human*, New York 2017, W. W. Norton & Company, pp. 59–65.

[30] M. Chaffin, *The Changing focus of child maltreatment research and prectice within psychology*, "Journal of Social Issues" 62 (2006), pp. 673–677; K. Steele, S. Boon, O. van der

The child's brain, which has had to undergo chronic changes into actual hypermetabolic survival models, has, as already mentioned, very little energy for further growth and maturation. So it is no wonder that an adolescent who, as a child, had structural deficits in aggression regulation, showed them even more clearly in the great transition period of adolescence.[31] Neurological lesions which occurred in the orbitofrontal cortex in childhood can manifest in adolescence as a syndrome very strongly reminiscent of psychopathy. Psychiatric diagnoses of sociopathology appear for the first time during this period; these are serious problems that lead far back to childhood, when the prefrontal cortex was damaged. This prevents the adolescent from ever developing appropriate cognitive, behavioural and emotional models that would allow him to more easily regulate very demanding affects, especially aggression[32], which makes him extremely vulnerable, especially in the environment which he enters, and which requires from him increasingly responsible behavioural patterns. This individual, however, is not capable of this and often behaves cruelly to people around him, especially in times of general distress, such as during the pandemic, a time that can awaken terrifying fear and distress in him as well.

4. The development of personality disorders

If we take a closer look at the two most recognizable personality disorders at this point, we quickly realize that these two are characterized by significant affect dysregulation. We speak of borderline and antisocial personality disorder, personality structures that indicate extremely dysfunctional orbitofrontal and amygdala functioning, and thus deserve even more attention. The findings prove that there is dysregulated aggression in the very core of both disorders. Both also point to the fact that such a disorder can manifest over and over again

Hart, *Treating Trauma-Related Dissociation: A Practical, Integrative Approach,* New York 2016, W. W. Norton & Company, pp. 353–357.

[31] P. Frewen, R. Lanius, *Healing the traumatized self: Consciousness, neuroscience, and treatment*, New York 2015, W. W. Norton & Company, pp. 179–183; D. J. Siegel, *Mind: A journey to the heart of being human*, New York 2017, W. W. Norton & Company, pp. 73–75.

[32] L. J. Cozolino, *The neuroscience of psychotherapy: Healing the social brain*, New York 2017, W. W. Norton & Company, pp. 343–347; A. Schore, *Right Brain Psychotherapy*, New York 2019, W. W. Norton & Company, pp. 177–183; A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 149–157.

in different layers, as a result of a complex abusive environment that always results in an unhealthy, insecure attachment. Children who have experienced early physical and especially sexual abuse in an insecure environment have, according to EEG research, abnormalities in the frontal brain structure because stress inhibits the development of the prefrontal cortex and can impede full brain development.[33] A huge number of longitudinal studies[34] have already been conducted in this regard, proving that upsetting, unhealthy, insecure attachment and early relational trauma, in which abuse certainly predominates (as much as in 92 percent), are the main reasons for the diagnosis of borderline personality disorder. In addition, the symptomatology of post-traumatic stress disorder (PTSD) is very common in the borderline personality structure, making this individual even more vulnerable, especially in relation to aggression and brutal violent behaviour.

4.1. Severe affective instability

Here it is important to emphasize, once again, that just as individuals with borderline personality structure are extremely affectively unstable, emotionally labile and unable to regulate strong impulses of anger and rage, individuals with PTSD also show irritability and unpredictable outbursts of anger and rage, and aggression regulation deficiency.[35] In addition, both symptomatologies, borderline as well as PTSD, manifest large deficiency in affect regulation, particularly

[33] A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 63–64.

[34] J. N. Briere, C. Scott, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)*, Los Angeles, CA, 2015, Sage Publications, pp. 215–216; V. Carter, M. R. Myers, *Exploring the risk of substantiated physical neglect related to poverty and parental characteristics: A national sample*, "Children and Youth Services Review" 29 (2007), pp. 112–115; M. Chaffin, *The Changing focus of child maltreatment research and prectice within psychology*, "Journal of Social Issues" 62 (2006), pp. 664–667; J. A. Cohen, A. PP. Mannarino, E. Deblinger, *Treating trauma and traumatic grief in children and adolescents*, New York 2006, Guilford Press, pp. 67–71; T. H. Diseth, *Dissociation in children and adolescents as reaction to trauma – An overview of conceptual issues and neurobiological factors*, "Nordic Journal of Psychiatry" 59 (2005), pp. 87–91; P. Fonagy, G. Gergely, E. L. Juirist, M. Target, *Affect Regulation, Mentalization, and the development of the self*, New York 2007, Other Press, pp. 12–127; A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 64–65.

[35] P. Ogden, J. Fisher, *Sensoriomotor psychotherapy: Interventions for trauma and attachment,* New York 2015, W. W. Norton & Company, pp. 96–98; G. L. Schmelzer, *Journey through trauma:*

aggression; over and over again, they also demonstrate an exceptional frequency of dissociations.[36] The similarity is of paramount importance because it points to the fact how deeply relational trauma, marked by abuse, especially sexual, can penetrate the personality structure of borderline personality disorder. Trauma imprints an indelible memory on a young, fresh brain; even though it is so deeply repressed into the unconscious, it will, often in the most intimate relationships, always spring up and manifest again in all its breadth and depth.

The borderline and antisocial personality structures have intrigued professional circles in the past, and until research has also focused on biological psycho-organic components, it has been impossible to fully respond to this, often very severe, pathology. It has long been well known that persons with borderline as well as antisocial psychological structure are permeated with dissociations when under stress, unable to regulate difficult and painful feelings, and experience major interpersonal conflicts and difficulty controlling impulses. Recently, as already mentioned, there is more and more research finding that the origin of personality disorders should be sought in early relational traumas and very severe, chronic abuse, which quite organically mark these persons for life, and that these disorders are an extremely strong combination of psychological and biological elements. The latter are the result of a psychosocial environment which is very dysfunctional in cases of borderline structure. In short, we do not have an unambiguous answer to the question of why these two personality types are so extremely dysfunctional when it comes to the issue of aggression regulation.[37] We therefore speak of a very complex picture of disorders but there is no doubt that in a situation of distress and stress, such person can be very strongly activated and, as a result, symptoms break out in a variety of impulsive dysregulated behaviours.

At the same time, we can say with certainty that children who later develop borderline disorder manifest blatant forms of reactive aggression, an extremely

A trail guide to the 5-phase cycle of healing repeated trauma, New York 2018, Avery Publishing Group, pp. 227–229.

[36] J. N. Briere, C. Scott, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)*, Los Angeles, CA, 2015, Sage Publications, pp. 231–235 L. J. Cozolino, *The neuroscience of psychotherapy: Healing the social brain*, New York 2017, W. W. Norton & Company, pp. 287–291; A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 88–91.

[37] A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 91–95.

low frustration threshold and an inability to control impulses very early on, and consequently often become involved in conflicts ending in physical violence. In the case of subsequent antisocial disorder, however, the antisocial person expresses pre-programmed abuse and violence very early on, while the borderline person shows affective impulsive violence.[38] Although borderline as well as antisocial personalities experience early neglect or abuse by their parents (both parental neglect and abuse are at the forefront of the borderline personality, but abuse predominates), the abuse-hyperarousal combination is more characteristic of the borderline structure, while the neglect-hyperarousal combination is typical of antisocial structure.[39] Both, as has been said, can manifest themselves in a variety of forms during times of general agony and external pressures.

In the development of the borderline personality structure, it can be observed that in critical first developmental years of a child's life, when the connection between corticolimbic and limbic-hypothalamic parts of the brain develops, cells in the hypothalamic sympathetic ventromedial nucleus break down and die, leading to borderline structure and predisposition of affective-reactive rage. In antisocial personality disorder, however, we speak of a characteristic breakdown of the parasympathetic lateral hypothalamus, which leads to antisocial personality organization and a predisposition for premeditated proactive rage.[40] Since both structures involve the decomposition and even death of cells, the whole picture is all the more complex and tragic. In the borderline personality structure, cells in the developing right gyrus die (that is the part of the brain responsible for recognizing an aggressive face), and in the antisocial structure, indifference to a frightened face can be observed because cell death occurs in neurons which are part of the right ventromedial cortex, responsible for recognizing a frightened face.[41]

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[38] J. N. Briere, C. Scott, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)*, Los Angeles, CA, 2015, Sage Publications, pp. 239–239; L. J. Cozolino, *The neuroscience of psychotherapy: Healing the social brain*, New York 2017, W. W. Norton & Company, pp. 325–329.

[39] A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 111–113.

[40] J. N. Briere, C. Scott, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)*, Los Angeles, CA, 2015, Sage Publications, pp. 237–239; A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 115–117.

[41] J. N. Briere, C. Scott, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)*, Los Angeles, CA, 2015, Sage Publications, pp. 239–243; A. Schore,

4.2. Deficiency in processing

Deficiency in processing, i.e., recognition of aggressive faces, can be observed in impulsively aggressive personality disorders caused by a non-functional orbitomedial prefrontal portion of the brain structure. Facial expressions that reveal anger and sometimes contempt and are potential safety signals that predict impending physical or psychological danger are not recognized by the borderline personality until the situation becomes extremely dangerous, which can often be too late. But when they do react, when they get emotionally aroused, it is always evident in their appearance, which can change drastically. On the other hand, children who are prone to antisocial structure and show the characteristics of proactive rage show almost no changes in the functioning of the autonomic system, and almost no changes can be observed in their appearance.[42] Furthermore, these children may respond quite appropriately to an enraged face, but they are unable to respond to a frightened or sad face, which can certainly have very traumatic consequences, especially in relationships with others. Antisocial persons can hardly recognize that someone around them may be scared or sad, in short, it is very difficult for them to empathize with another person.[43] An adult with an antisocial personality structure is also unable to recognize frightened vocal responses or facial expression for disgust, while a person with a borderline personality structure is unable to recognize shame.

We can conclude that the inability of a borderline or antisocial person to mobilize the autonomic nervous system (as a response to aggression or fear) should be sought in the already described dynamics of response to relational trauma experienced by these two personalities in early development. However, it is very interesting that abused children, i.e. children prone to borderline structure, will show a high level of negative emotions, while neglected children will show very low affective levels and at the same time low levels of cortisol, which can often

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The Development of the Unconscious Mind, New York 2019, W. W. Norton & Company, pp. 118–121; D. J. Siegel, *Mind: A journey to the heart of being human*, New York 2017, W. W. Norton & Company, pp. 237–239.

[42] A. Schore, *The Development of the Unconscious Mind*, New York 2019, W. W. Norton & Company, pp. 104–110.

[43] J. N. Briere, C. Scott, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)*, Los Angeles, CA, 2015, Sage Publications, pp. 247–249; G. L. Schmelzer, *Journey through trauma: A trail guide to the 5-phase cycle of healing repeated trauma*, New York 2018, Avery Publishing Group, pp. 269–271; D. J. Siegel, *Mind: A journey to the heart of being human*, New York 2017, W. W. Norton & Company, pp. 241–245.

be seen in antisocial personality disorders. Childhood neglect may therefore be associated with low levels of arousal; something similar can be observed in children who may later develop fearless aggressive behaviour.[44] In any case, both physically and sexually abused as well as neglected children can have very great difficulties in regulating aggression.

However, the question remains as to why only some of the abused children become aggressive and violent in adulthood. The answer can be found in the fact that abused and neglected children, who later become aggressive and often violent criminals, have a very deficient, i.e. dysfunctional right hemisphere, which repeatedly drives them to violence and abuse. Deficiency includes poor recognition of fear, decreased levels of pain perception, distorted emotion processing, and inability to withdraw when necessary. In abused individuals who do not become aggressive and violent despite abuse, relatively good functioning of the right hemisphere can be observed, allowing them to recognize fear, helping them process emotions, allowing them to correctly experience pain and functionally withdraw when necessary. From this we can conclude that proper functioning of the right hemisphere enables even abused individuals not to become violent and abusive.[45]

5. Conclusion

Despite all modern research, the human brain still remains a mystery. This is especially true in the area of thinking, i.e. what can prevent an abused person from developing criminal, violent behaviour, thinking and feeling. It should be noted that most abused children do not become violent. It often happens that abused children become even very functional and extremely successful, especially in social areas, to which people close to them can contribute a lot.

[44] L. J. Cozolino, *The neuroscience of psychotherapy: Healing the social brain*, New York 2017, W. W. Norton & Company, pp. 330–335; G. L. Schmelzer, *Journey through trauma: A trail guide to the 5-phase cycle of healing repeated trauma*, New York 2018, Avery Publishing Group, pp. 330–335; K. Steele, S. Boon, O. van der Hart, *Treating Trauma-Related Dissociation: A Practical, Integrative Approach,* New York 2016, W. W. Norton & Company, pp. 335–337.

[45] J. N. Briere, C. Scott, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)*, Los Angeles, CA, 2015, Sage Publications, pp. 257–259; K. Steele, S. Boon, O. van der Hart, *Treating Trauma-Related Dissociation: A Practical, Integrative Approach,* New York 2016, W. W. Norton & Company, pp. 341–345.

If they have not experienced relational trauma but were traumatized outside the home, then surely parents are the first to make a huge contribution to their healthy development. However, they can also be supported by grandparents, compassionate relatives and especially understanding teachers, priests, and other educators. Children who have been abused but have not had the good fortune to be surrounded by compassionate persons and understanding parents, can nevertheless mature in many ways later on with loving and compassionate others.[46] This is especially true if, in addition to emotional, they have spiritual support, which is accompanied by prayer and a sacramental life, also during adolescence, as they need it very much when growing up, even if on the outside, they often show the very opposite or even explicitly resist it.[47]

It is very good news, then, that someone who is attentive enough to a child, who is able to give him enough empathy and love despite the critical conditions in which the child lives, can help this child a lot in overcoming difficult situations and enable him to realize his potentials and live a full life.[48] Of course, this is also great news for all types of social assistance, but especially for psychotherapy, and all healthy types of spiritual assistance, because in this way many aspects of the development deficiency can be cured. Thus, if an adolescent meets a person who accepts and understands him emotionally and mentally and helps him find ways to change hostile, aggressive forces of development into a more functional way of life or to change the path from sociopathy to healthy development, his prognosis for later functioning will improve. So we have two basic problems that psychotherapy and, closely related to it, spirituality, have always been looking for a solution to, namely, heal the roots from which an antisocial personality structure can develop, that is not able to emotionally attach to others, or how to prevent or break relationships that lead to a borderline personality structure that repeatedly pathologically relates to extremely inappropriate and immature others and can express their distress in stressful situations such as a pandemic in an aggressive, violent way.

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[46] I. Avsenik Nabergoj, *Children Without Childhood: The Emotionality of Orphaned Children and Images of Their Rescuers in Selected Works of English and Canadian Literature*, "Acta Neophilologica" 50 (2017), pp. 96–97.

[47] M. J. Osredkar, *Sacrifice in Relationship,* "Bogoslovni vestnik" 76 (2016), pp. 268–269; M. J. Osredkar, *Forgiveness as the Summation of the Gospel Ethics of God,* "Bogoslovni vestnik" 78 (2018), pp. 318–320.

[48] D. J. Siegel, *The developing mind: How relationships and the brain interact to shape who we are,* New York 2015, Guilford Press, pp. 321–327.

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