

THE NEGLECT OF NEGLECT, PART I

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The development of trauma theory is one of the most significant advances in the field of psychiatry of the Twentieth Century. It provides a framework for understanding how environmental stressors cause what we call mental illness. It validates the power of terror on the mind and on the body. But trauma theory as we describe it today, fails to take into account some of the most significant environmental influences on mental health. Childhood neglect does not meet the criteria of trauma as described in the DSM-IV. But childhood neglect very often causes even more insidious psychological problems than overt physical and sexual abuse. For a child, neglect produces experiences of “little deaths” – losses of things like innocence, positive beliefs, the possibility of a happy childhood, missed opportunities, broken dreams, the love of a parent. Nonetheless, these losses are real, haunting and the source of a grief that is frequently overwhelming and sometimes even paralyzing.

Being beaten or raped give a person some tangible hold on what has happened to them, active events that have overwhelmed their capacity to cope with the unendurable emotions that accompany childhood physical and sexual abuse. For vast numbers of other children and complicating the lives of abused children, another more insidious problem impedes their capacity to live healthy and fulfilling lives. These are the twin specters of emotional maltreatment and neglect.

Emotional maltreatment, or psychological abuse has been defined in terms of eight types of caretaker behaviors aimed at a child: rejecting; degrading or humiliating; terrorizing; isolating; corrupting; exploiting; denying essential stimulation and emotional responsiveness; and unreliable and inconsistent parenting. The effects of psychological abuse can be profound, effecting a child’s basic perceptions about the self, others, the environment and the future (Garbarino et al., 1986). Emotionally abused children often fail to perceive themselves as valuable or able to be valued by others. They do not see themselves as competent or capable of success. For these children, other people are not expected to be responsive to them or their needs, nor do they perceive the world as being beneficent or even neutral, but instead innately hostile. They become fearful of interacting with their environment, of taking

risks in order to learn and experiment with new ideas, and often have a compromised ability to solve problems. The development of empathic and accurate responses to other people and to their own emotional states is often compromised and therefore their ability to respond positively to others and to maintain relationships may be seriously jeopardized (Navarre, 1987).

Some forms of emotional maltreatment are an intrinsic part of sexual and/or physical abuse and relatively little research has been done thus far that teases out the separate components of abuse. We have very little epidemiological data about the frequency of emotional maltreatment in any population. However, over the last thirty years of studying child abuse, many researchers have looked at emotional maltreatment as the “core component of child abuse” (Navarre, 1987).

But neglect is actually considered the most common form of child maltreatment in the United States, accounting for 57% of actual cases in the 1996 Study of the National Incidence and Prevalence of Child Abuse and Neglect (NCCAN, 1996). In that study, the estimated incidence for child neglect was 13.1 per 1,000 children while physical abuse was 5.7 per 1,000 and sexual abuse was 3.2 per 1,000. Alarming, the rate of child neglect in the United States is rising more quickly than that of abuse. Between 1986 and 1993, abuse increased by 45% while neglect increased by nearly 100% (Garbarino and Collins, 1999). Nonetheless, of 489 articles in the first five volumes of the journal *Child Abuse and Neglect*, only 25 pertained specifically to neglect. (Zuravin, 1999) and of 5,848 entries for child abuse in a popular psychology index, there were only 559 entries for child neglect (Garbarino and Collins, 1999). Often, neglect is lumped together with child abuse, compounding the problems of attempting to understand the differential impact of different forms of caretaker behavior. As a result, it has become commonplace in the field of child protection studies to refer to the “neglect of neglect”.

This neglect of neglect extends beyond the field of child abuse research and into the actual administration of child protective services. Currently it is estimated that only 40%-60% of substantiated maltreatment cases receive any subsequent services after the case has been determined to truly constitute a violation of abuse statutes. But the cases of physical and sexual abuse are the ones that are most likely to be prioritized for services since the harm to these children is observable and unambiguous. Neglect cases are likely to be put at the bottom of the priority list unless there is extreme, usually physical, neglect (English, 1998).

Child neglect has been defined as a “condition in which a caretaker responsible for the child, either deliberately or by extraordinary inattentiveness, permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person’s physical, intellectual and emotional capacities” (Polansky, Hally and

Polansky, 1975). This is but one of several attempted definitions of this complex subject, but they all have in common the concept of “failure”, acts of omission that distinguish neglect from the acts of commission that characterize abuse.

Several subtypes of neglect have been delineated including: *physical neglect*: failure to protect from harm or danger and provide the child’s basic physical needs including adequate shelter, food, or clothing; *emotional neglect*: failure to be psychologically unavailable to the child, including failing to respond to cries and pleas for warmth and comfort; *medical neglect and mental health neglect*: failure to provide prescribed medical or mental health treatment; *educational neglect*: failure to comply with state requirements for school attendance – includes parents’ lack of cooperation or involvement in their children’s schooling or the parental resistance to follow through with special programs or interventions recommended by the school (Erickson & Egeland, 1996).

Similar to the more “active” forms of childhood physical and sexual abuse, the physical neglect of children has received much more attention than the other forms of neglect, largely because it is frequently much easier to identify. Family members, neighbors, and community members are perhaps more likely to report a child that is starving, unclothed or untended to child protective services than children who are being empathically deprived by their caretakers. But emotional neglect in its most extreme form, can also impact a child’s physical welfare if it results in a “failure to thrive syndrome” involving a failure to grow or even survive, despite adequate nourishment, work first systematically studied by René Spitz in the landmark study of “hospitalism” demonstrating the impact on infants of a disrupted mother-child attachment relationship (Spitz, 1945).

The long-term consequences of neglect on children have received some attention, although few studies as yet extend that longitudinal understanding into adulthood. So far, researchers have found that neglected children have learning and academic problems, tending to be inattentive and uninvolved in learning. As a result, they are likely to perform poorly on standardized intelligence and achievement tests. These children often have severe language delays or disorders. They tend to demonstrate difficulties with maintaining positive self-esteem, and are often socially isolated (Erickson and Egeland, 1996). Neglected children tend to expect neglect in relationships and do not expect to get what they need from others. They expect to fail and often give up even trying to succeed. They do not develop the conceptual skills necessary to understand the complex messages that are given in the classroom, they have no idea how to conduct healthy and sustaining relationships with others, they cannot conceptualize their ideas into language very well and therefore often have poor communication skills with others and since they never know when

their needs will be gratified, they tend to lack the capacity to delay whatever gratification is available to them (Crosson-Tower, 1999). A recent study of disturbed adolescents indicated that children who were emotionally neglected were more likely than even those who were physically neglected to manifest suicidal and self-mutilative behavior (Lipschutz et al, 1999).

The causes of emotional maltreatment, emotional deprivation and neglect have been and still are being investigated, but as can be expected from such a wide-ranging topic, the answers to the question of causality will be multidimensional and dynamic. Of all subtypes of maltreatment, physical neglect is most associated with poverty. Children living at or below the established poverty line are forty times more likely to be harmed by physical neglect than children living at or above median income levels (NCCAN, 1996).

But poverty alone cannot account for the maltreatment of children. Lynch and Cicchetti (1998), both developmental psychologists, have proposed a more thoroughgoing “ecological transactional analysis” of child maltreatment that conceptualizes potential disruptions in four levels of interaction effecting the child: the *macrosystem* that includes cultural beliefs and values that permeate societal and family function; the *exosystem* consisting of neighborhood and community settings in which families and children live; the *microsystems* that includes the family environment that adults and children create and experience; and the *ontogenic development* that includes the individual child and his or her own developmental adaptation. According to their model, every level of this complex system contains risk factors that are potentiating AND risk factors that are compensatory. A public health approach to child maltreatment therefore, will maximize the compensatory factors and minimize those factors that potentiate the problems for children, their families, and the community. As one noted expert has pointed out, “Neglect is not simply or absolutely a matter of negligent parents. It also is inescapably a judgment about communities” (Garbarino & Collins, 1999).

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THE NEGLECT OF NEGLECT

PART II

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EMAIL FROM AMERICA. *PSYCHOTHERAPY REVIEW* 2(6):257-259, JUNE 2000

Although neglect is the most common form of child abuse, it has received far less attention than the other forms of child abuse – physical abuse and sexual abuse. In last month’s column I reviewed what happens to neglected children. This month I want to reflect upon what we know about neglectful parents and families and then touch on what we are learning about adults neglected as children.

Neglectful mothers see themselves as socially unsupported, lonely and isolated, even compared to non-neglectful mothers living in the same neighborhoods with the same socio-economic conditions. Their children likewise tend to become isolated and stigmatized along with their mothers (Polansky et al, 1985). They are more negative in interactions with their children and have fewer positive interactions, rarely engaging their children in play or conversation. At the same time, they demand little from their children and use avoidance strategies in dealing with them. They fail to stimulate their children socially or verbally (Garbarino & Collins,1999). Neglectful parents simply do not know how to parent their children. Almost forty years ago, Young (1964) described neglectful parents as wearing “blindness imposed by their own unsatisfied needs . . . Children themselves, they reacted as children to the demands and obligations of parenthood and of adult life. They had little wish to hurt their children but most of them had small capacity to help them (p. 23, 31)”. These parents did not plan their own lives and the lives of their children tended to drift in an undirected way and when actions were taken they tended to be driven by impulse.

The Minnesota Mother-Child Project was an important longitudinal, prospective study designed to study the development of a sample of high-risk children conducted by Egeland & Erickson (1987). They took 267 children born to first-time mothers who were identified as high-risk for parenting problems due to poverty, youth, low education or lack of support. They divided the group into four kinds of maltreatment: physical abuse, verbal abuse, neglect, and psychological unavailability. The mothers in the neglect group were

irresponsible or incompetent in managing day-to-day child-care activities. They did little to protect their children from danger and had difficulty attending to their children's basic needs. The mothers in the psychologically unavailable group were detached and unresponsive to their children's bid for care and attention and when they did interact with their children, they did so in a perfunctory and mechanical manner, taking no joy in their relationships with their children. They could provide for their children's basic physical needs but were poor at providing any comfort for their children when they were in distress.

Looking more closely at these neglectful mothers, what is clearly evident is an intergenerational cycle of abuse. Among mothers who were abused or neglected when they were children, 40% maltreated their children in the early years of their children's lives and another 30% provided only borderline normal care. Among neglected mothers in particular, seven out of nine maltreated their own children in the first two years of life and the maltreatment was usually neglect (Erickson & Egeland, 1996). Neglectful mothers are more likely to state that their own mothers were less warm and caring than non-neglectful mothers and are more likely to state that they had a less positive relationship with their mothers – and still do (Coohey, 1995). These negligent mothers were more likely to have been separated from a parent during childhood and to have experienced their own parents as being unavailable for affection. They had often experienced psychological, physical and sexual violence at the hands of their family and had been placed in foster care more frequently than non-neglectful mothers. They also experience far more stress in their role as parents and have been exposed to a level of stress more extreme than in the general population. Neglectful mothers do not enjoy their role as a parent and are more depressed than non-neglectful mothers (Éthier, Lacharité & Couture, 1995).

What makes the difference between mothers who were maltreated as children and do abuse or neglect their children and those mothers who were also maltreated and do not abuse their children? Three major factors appear to help explain who was able to break the cycle and who did not. Formerly maltreated mothers who also had a loving, supportive adult in their lives during their childhood seemed to gain from this relationship a different view of themselves and others, the possibility for doing things differently. If a formerly maltreated mother had a supportive partner in her life when she became a parent, she was less likely to maltreat her own children. And mothers who had been maltreated managed to become more effective parents if they received therapeutic intervention that enabled them to come to some resolution of their earlier issues and achieve greater emotional maturity (Erickson & Egeland, 1996).

What do we know about neglected children affects adult behavior? Neglected children come to expect neglect from relationships so that they shut down and

stop seeking contact, even though they suffer from overwhelming loneliness. They expect not to get what they need from others and often they stop even trying to solicit care and warmth from others, preferring nonhuman animal contact or interaction at a distance. Having failed to receive their parents' encouragement and support for learning, problem-resolution and accomplishment, they expect not to be effective and successful in tasks and so they often do not succeed. Below the surface, however, they have powerful dependency needs that can be overwhelming. The affective arousal and anxiety that accompanies these unmet needs makes it difficult to concentrate or to remain task-oriented (Crossen-Tower, 1999).

In a study looking at abuse and neglect experiences in a college sample, the strongest relationship in the analyses of the study was between retrospective reports of parental emotional neglect and self-reported social isolation and loneliness. This was found to be consistent with the finding that neglected children tend to be less socially competent than their peers and more socially isolated than either their abused or nonmaltreated peers. Most research on neglect has focused on mothers, but one study also looked at the differential impact of paternal neglect. Higher levels of paternal emotional neglect predicted higher levels of loneliness, and neglect combined with physical abuse was shown to significantly lower self-esteem, in the sons. Maternal maltreatment of boys did not have the same extensive effect as did paternal abuse and neglect. For women, maltreatment from either parent had negative results (Loos & Alexander, 1997).

Most of the research performed thus far on neglect has been done on children already designated as neglected by child protective services. For a report to be filed, investigated and found to be accurate, the omissions of care must be severe. It is physical neglect that is most obvious to people in a position to make such a report, and most reports are against impoverished families. What often goes unrecognized is emotional neglect among families from higher socioeconomic classes and frequently the only thing that brings it to our attention is when an adult patient shows up in a therapist's office asking for help or when someone in our own personal sphere shows the signs of having been neglected as a child.

Since most of the patients that we treat on our inpatient unit have been abused as children, the rate of associated neglect of all kinds is extremely high. Most of them do not come from situations of extreme poverty and yet they give clear examples of emotional, physical and sexual abuse as well as emotional neglect and even physical neglect. They describe how difficult it is to grieve the loss of the family you never had, illustrating how difficult it is to work through losses that are due to omission rather than commission (Bloom, in press). But perhaps even more surprising is what happened when I began talking to my friends and colleagues about the issue of neglect.

Rachel is a woman I know who saw me reading a book about neglected children and picking it up, remarked "I was neglected as a kid. You could say I was raised by wolves". She had not been physically or sexually abused as a child, but her mother was part of the avant garde set in New York and had left her children to fend for themselves under the guise that this would promote their liberation. In reality, it simply left Rachel feeling unwanted, uncared for, and unloved, although she became an unusually competent child at an early age. Her unsolicited comments on the subject were striking to me and consistent with what we know thus far about the impact of neglect on adults who were neglected as children. She talked about always being afraid that something bad was going to happen and afraid of people. She told me that she had not recognized the neglect as a child but only as an adult when she saw the care that other people had received as children that she had not. Most importantly, perhaps, she revealed that, "I am unable to view life as a gift, but instead experience it as a burden I didn't ask for".

I talked to another professional colleague, Gail, about this issue of neglect. And she described to me her lifelong feeling of invisibility as a result of being emotionally neglected, of feeling like other people were simply more "real" in a peculiar way than she is. Now in her 60's, by all accounts very successful in her professional life, she tells me that she has had difficulty in establishing intimate relationships and lives with fear about being close to others, haunted by a loneliness that seems to come with the territory of emotional neglect. Benjamin, neglected as a child by two parents who were busy with their own careers, has lived as an adult struggling against an omnipresent anxiety that he has tried to treat with both alcohol and drugs. He has difficulty being able to turn to other people for comfort or support and is haunted by a pervasive loneliness, while always feeling more comfortable and safer alone. Despite his difficulties, he has had a successful professional career, but wonders now what he could have done if his self-esteem had not been so negatively impacted by his failure to get his father's attention or approval. Lillian describes how difficult it has been for her to organize tasks, focus attention and maintain concentration, even though she too is extremely intelligent, successful, and competent. She attributes this to never learning how to accomplish these tasks as a kid. Her parents never helped her with her homework, tended never to plan but to act on impulse themselves, and expected her to accomplish complex tasks without ever showing her how to do things or guiding her work. Neither mother nor father was emotionally available to her as a child and she had to learn to fend for herself, turning largely to animals for comfort. As an adult looking back, she recognizes that as a result of the emotional neglect she experienced, everything has been harder for her. Although she has accomplished a great deal, she wonders what her life would now be like if she hadn't had to take the long way around. She too describes how difficult it has

been to feel safe with other people, to learn how to put her feelings into a language form and be able to share them safely with others.

In truth, as a society we have serious difficulty in really confronting the issue of child abuse and neglect because to do so means we have to confront the endemic nature of child maltreatment. Here in the U.S., we know that home visitation programs are effective in preventing child abuse and therefore preventing many of the long-term effects of child maltreatment. These programs are relatively low-cost and involve using closely supervised paraprofessionals as intervention agents with high-risk families to provide support and assistance to parents with skill development training as well as community liaison services over an extended period of time (Holden and Nabors, 1999). There have even been fifteen-year follow-up studies showing marked differences between the families that receive this support and similar families that do not (Olds et al, 1997). Nonetheless, given their efficacy and effectiveness, these programs have not proliferated at the rate expected (Leventhal, 1996). To really take on the issue of child maltreatment means breaking through the social denial that we are all awash in, not just the most damaged among us. It means looking at the priorities in a socioeconomic system that encourages profit over people and fails to support parenting, families, and children.

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