What About The Children?

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Summary of Goodman Lecture 2011

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Causes and Consequences of Emotional Neglect in the Early Years & Practical Solutions

Dr Sunderland began her morning lecture with some statistics of public expenditure in the UK. While £3 billion is spent each year on healthcare for children, and another £3 billion on children's services these amounts are completely dwarfed by the £22 billion spent on criminal justice and the £105 billion, in total, on mental health problems. As many of those who come through the courts have mental health difficulties, and as half of these are likely to have been present at the age of fourteen, it can be argued that any increase support for children and families would save much more than it cost. Furthermore, advances in neurology during only the last fifteen years have provided concrete scientific evidence of how children thrive.

Some of the most important of these findings can be summed up in the statement that "relationships – either good or bad – change the brains of developing children as well as their minds". Babies come into the world neurologically 'unfinished' and how they interact and develop relationships with people in their first months and years can dramatically affect their neuronal wiring, for better or worse.

One brain region that is particularly badly affected by poor emotional interactions is the frontal lobe, which controls higher thought processes including empathy, reflection and problem-solving. The development of frontal lobe pathways can be partially bypassed in babies who do not become securely attached, hindering the child's emotional development. Many cases have been reported in the literature, most dramatically, perhaps, in studies of children abandoned in orphanages. One famous case involved a girl who was left in a room for twelve years. When she was rescued she was unable to speak; she was given speech therapy but only learned to say words, not sentences. Not all situations are as dramatic: a 2002 study of childhood neglect by Bruce Perry included an example of a neglected three-year-old child whose mother had suffered from severe post-natal depression and who functioned emotionally at the level of a six-month-old baby.

The frontal lobe does remain plastic, and much damage can be repaired, but earlier interventions – certainly by the age of three or four, and preferably in toddler-hood – will be likely to have the best results. The work in Romania of Fraser Brown from Leeds Metropolitan University has demonstrated some of the most dramatic effects of intervention in the lives of seriously neglected children. He has described introducing intensive, child-led play therapy to children aged up to ten who had, until then, spent their lives in orphanages,

chained to cots. All the children dramatically improved in sociability and understanding during the therapy, and many were subsequently adopted.

The corpus callosum, located deeper in the brain than the frontal lobe, is one of the brain regions key to the development of emotional and social intelligence, and it, too, can be damaged by neglect. In securely attached children the capacity to regulate their emotions under stress begins to appear at about the age of three. In neglected children, however, the corpus callosum is constantly influenced by stress hormones and can remain smaller. Similar effects can occur later in a child's life if he or she is bullied. In serious cases, neurological changes to both the frontal lobe and the corpus callosum brought on by stress and neglect can cause misdiagnosis of, for example, attention deficit hyperactivity disorder or Asperger's syndrome. A neglected eleven-year-old, responding to emotion in the same way as a toddler would, is very likely to be diagnosed in such a way.

Childhood neglect influences adult psychology through hormonal as well as neuronal mechanisms. The brain is flooded with chemicals that control neuronal functioning and thus emotional response. Put simply, the developing brain will respond more to the hormones to which it is most often exposed. In a secure, happy infant or child the "reward hormone", dopamine, and the "cuddle hormones", opioids and oxytocin will be more often present than stress hormones such as cortisol. For an insecurely attached child the situation is reversed. Although everyone has the capacity to respond to positive hormones, infrequently-used pathways can be "switched off" and, in severe cases, chronic emotional states can become personality traits.

Psychotherapist Camila Batmanghelidjh, founder of Kids Company, has described the effect that dysfunctional hormonal systems can have on a child's education. The brains of children who have experienced severe neglect are constantly on a state of alert for "fight, flight or freeze". Almost any interaction with a teacher will be experienced as a threat and the child's brain will release cortisol which temporarily shuts down the frontal lobe, essentially preventing the calm evaluation and processing of information that is necessary for learning. Hormones can even affect the expression of genes. About half of us have a genetic variant that makes us more vulnerable to depression, but this is generally triggered through stress and, again, stress in infancy is most significant.

Research also suggests that the effects of neglect and abuse carry down through the generations, as children – girls in particular – who undergo stress in infancy are later likely to find parenting anxious and difficult. Experiments have shown that female monkeys that experience poor mothering are unable to mother their own infants. This has some implications for supporting human parenting.

There are many reasons for sub-optimal parental care. Parents who lack either information or good role models may provide care that is poor enough to be termed neglect, even though this is completely unintentional, and parents in very stressful situations may be temporarily unable to empathize with their children in so-called "blocked care".

Dr Sunderland cited one example of a nursery, graded "inadequate" by OFSTED, where one-year-olds spent the whole day in high-chairs without any stimulation. She then discussed the importance of play in developing children's brains; interactive play (but not one-way interaction such as watching TV alone) stimulates the dopamine-driven circuits of the frontal lobe and thus drive, will, interest and curiosity. Securely attached pre-school children will usually play well together, while insecure children of the same age are more likely to bully or be bullied.

Children are affected by their parents' emotional states. When a child is experiencing "blocked care" from a parent in crisis, that parent is less able to respond to the child emotionally. Parents often benefit from therapy to work through this state, which may result from a former, unresolved crisis as much as a current acute one. This problem is likely to be most acute where there are few extended family or close community members around to temporarily take care of children and provide social support. Sunderland ended her lecture with moving quotes from children about the effect that their parents' problems or distress had on them: "you were deaf when you were drunk" said one six-year-old daughter of a recovering alcoholic.

Practical solutions

Sunderland's afternoon lecture focused on practical solutions to child neglect. She began by saying that many parts of the brain remain "plastic" throughout childhood and even adolescence and can be re modelled. This was illustrated with an example of a boy who made a full recovery from a lobotomy at the age of twelve as his brain was "re-modelled." She noted that "had he had the same operation at 21 he may well have become a zombie." The more that troubled children develop the hormonal systems that promote calm and pro-social behaviour stimulated, the more they will recover.

This example and those in the lecture underlined the crucial importance of supporting parents in difficulty. Such support is most helpful to target parents who are unable to care for their children because of a crisis and those who lack knowledge and good role models. Parents whose own childhoods were difficult may not know how to play with their children, and children who are not played with can develop the symptoms of ADHD. Ironically, Ritalin™, the main drug treatment for ADHD, dampens down the impulse to play, so while it provides short-term help it is a "blunt instrument". Taking time to listen to and play with a difficult child may take longer but is much more effective in the long term. Filial therapy, which teaches parents and carers the techniques of specialist play therapists, may be helpful.

Many parents feel that there is a conflict between attachment and discipline. John Bowlby's theory of attachment states that babies need at least one main figure that they can use as both a "secure base" to explore the world and a "safe haven" in distress. Inexperienced parents may react to their toddlers' expressed needs for attachment as naughtiness, particularly if they were insecure children themselves, and they may unintentionally reject their children. Corporal punishment and even shouting at children may have long-term consequences, particularly if it is frequent.

Parents who are experiencing a short-term crisis may need different types of help. One in ten women experience post-natal depression and they may need help to interact with their infants. The positive effects of face-to-face contact between mother (or father) and infant are at their strongest between two and six months of life. Babies are acutely sensitive to the moods of their care-givers and a still, sad face of a mother or father will cause a stress response. Mothers in this situation often respond well to counselling, and video interaction guidance (VIG) can be used to give parents confidence that they can interact well with their children. Occasionally, however, it may be necessary to help a child to relate to an additional attachment figure.

Close relationships slightly later on in childhood, even at school age, may still be able to transform an insecurely attached child into a secure one. Primary school can be thought of as a second chance for neglected children. An insecure child will need to build a relationship preferably with one empathetic teacher if he or she is to develop emotionally. Sunderland

suggested that child development, incorporating attachment theory, relational play, positive discipline and empathetic listening, should be a compulsory part of teacher training courses.

Sunderland ended the second lecture by describing several interventions that have been proven to help build close relationships between care-givers and children and thus aid the development of those children into confident, empathetic adults. These included nurture groups; the Thrive approach to supporting vulnerable children with challenging behaviour; and Roots of Empathy, a programme in which a class of schoolchildren “adopt” a baby for a year, watch it grow and try to understand how it thinks and feels. There are therefore ways in which children and their care-givers – principally, but not only, parents – can be supported in the crucial early years both to prevent emotional neglect and, if it does occur, to minimize the damage to the child’s development. These may not be cheap, but investment in childhood is not only right but, in the long term, a cost-effective use of resources.