

How Listening Changes the Growing Brain:
*From Labels, Medications and Quick Fix Solutions
to Listening, Growth, and Lifelong Resilience*

Claudia M. Gold, MD
Pediatrician
Austen Riggs Center
Faculty, William James College,
U Mass Boston Infant-Parent Mental Health Program

Objectives

- View children’s behavior as a form of communication
- Show how listening to that communication supports healthy emotional development
- Demonstrate that psychiatric labels, behavior “management” and medication, in the absence of space and time for listening, may silence communication and interfere in healthy development



“Does my toddler have bipolar disorder?”

- General and Behavioral pediatrics
- Behavior management/medication
- Berkshire Psychoanalytic Institute
- D.W.Winnicott, Peter Fonagy
- Infant Mental Health

Paradigms of Mental Health

- DSM
- NIMH
- Infant Mental Health

Diagnostic and Statistical Manual of Mental Disorders (DSM)

- What, not why
- Not relational or developmental
- List of “symptoms”
- Symptom management

National Institute of Mental Health

- No funding for research based on DSM diagnoses
- Research Domain Criteria Matrix (RDoC)
- “Focus on biology, genetics and neuroscience so that scientists can define disorders by their causes”
Thomas Insel, former director of NIMH

- Both miss relational, historical, and developmental context of being human
- Knowledge of the biology is at this point extremely limited

Infant Mental Health/Developmental Science of Early Childhood

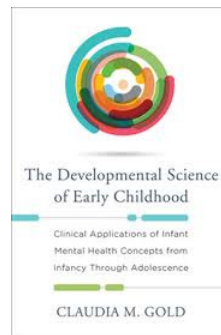
- Integrates current research at the interface of developmental psychology, neuroscience and genetics in to a model of prevention, early intervention, and treatment

Infant(-Parent) Mental Health

- Relational
- Developmental
- Multidisciplinary
- Reflective

Infant Mental Health Paradigm

- First and foremost, it is **relational**. Humans, including their genes and brains, develop in the context of caregiving relationships. Rather than identifying a problem as residing exclusively in a child, an infant mental health paradigm calls for exploration of the relational context of the problem.
- Second, it is **developmental**. Whether a person is three months, thirteen or even thirty years, the path to effective treatment lies in a textured understanding of development.
- Third, it is **multidisciplinary**. Experts in infant mental health offer different perspectives. They come from many fields, including, among many others, developmental psychology, neuroscience, pediatrics, nursing, and occupational therapy. It encompasses research, clinical work and public policy, looking at mental health within the context of culture and society.
- And last, it is **reflective**, founded in exploration of the meaning of behavior, rather than treating the behavior itself. The ability to attribute motivations and intentions to behavior is uniquely human; a capacity that is closely linked not only with mental health, but also with our evolutionary success.



Evidence



Longitudinal Attachment Research

- Emotional regulation
- Cognitive resourcefulness
- Social competence
- Overall mental health

Holding a Child in Mind

- Secure attachment promotes emotional regulation, cognitive resourcefulness, social competence, resilience
- Reflective functioning as central component of secure attachment
- Hold parent in mind with aim of supporting efforts to hold child in mind

Holding a Child in Mind

- Curiosity
- Empathy
- Containment
- Self-regulation

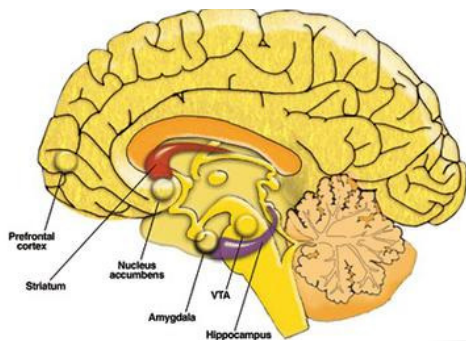
“Simply” Listening

- Connectedness regulates our physiology and protects against the harmful effects of stress.
- Darwin...identifies the highly intricate system of facial muscles, and similarly complex systems of muscles modulating tone and rhythm, or prosody, of voice that exist only in humans.
- These biologically based capacities indicate that emotional engagement is central to our evolutionary success.

How listening changes the brain

- Neuroplasticity
- Epigenetics

Neuroplasticity



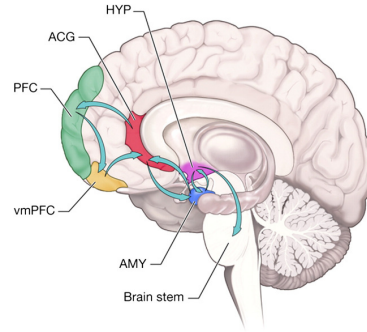
Epigenetics

- Epigenetics, which literally means above the gene, refers to changes in DNA structure that alter gene expression, and hence individual characteristics, but do not involve changes to the sequence of DNA.
- Behavioral epigenetics specifically refers to the way environment, or life experience, influences gene expression and subsequent behavior and development.

Kevin and Amy



Inside Kevin's Brain

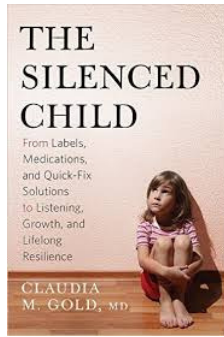


How Labels and Medication Preclude Listening

- Diagnostic labeling precludes curiosity
- Widespread use of psychiatric medication changes mental health care landscape
- Devalues listening
- Shortage of quality mental health care
- Clinicians overwhelmed

The Rush to Label and Medicate

- Pharmaceutical Industry
- Health Insurance Industry
- Education system



Listening in practice

- Listening to Babies
- Listening as Prevention
- Time and Space for Listening

Listening to Babies

- Need for support for new parents and infants
- Perinatal emotional complications
- Problems of sleep, feeding, crying are problems in relationships
- Culture of postpartum care
- Paid parental leave

Listening as Prevention

- ACES Study
- Later mental health problems often have origins in early childhood

Time and Space for Listening

- Time to feel safe
- When threat subsides, listening can happen
- Physical space

Ways of Listening

- Listening to the Body: Paths to Healing
- Listening for Loss: Time and Space for Mourning
- Listening with Courage: The Value of Uncertainty

Kayla and Jessica



Listening for Loss: Time and Space for Mourning

- Meditative process
- Unprocessed grief in the way
- “When her cries are heard she will hear the baby’s cries”
Selma Fraiberg, Ghosts in the Nursery

Listening with Courage: The Value of Uncertainty

- When a child struggles, parents may be under great pressure to name the problem. But it takes time for a story to unfold.
- The need to have a diagnosis so as to get “services” may lead us prematurely to name something as an illness before a child has a chance, together with her parents, to work out her own way of handling the struggle.

Max



Between “Reassurance” and “Disorder”

- It is important not to fall into the trap that if it is not a “disorder,” it is “normal” and therefore families don’t need help. In work with children and families, disease versus normal is an inaccurate and potentially dangerous dichotomy.
- When families overcome the natural resistance to addressing an emotional problem in a child, there is no doubt that the family is suffering and needs help. When we listen to their story, we discover the form(s) that help can take. We need to be able to do this without diagnosing the child with a psychiatric disorder.
- “Adjustment reaction”

For parents

Courage and Caution

- By **courage** I mean trusting that they know their child best. Even when a child is given a diagnosis it is important to recognize the complexity and uncertainty underlying the causes of emotional distress that are not reflected in the current DSM system used to name disorders.
- By **caution** I mean not simply embracing these diagnoses as the whole story, but rather taking time to explore options and come to a full understanding of the situation.

When medication is prescribed

- Alternative ways of supporting self-regulation should always be explored and implemented even if psychopharmacology is the main treatment being offered.
- These interventions can be tailored to the child's particular temperament and sensory profile.
- Some examples include meditation, parent-child martial arts, drumming and other forms of music, swimming or any other activities that a child finds calming and regulating.
- For parents, finding ways to feel calm in your own body can be a critical aspect of supporting a child who is struggling with behavioral and emotional regulation.

Holding Environment

- Having courage in the face of a child's distress is not easy. Parents may feel tempted to relinquish their natural authority in the face of "expert" opinion.
- An approach of courage and caution calls for a kind of holding environment of support for parents as they go through the process. Trusted friends and/or family members may offer this kind of support. Therapy for individual parents and/or a couple may be useful.

About "Blame"

- This approach of supporting parents does not mean that a child's behavior is the parents' "fault." Rather it acknowledges the stress of caring for a child who is struggling, and the need for parents themselves to be cared for and understood in order to be most available to help their child.

Guilt, Blame, and Responsibility

- A hefty dose of guilt, and with that a tendency to feel blamed, naturally comes with the role of parent. A label for the child may ease that guilt. But when parents resist diagnostic labels, they may be described as being in denial. This negative language sets up relationships of antagonism.
- Framed in a more positive, empowering light, a feeling of guilt may translate to a sense of responsibility. "I'm guilty" can also mean "I'm responsible." Being listened to without judgment moves parents from helplessness to responsible action.

Resilience

- The good-enough "mother" (not necessarily the infant's own mother) is one who makes active adaptation to the infant's needs, an active adaptation that gradually lessens according to the infant's growing ability to . . . tolerate the results of frustration . . . *If all goes well* the infant can actually come to gain from the experience of frustration.

D.W.Winnicott *Playing and Reality*

Thank you

