Childhood and the role of Biosocial Inheritance

A qualitative exploration of perceptions of, barriers to, and transitions towards health among citizens in a Dutch village

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Introduction and background

Human health results from an inextricable interaction from childhood onwards between social factors such as historical context and power relations, and biological mechanisms, such as HPA-axis stress regulation and immune function, leading to an embodied Biosocial Inheritance (BI)\(^1\) with intergenerational effects, as can be noted in Adverse Childhood Experiences (ACEs).\(^2\) A biosocial approach of health problematises ideas on independence and depoliticisation of health practices and implicitly questions supremacy of adult interests over infant needs. Cultural narratives and ideologies (e.g. individualism, market fundamentalism) influence levels of toxic stress and thus health and wellbeing.\(^3\)

Factors with a bio(psycho)social character and impact on health perceptions and links to childhood and breastfeeding

<table>
<thead>
<tr>
<th>Sense of Coherence</th>
<th>Salutogenesis</th>
<th>Liminality</th>
<th>Authoritative Knowledge</th>
<th>Positive Health</th>
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<tbody>
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<td>To experience life as comprehensible, manageable and meaningful</td>
<td>An approach looking for causes of health, proactively &amp; prospectively (pathogenesis looks for causes of illness and disease, reactively &amp; retrospectively)(^4) (BF: microbiome, attachment, sociomotional development)</td>
<td>An ambivalent transitional period with specific privileges towards a new social status, often accompanied by transformative learning and reflection on vital goals and critical interests(^5) (BF: perinatal stage, parental self-reflection, new competencies)</td>
<td>A form of knowledge not necessarily true, but with more authority than other forms as it better explains the world or comes from parties with more power (usually both), sidestepping other forms,(^6) and sometimes challenged by Uncomfortable Knowledge that disrupts the status quo and often cannot be ignored without cost or risk(^7) (BF: integrating embodied knowledge)</td>
<td>A view on health as the ability to adapt and to self-manage, in the face of social, physical and emotional challenges, focusing on client/patient perspective instead of protocol or rules (BF: oxycodon, sense of belonging, multi-faceted process)</td>
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Discussion of interview and participant observation results

When asked about views on health, people tend to give holistic answers, in which case for the mindbody, quality of life, and being loved and trusted play crucial roles. Humans, as innately, intimately social beings, actively try to connect with others and build positive, contextualised relationships that support health & wellbeing through HPA-axis coregulation. Social competence both facilitates and is facilitated by this. Secure childhoods and nurturing environments seem to increase chances of resiliently handling life’s challenges; many respondents address the importance of (receiving and providing) loving parenting in relation to adult health & wellbeing. Troubled childhoods, e.g. impacted by ACEs causing toxic stress,\(^8\) and by AS that is characterised by unmet child needs, cast long shadows through the BI.\(^9\)\(^10\)\(^11\) This can spark and guide personal desire (and professional necessity)\(^12\) for a ‘change of course’ in practices. Biosocial aspects show that health and wellbeing cannot simply be depoliticised as individual responsibility, but are the result of socially constructed processes, strongly impacted by power relations.\(^1\),\(^3\),\(^4\),\(^6\),\(^7\),\(^8\),\(^12\)

References


Conclusion

Health perceptions are inextricably connected to biopsychosocial influences from social environments and interpersonal relations. People need one another and when basic biopsychosocial needs are not met, especially in infancy and childhood, health and wellbeing are negatively affected through creation of an allostatic load due to toxic stress and disruption of the Sense of Coherence.