# Empathic sensitivity: humanity's foothold

## About the necessity of sensitive parenting and ethically responsible healthcare policies

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Addendum to the feedback on the Dutch draft guideline 'Healthy sleep and sleep problems', issued by the Nederlands Centrum Jeugdgezondheid (NCJ)

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*(Het onderstaande is een Nederlandstalige samenvatting van de Engelstalige tekst die op pagina 6 begint. This is a summary in Dutch of the English paper that starts on page 6.)*

# Empathische sensitiviteit: pijler onder de mensheid

## Over de noodzaak van sensitief ouderschap en ethisch verantwoord beleid in de gezondheidszorg

*Het is eenvoudiger sterke kinderen te vormen dan volwassenen te repareren.*
(Frederick Douglass, Amerikaans voorvechter van afschaffing van de slavernij, 1855)

*Zoals we met het kind omgaan, zal het kind met de wereld omgaan. (…)*
*Als we willen dat kinderen anderen niet meer tiranniseren,*
*moeten we stoppen kinderen te tiranniseren.*
(Pam Leo, perinataal opleider in haar artikel 'Onderwijzen door liefde in plaats van angst)[1]

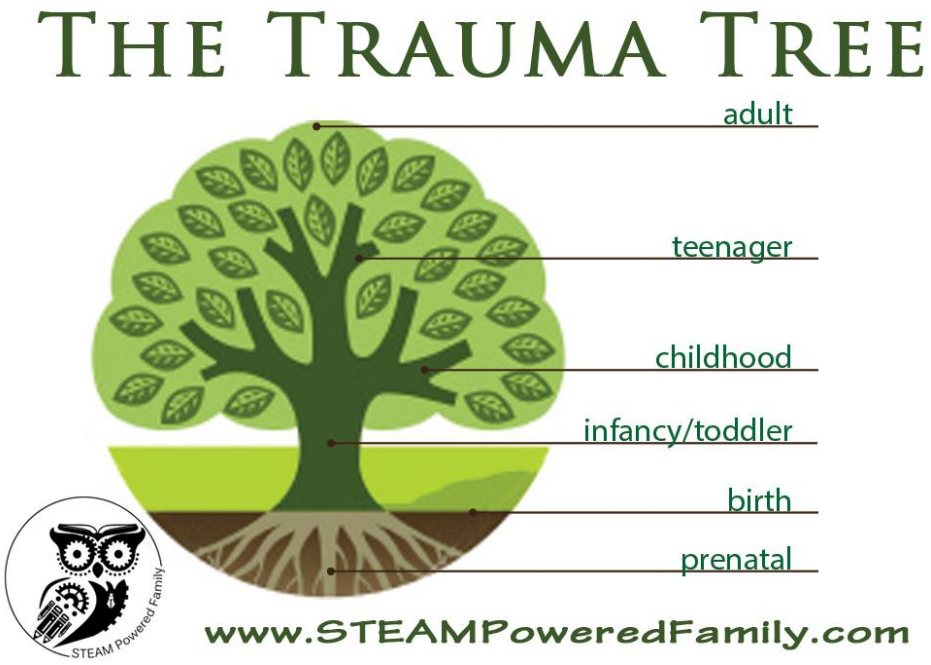
### Inleiding

Het ouderschap aanvaarden is geen kleinigheid; het is een gebeurtenis die een transitie betekent in het leven van een volwassene. Geboren worden is evenmin een kleinigheid; het is een gebeurtenis die een transitie betekent in het leven van een klein menselijk wezen, dat tot dan toe groeide in de beschermende omgeving van moeders baarmoeder. Vanaf de geboorte moet de baby passende, toereikende vervanging zoeken voor de baarmoeder en de placenta. Moeder Natuur heeft daar opmerkelijk goed voor gezorgd: in moeders armen, aan moeders borst en later in blijvend nauw contact met de moeder, haar partner en belangrijke andere hechtingsfiguren ontvangt een jong kind de warmte, bescherming, immunologische ondersteuning, koestering, voeding, mogelijkheden voor ontwikkeling van het bewegingsapparaat en bescherming waarin voor de geboorte door de baarmoeder werd voorzien. Dat is wat iedere baby nodig heeft en verwacht, passend bij haar biologische blauwdruk.

In het vroege ouderschap worstelen veel ouders met de intense vraag van hun kind om zorg en aandacht. Verstandelijk op de hoogte zijn van de afhankelijkheid van een baby is iets heel anders dan dag in, dag uit, lichamelijk en emotioneel moeten bieden wat een baby nodig heeft. Hoe kunnen ouders leren over die babybehoeften en over het grote belang van de vormende eerste levensjaren? Hoe kunnen zorgverleners kinderen en ouders ondersteunen in hun gezamenlijke zoektocht naar een wederzijds bevredigende en wederkerige relatie, zowel nu als in de toekomst? Hoe spelen in dit alles machtsrelaties een rol? Dit paper zal deze vragen behandelen.

[1] Zie http://www.connectionparenting.com/parenting_articles/teaching.html (30 januari 2016).

De wereld wordt steeds complexer als gevolg van een groeiende wereldbevolking, globalisering en technologische vooruitgang. Deze ontwikkelingen brengen vragen met zich mee over klimaatverandering, vluchtelingenimmigratie en ecologische duurzaamheid. Dit houdt in dat de mensheid alle empathie nodig heeft die maar beschikbaar is. Die kan alleen worden gerealiseerd wanneer kinderen een sociale omgeving ervaren die via een empathische en sensitieve benadering optimale ontwikkeling van hun veelzijdige potentieel mogelijk maakt. Op deze manier kunnen ze opgroeien tot verantwoordelijke volwassenen en liefhebbende ouders. Bescherming tegen 'toxische stress' kan voorkomen dat er een transgenerationele lijn ontstaat, waarin telkens opnieuw lichamelijk, emotioneel en psychologisch trauma weerklinken (Shonkoff et al. 2012).[2]




Zie het artikel in voetnoot [2] voor meer uitleg: schade aan de wortels heeft invloed op de gezondheid van alle delen van de boom.

Dit paper gaat uitgebreid in op de vragen aangaande de behoeften van baby's, wat ouders nodig hebben om daarin te voorzien en wat de taak en de ethische verantwoordelijkheid zijn van de wetenschap en de gezondheidszorg. Het is een reactie op de concept-richtlijn betreffende gezonde slaap en slaapproblemen in Nederland.[3] Dit paper stelt de behoeften van het kind centraal en vergelijkt de concept-richtlijn met de biologische norm, teneinde ethisch beleid te stimuleren. Hierbij is beschikbaar wetenschappelijk bewijs in ogenschouw genomen, waarvan een deel is opgenomen in de referenties.

[2] Zie http://www.steampoweredfamily.com/brains/the-impact-of-childhood-trauma/ (5 februari 2016).
[3] Zie https://www.ncj.nl/richtlijnen/jgzrichtlijnenwebsite/details-richtlijn/?richtlijn=31 (31 januari 2016).

## De biologische norm

Kinderen zijn sterk en levenskrachtig. Tegelijkertijd zijn ze kwetsbaar in hun afhankelijkheid van volwassenen. Volwassenen hebben daarom kennis nodig over de kinderlijke behoeften en over hoe ze die op sensitieve wijze kunnen vervullen. Zorgverleners kunnen in dat ouderlijk leerproces een belangrijke rol spelen, aangezien veel jonge ouders vertrouwen op de kennis en adviezen van de zorgverleners die ze als professionals beschouwen. Deze zijn immers inherent gebonden aan de Eed van Hippocrates, die vereist dat werkers in het medische veld in ieder geval geen schade berokkenen: *primum non nocere*. Het vertrouwen dat ouders in hun zorgverleners stellen, geeft macht aan 'de witte jas'. Deze soms autoritair uitgeoefende machtspositie is voor veel ouders overweldigend en dit behoeft serieuze aandacht. Regelmatig blijkt namelijk dat de invloed van zorgverleners schadelijk is als hun eigen kennis niet up-to-date is of als het cliëntbelang niet voorop staat.

In de loop der jaren is op het terrein van de vroegkinderlijke ontwikkeling en het belang van responsiviteit en sensitiviteit in die levensfase veel academische expertise verworven via de wetenschappelijke infrastructuur die door de samenleving met gemeenschappelijke middelen mogelijk wordt gemaakt en maatschappelijk welzijn als drijvende kracht heeft. Dit roept de dringende sociaal-politieke vraag op waarom een groot deel van het wetenschappelijk onderzoek op het gebied van ouderschap, opvoeding en jeugdgezondheidszorg stelselmatig wordt genegeerd bij de ontwikkeling van richtlijnen die bij toepassing in de jeugdgezondheidszorg de toekomstige wereldburgers raken. Met name literatuur die laat zien dat de behavioristische aanpak van straffen en belonen contraproductief is, ondervindt veel weerstand. Gaat het om het verdedigen van volwassen belangen? Speelt commerciële winst een rol? Wordt gevreesd voor verlies van (institutioneel) prestige? Onvoorwaardelijk ouderschap lijkt als een ernstige bedreiging te worden ervaren. Ook de kans dat dit onderzoek wordt genegeerd omdat het een debat zou kunnen doen ontvlammen dat op overtuigende wijze de gevestigde machtsrelaties ter discussie stelt, moet niet worden uitgesloten.

## Conclusie

Aangezien de fundamenten voor een stabiele volwassen persoonlijkheid en constructief burgerschap in de kindertijd worden gelegd, is het aanmoedigen van ouders tot insensitiviteit zoals die in de concept-richtlijn naar voren komt, een kwestie van schade berokkenen.

Het is een onethische manier van het beoefenen van gezondheidszorg en een overtreding van de Eed van Hippocrates. Wanneer de beschikbare wetenschappelijke inzichten in aanmerking worden genomen, zoals opgenomen in de literatuurreferenties, kan worden gesteld dat nationale richtlijnen die werken vanuit een paradigma waarin baby's en kinderen worden gezien als ondergeschikten die moeten worden getraind tot gehoorzaamheid met behulp van verwaarlozende, behavioristische methodes, als geïnstitutionaliseerde kindermishandeling moeten worden aangemerkt. Bij zulke richtlijnen dient van publicatie en implementatie te worden afgezien. Nederland voert een achterhoedegevecht als de aanpak om huilende kinderen te negeren, onderdeel blijft van beleid dat pretendeert gezonde slaap te stimuleren. Dit achterhaalde idee is door de internationale academische gemeenschap reeds lang verlaten en Nederland doet er verstandig aan in haar voetstappen te treden.

De praktijk vraagt echter ook om concreet beleid en verantwoorde aanpassing van de concept-richtlijn overeenkomstig de meest recente wetenschappelijk inzichten is dan ook een ambitieus project. Een richtlijn mag op ethische gronden evenwel niet aanzetten tot verstoring van de verbondenheid tussen ouders en kinderen en het vertrouwen van kinderen in hun ouders als betrouwbare verzorgers. Vertrouwen en verbondenheid moeten intact blijven of worden hersteld wanneer ze zijn verstoord, omdat ze de voorwaarden vormen voor een samenleving waarin rechtvaardigheid en aandacht voor de medemens leidende principes zijn. Om deze kenmerken te waarborgen, is het herschrijven van de richtlijn de ambitie zeker waard. Zo kunnen zorgverleners, die ouders willen ondersteunen in krachtig ouderschap, een betrouwbare partner zijn voor gezinnen die met hun kind een weg zoeken door het dagelijks leven. Het Nederlands Centrum Jeugdgezondheid (NCJ) geeft op de eigen website aan te willen 'vernieuwen, verbinden [en] versterken' en 'in het belang van kind, jongere, ouders en opvoeders' ernaar te streven 'mensen met elkaar in gesprek' te brengen.[4] De informatie uit dit paper kan daarvoor een constructief aanknopingspunt zijn, waarvoor de genoemde literatuur de wetenschappelijke onderbouwing aandraagt.

De bekrachtiging van ouders in hun streven naar sensitief ouderschap en wederkerige gezinsrelaties en het faciliteren hiervan binnen de gezondheidszorg, vormen een eervolle uitdaging voor gezondheidswerkers en beleidsmakers en een taak die alleen kan worden volbracht wanneer zij in staat zijn over hun eigen schaduwen heen te springen.

[4] Zie https://www.ncj.nl/ncj/profiel-ncj (4 februari 2016).

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*It's easier to build strong children than to repair broken men.*
(Frederick Douglass, American abolitionist, 1855)

*However we treat the child, the child will treat the world. (…)*
*If we want kids to stop bullying, we have to stop bullying kids.*
(Pam Leo, parent/childbirth educator in her article Teaching Through Love Instead of Fear)[5]

### Introduction

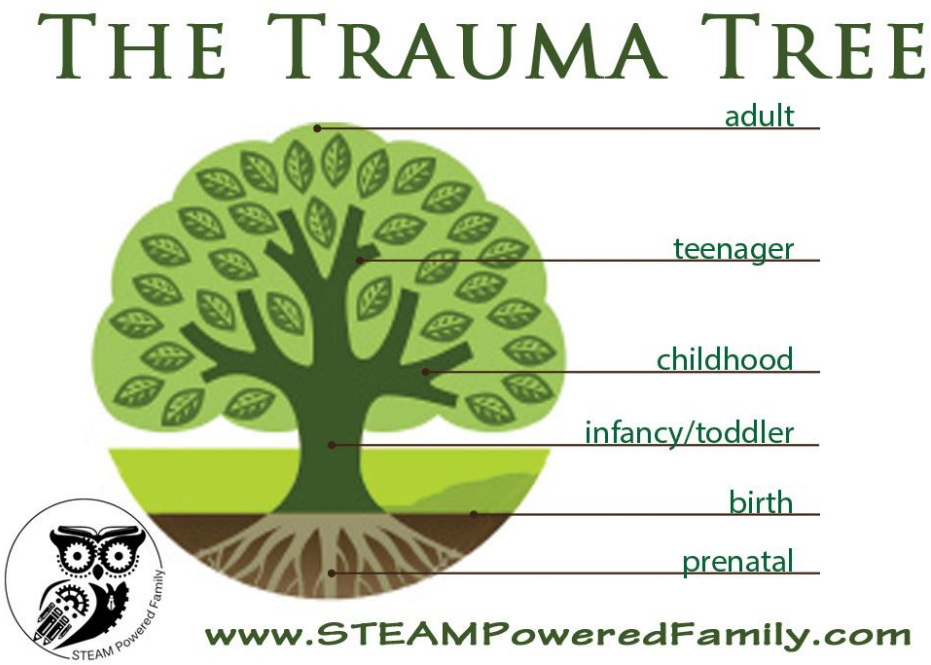
Becoming a parent is not a small thing; it is a transitional event in an adult life. Being born is not a small thing either; it is a transitional event in the life of a little human being, until then growing in its mother's protective womb. From birth on, the baby will have to find adequate substitutes for the womb and the placenta. Mother Nature has taken care of that remarkably well: in her mother's arms on her mother's breast and later in lasting close contact with mother, mother's partner and important other attachment figures, an infant receives the warmth, protection, immunological support, nurturing, nutrition, kinaesthetic development opportunities and security that were prenatally provided by the womb. This is what every baby needs and expects, according to her biological blueprint.

In early parenthood, many parents struggle with their baby's intense demand for care and attention. Cognitively knowing about baby's dependency is altogether different from having to provide physically and emotionally what a baby needs, day in, day out. How can parents learn about their baby's needs and the importance of the formative first years? How can healthcare providers assist children and parents in their quest for a mutually satisfying and reciprocal relationship now and in the future? How do power relations play a role? This paper will address these questions.

The world is becoming more and more complex due to the increasing world population, globalisation processes and technological progress, entailing issues such as climate change, refugee immigration and ecological sustainability. This complexity means that humanity needs all the empathy it can muster. This can only be realised if children find a social

[5] See http://www.connectionparenting.com/parenting_articles/teaching.html (30th January 2016).

environment that, through an empathic and sensitive approach, allows for optimal development of their multifaceted potential. This way, they can grow into responsible adults and loving parents. Protection against 'toxic stress' will help prevent creating a transgenerational line, that keeps echoing physical, emotional and psychological trauma (Shonkoff et al. 2012).[6]




See the article in footnote [2] for more explanation: harm at the roots influences the health of all parts of the tree.

This paper will deal with questions regarding infant needs, what parents need to fulfil those needs and what science's and healthcare's task and ethical responsibilities are. It is a response to the draft guideline on healthy sleep and sleep problems in the Netherlands.[7] This paper puts infant needs at the heart of the issue and compares the draft guideline to the biological norm, in order to stimulate ethical policies. Available scientific evidence was taken into consideration, of which a part can be found in the literature references.

## The biological norm

Children are strong and full of life. They are also vulnerable in their dependence on adults. Therefore, adults need to gain knowledge about infant needs and then to learn how to best meet them in a sensitive way. Healthcare providers can play an important role in that parental learning process, seeing that many young parents have faith in the knowledge and advice

[6] See http://www.steampoweredfamily.com/brains/the-impact-of-childhood-trauma/ (5th February 2016).
[7] See https://www.ncj.nl/richtlijnen/jgzrichtlijnenwebsite/details-richtlijn/?richtlijn=31 (31st January 2016).

from healthcare providers they consider professionals. After all, these workers are inherently bound to the Hippocratic oath that requires that medical experts at least do no harm: *primum non nocere*. The faith parents put in their healthcare providers, gives power to the 'white coat'. For many parents, this power position, sometimes exercised in an authoritarian way, is overwhelming and this needs serious attention, since health workers' influence can be detrimental if their own knowledge is not up-to-date or the client's interest is not leading.

Over the years, much academic expertise has been acquired in the field of early child development and the importance of responsivity and sensitivity during that phase of life. This knowledge has been gained through society's scientific infrastructure made possible by communal resources and with societal wellbeing as the driving force. This begs the urgent socio-political question why a large part of scientific research on parenting, child-rearing and youth healthcare is systematically being ignored in the development of guidelines that, with implementation in youth healthcare, will affect the future world citizens. Especially the body of literature that shows how the behaviouristic method of punishment and reward is counterproductive, meets with a lot of resistance. Does this involve the protection of adult interests? Do commercial profits play a role? Is there a fear of loss of (institutional) prestige? Unconditional parenting seems to be experienced as a serious threat. In addition, the possibility that the disregard is caused by the fact that this specific body of research might ignite a debate that convincingly questions established power relations is not to be overlooked.

## Parenting and physiology

In her inaugural speech at the Radboud University, a speech called *What the baby needs*, psychobiologist De Weerth says: 'Investing in the baby is investing in society as a whole' (De Weerth 2015). This is her reason for putting the baby at the centre and she discusses 'how cultural, personal, and political decisions may stand in the way of fulfilling the baby's needs' (ibid.). This is an important point of departure, acknowledging that it is not the baby's needs, but adult interests that can make sensitive parenting difficult. Becoming a parent and suddenly realising that this tiny human depends on your care and proximity is quite a discovery. It is definitely not always easy, especially not when parents lack information, competencies or support to be the parent their child needs them to be. All of this can be aggravated by parental trauma that may be experienced consciously or unconsciously. Can parents provide

unconditional parenting? Do they truly understand the child's needs and its craving for their loving presence?

As with everything, there is a continuum from parents for whom all of this goes without saying on the one end and parents who have ended up with a child in dire social circumstances on the other. Most parents will fall somewhere in the middle, but even for them it may be a daunting task to find a path through the jungle of information on child development. Society does not lavishly hand out materials that emphasize the child's physical, emotional, psychological and immunological need for responsive care and physical proximity. Infants need the touching of their bodies and their own touching of their mothers' bodies, because the skin is the largest organ and connects the outer with the inner world in a very direct neurological way. This is an important aspect of homeostasis, not just during the day, but during the night as well and 'disturbances in sleep are directly connected with longing for the parents' (Montagu 1986: 196). Anthropologist Montagu continues to say:

> Such findings strongly suggest that early interferences with the normal mothering process, not only after the infant has made strong identifications with the mother, but even before, may seriously affect the individual's ability to fall asleep or remain asleep. And that, in early infancy especially, the mother's holding (…) play[s] a significant role in the development of later sleep patterns that may persist throughout life' (ibid.: 197).

Montagu also speaks about the need for 'exterogestation', the continued close connection with the mother's body after birth, because human babies arrive in the world in a very immature state (ibid.: 54). McKenna refers to Montagu when he says:

> Montagu explains the dependence through our puny brain. At birth, that brain has only 25% of the adult volume. This explains why we are unable to cling to our mother. Compared to (…) other mammalian species, we are all born prematurely. (…) From a biological standpoint, human infants are neither designed nor able to be separated from their mothers (McKenna 2011: 43; translation MVK).

The essence of skin contact is also clearly demonstrated in the research around kangaroo care for babies that are born prematurely:

> 'The mother's body helps the baby's body to find a physically healthy balance or stability. Your baby's bodily functions become stable. This sets healthy set points for her heart rate, blood pressure and oxygen saturation. When your baby is later stressed, she will be able to cope better when she has learned to create and maintain her own balance. In case of stress, she can more easily return to her original physical stability; she will then be able to "self-regulate" (Bergman 2015: 130; translation MVK).[8]

This self-regulation is of course important, but takes time and cannot be hurried. The infant's need for intense physical contact and its night waking are normal: '[W]aking during infancy is biologically normal. Infants have a biological predisposition to want to be close to their mothers and for frequent suckling' (Brown and Harries 2015: 246). The authors go on to explain that this fact should be given more publicity and should not be a reason for parents to sleep train their infant, as this can harm the baby (ibid.: 250). Also, parents who are told that their baby's night waking is a problem, may feel inadequate in their parenting, which can result in a sense of 'failure', depression or low self-esteem in the parents (ibid.: 249). Who will advocate for baby's rights, if the parents are made to feel incapable of doing so?

Expectations about babies' sleeping patterns have more to do with cultural ideas than with baby biology. Sleep is natural and does not need to be learned. It can be disturbed, though, especially when the baby lacks a sense of security. Baby's needs are often in conflict with what is expected of parents in their role as employees, family members, friends and even in their role as parents, as contradictory as the latter may seem. An argument often brought to the fore is that explaining in detail to parents what their baby needs and how it will harm their baby if these needs are not met, will cause feelings of guilt, because parents will probably not be able to achieve all that. This is a problematic approach; it is a paternalistic way of talking *to* parents, where they need to be talked *with*, in order to be able to come to informed decision making, an important aspect of parental autonomy. Decisions that are consciously taken, however, after careful gathering and digesting of up-to-date evi-

[8] See http://kiind.nl/article613/ (1st February 2016).

dence based information, will usually not cause feelings of guilt.[9] Providing parents with honest information that explains how baby's wellbeing in this phase will contribute to physical and mental health later in life, is a matter of expressing faith in their ability to come to decisions that will be beneficial for their child.

Gerontology professor Slaets has interesting things to say about healthcare and whose interests should weigh most heavily.[10] He poses urgent questions regarding ethical matters in healthcare. Who decides about whom and with which societal relevance?

## Symbolic power and ethics

Most social relations are imbued with power disparities. One can think of employers versus employees, doctors versus patients, teachers versus pupils, highly educated people versus those with mainly hands-on experience and of course: parents versus children. Power is a difficult concept. Anthropologist Eriksen, referring to the famous sociologist Weber, describes it as follows: '[It] is the ability to enforce one's own will on others' behaviour (…); that is, the ability to make someone do something they would otherwise not have done' (Eriksen 2010: 166). Psychotherapist Gerhardt, who focuses on the baby's needs in her book *Why Love Matters*, takes a broader societal approach in her book *The Selfish Society* (Gerhardt 2010). She describes diverse societal developments, such as working life being separated from child-rearing, a growing focus on material matters and increasing global economic competition. Power plays an important role in this:

> Those at the bottom of a power structure have to learn to submit to those who are more powerful; those at the top need to internalise the whole structure of dominance and submission (ibid.: 151).

Like in the draft guideline,[7] this approach can also be seen in the TripleP parenting program, discussed in a blog series in 2014.[11] In these and similar programs, the 'focus is entirely on obedience, and on enforcing desirable behaviour – not on empathising with the child's hunger and distress, or understanding the causes of his behaviour' (ibid.: 150). What happens

[9] See http://www.kleinekanjers.nl/emoties/schuldgevoel-of-verdriet-2/ (25th January 2016).
[10] See http://www.zorgteamtraining.nl/joris-slaets/ (26th January 2016).
[11] See http://borstvoedingscentrumpantarhei.blogspot.nl/2014/01/positief-opvoeden-drenthe-deel-1.html .

then is that 'we may continue to go round in circles, complaining about "behaviour" and producing behaviourist responses to it' (ibid.: 55). This is indeed what the draft guideline on sleeping problems promotes, for example when it suggests on page 55 that a child can be forced into 'desired behaviour' with a 'bedtime pass' and rewarded for it through a 'sticker system'. These are troubling paths to take, considering the large body of literature on the importance of unconditional parenting and the negative results of punishment and rewards and not 'working *with* [children] to solve problems', but to '[impose] these rules *on* them' (Kohn 1999: 33; author's italics). It requires uncritical submission on the part of the children, even though constructive citizenship requires a proactive, exploratory and critical attitude towards life's challenges. Dominators often fear they will lose grip over the dominated when doing things with them instead of to them. As social scientist Kohn says:

> [They assume] that children will run wild, if they are not controlled. However, the children for whom this is true typically turn out to be those accustomed to being controlled – those who are not trusted, given explanations, encouraged to think for themselves, helped to develop and internalize good values, and so on. Control breeds the need for more control, which then is used to justify the use of control (ibid.).

How long and to what extent can this control go on? Where does control change into abuse? Such desire for control over others constitutes a serious problem and raises several questions with regard to ethics, especially for (para)medical professionals, who, even if they did not sign it, are inherently bound to the Hippocratic oath that firstly and most prominently promotes the idea of *primum non nocere*: first do no harm. Here, the four main principles of biomedical ethics appear on stage: autonomy, nonmaleficence, beneficence and justice, all extensively discussed in *Principles of Biomedical Ethics* (Beauchamp and Childress 2009). The *primum non nocere*-adage embraces the principles of nonmaleficence and beneficence. Respect for autonomy is another important aspect of ethical healthcare policies. The way the draft guideline is worded, the child's needs are not the core issue and parental autonomy in satisfying those needs does not seem to have been taken as the starting point.

Some modesty on the part of healthcare workers might be appropriate, since during most of human history, there was no healthcare provider. Humans survived because they

were intensely social beings, using 'cooperative breeding (…) with alloparental assistance in both the care and provisioning of young' (Blaffer Hrdy 2009: 30). It was a matter of survival to keep babies close and take care of them together:

> The brains of animals with helpless young are wired to register signals of infants' needs. Their endocrine systems are calibrated to urge a rapid response, and their neuronal reward systems are designed to reinforce these nurturing behaviors. (…) In time, selection favoring nurturing responses can take on a life of its own. Once members of a given population have been selected to respond to infant cues by helping, caregivers need not be close relatives in order to respond (ibid.: 212).

How did healthcare providers and policy makers come to regard themselves as so important for child wellbeing? Why is it that the draft guideline states that healthcare providers implement certain interventions (for example on page 36)?[7] Considering the ethical principle of autonomy, it is not their place to do so. It is their job to provide evidence based information, in order for parents to make autonomous decisions concerning their child. Here, we probably stumble upon what sociologist Bourdieu calls 'symbolic violence', defined as a form of power not applying 'overt physical force', but 'transmuted into a symbolic form, and thereby endowed with a kind of *legitimacy* that it would not otherwise have' (Bourdieu 1991: 23, author's italics). Bourdieu explains how this form of power requires 'a kind of *active complicity* on the part of those subjected to it' (ibid.). It is 'gentle, invisible violence, unrecognized as such, chosen as much as undergone, that of trust, obligation, personal loyalty, hospitality, gifts, debts, piety' (ibid.: 24). In the draft guideline, this violence works on at least two levels. Parents may think that healthcare workers and policy-makers will have their best interest at heart and will follow their advice. Children know that they depend on their parents; they trust them and will comply with their parents' demand for obedience. This 'complicity' is one of the crucial aspects of symbolic violence: people 'fail to see that the hierarchy is, after all, an arbitrary social construction which serves the interests of some groups more than others' (ibid.: 23). Children cannot see this yet, parents are often not able to. Clearly, when 'people

suppose that symbolic violence is a purely "spiritual" violence which ultimately has no real effects', they fail to see its very tangible impact on daily life.[12]

In a chilling short film, social activist Naomi Klein illustrates the effect of shock in situations where people are vulnerable. For many parents, the birth of a child constitutes such a shock that causes vulnerability. The early postnatal period is characterised by high oxytocin levels, increasing trust and susceptibility to other people's opinions (Uvnäs Moberg 2013: 95). In *The Shock Doctrine*, Klein speaks about 'remaking people, shocking them into obedience'.[13] Whether purposely inflicted or unexpectedly experienced, shock will make a person 'far more open to suggestion, far likelier to comply than he was just before he experienced the shock' (1'44"). After a shock, people are 'more inclined to follow leaders who claim to protect [them] (2'20").

Life transitions and illnesses are often experienced as a shock and in combination with the symbolic violence of people in a more powerful position, the inclination to 'follow the leader' may be compelling. This is something that those in a position of power should be aware of, either in private life or in healthcare, as it can easily lead to unethical approaches that violate autonomy, nonmalificence, beneficence or justice, or worse, Article 3 of the Convention on the Rights of the Child, describing how the 'best interests of children must be the primary concern in making decisions that may affect them.'[14] In this vein, a special word of attention needs to be said about healthcare providers or policy makers who do not disclose their perceived or actual conflict of interest; personal projects should not interfere with providing the latest scientific insights. What is it that science should contribute to?

## Science's social assignment

True science, paid by state taxes (and not marketing sponsored by corporatist funds) has, as the word derived from the Latin word *scire* indicates, one main goal: to know, to gain knowledge and insight (Pinkster 2003: 966). This can be achieved by observation and experiment. For various reasons, much of human behaviour, however, cannot be tested with what is considered the 'gold standard' in research: the Randomized Controlled Trial. For example,

[12] See http://cges.umn.edu/docs/Bourdieu_and_Wacquant.Symbolic_Violence.pdf, p. 339 (12th January 2016).
[13] See for the short film *The Shock Doctrine*, made by Alfonso Cuaron and Naomi Klein: http://www.theguardian.com/books/video/2007/sep/07/naomiklein (12th January 2016).
[14] See http://www.unicef.org/crc/files/Rights_overview.pdf (4th February 2016).

one cannot randomly assign a mother-baby dyad to a breastfeeding or non-breastfeeding group and record the differences or separate babies from their parents and see what happens. This does not imply, though, that non-RCT's cannot be a reliable scientific resource. Long-term observation based on rigorous definition and careful comparison will result in valuable insights. This kind of (sometimes more qualitative) research has brought forward a wealth of knowledge that cannot be disregarded when developing healthcare guidelines, especially when aimed at youth healthcare. As psychoanalyst Bowlby said in 1984 on the topic of violence in the family:

> [Young children] show with unmistakable clarity how early in life certain characteristic patterns of social behaviour – some hopeful for the future, others ominous – become established. (…) Indeed the tendency to treat others in the same way that we ourselves have been treated is deep in human nature; and at no time is it more evident than in the earliest years (Bowlby 2008: 102).

Many scholars have confirmed the importance of the early years. Obstetrician and childbirth specialist Odent, in his book *Primal Health*, emphasises the value of the primal adaptive systems, because 'everything that happens during [the] period of dependence on the mother has an influence on our basic state of health – our "primal health" – and will have lifelong consequences' (Odent 2007: 1). He initiated an impressive research databank with scientific articles discussing the correlations between the primal period and later life.[15]

Others continued with these lines of research. Narvaez et al. speak about the Environment of Evolutionary Adaptedness and the Evolved Developmental Niche when they explain about the human baby's needs and the effect of not meeting those needs; as Narvaez states: 'Ignorance about babies is undermining society.'[16] In her work, Narvaez, a psychologist specialised in moral development, often expresses worries about the fact that 'psychology has often soft-pedaled the lasting neurobiological influences of early childhood experience' (Narvaez et al. 2013: 3). There is a real difference between resilience (returning unchanged to a previous position) and adaptation (a coping strategy for hardship); adaptation

[15] See http://primalhealthresearch.com/ (31st January 2016).
[16] See https://www.psychologytoday.com/blog/moral-landscapes/201312/ten-things-everyone-should-know-about-babies (December 2013).

may be very costly: 'Mammals, including young humans, adapt to emotionally deficient environments by relying on the more primitive survival modes of their brains, often becoming aggressive, depressive, and/or antisocial' (Narvaez et al. 2013: 15). Guidelines that encourage healthcare providers to urge parents to neglect their children's distress or state that head banging is not a problem that needs treatment, contribute to this worrying development.[7] Considering the fact that the Still Face Experiment, developed by developmental psychologist Edward Tronick and based on the work of Bowlby and Ainsworth, has already been available for over forty years, it is very disconcerting that advice like this still finds its way into policy documents.[17] Neglect is abuse and can impact brain and body just as much as physical violence:

> The evidence across animal, human psychological, neurobiological, and anthropological research is increasing and converging to demonstrate lifetime vulnerability of brain and body systems among those with poor early care. (…) This problem may be particularly true for emotional and moral functioning (ibid.: 4).

All of this was discussed during the development of the national guideline on excessive crying in 2008/2009 and the years after and it is incomprehensible and ethically unacceptable that hardly any progress seems to have been made, despite all the available evidence.[18]

The essence of science is, as mentioned, to gain knowledge and insight and to make progress in our understanding of the physical and natural world. The inescapable destiny of much research is that it becomes obsolete with new knowledge. The fact that the earth is a globe, was once considered inconceivable. The fact that Galileo Galilei defended the heliocentric model was once seen as heresy. He was right, though, and other ideas became obsolete. Likewise, the times that science thought that babies and children have undeveloped senses, that they experience no pain and do not remember at some level of their existence what was done to them, are over as well. New scientific results make the idea that there is no harm in neglecting babies' needs obsolete. Scientists who cannot stand that heat, might consider leaving the kitchen, because science will make itself obsolete if it does not serve the wellbeing of the society that keeps the academia alive.

[17] See https://www.youtube.com/watch?v=fxIN7_KcJys (31st January 2016).
[18] See for a parent-friendly version of the lactation consultant statement in reaction to the draft-guideline on excessive crying: https://www.borstvoeding.com/aanverwant/hechting/net-geboren.html (31st January 2016).

The burden of proof for the harmlessness of deviating from the biological, physiological norm should be on science; it should not be the other way around, for parents to prove the value of remaining true to the 'mammalian heritage' (Narvaez et al. 2013: 455). Parents who wish to attend to their baby's needs, ought to find a supportive partner in science and healthcare and society at large. As Pam Leo says: 'Let's raise children who won't have to recover from their childhood.'[19]

Minister Schippers announced that she wants to pay more attention to early recognition of depression in young women and adolescents.[20] It seems like a waste of time and money to do so, if in the earlier phase of life, government-funded policies promote behaviour that has been scientifically shown to be a secure method to increase the prevalence of those depressions. Much is known about the importance of sensitive parenting, which implies the need for sensitive healthcare, based on up-to-date knowledge regarding neurology, epigenetics and moral development and science cannot afford to neglect that: 'It is not too late, we must hope, to regain the solid ground from which concern for others and goodness flourishes' (ibid.: 425). This is important, as 'throughout history, major positive social changes have always been preceded by improvements in the ways that societies bring up their children' (Grille 2008: 101). In his book *Parenting for a Peaceful World*, psychotherapist Grille shows in great detail how child rearing practices influence society's overall character and how violent strategies often go unsanctioned: 'Too often, those in power that behave abusively can count on the public to provide direct support, tacit approval, or to present little opposition' (ibid.: 335). That should end; especially those in science should object to it actively and probably become more activistic on behalf of society's wellbeing.[21]

## Conclusion

Seeing that the foundations of a stable adult personality that constructively contributes to its community are laid in infancy, encouraging parents to be insensitive to their babies' needs, as is done in the draft guideline, falls squarely into the category of doing harm. It is therefore an unethical way of practicing healthcare and a violation of the Hippocratic oath.

[19] See http://www.connectionparenting.com/index.html (30th January 2016).
[20] See https://www.rijksoverheid.nl/actueel/nieuws/2016/01/25/schippers-onderzoek-naar-depressiviteit-jonge-vrouwen-en-tieners (25th January 2016).
[21] See http://pimmartens.info/wetenschapper-moet-activist-worden/ (25th January 2016).

Considering the available scientific evidence, partly provided in the references, it can be stated that national guidelines working from a paradigm that takes infants and children as subordinates to be trained into obedience in negligent, behaviouristic ways qualify as institutionalized child abuse and should be withheld from publication and implementation. The Netherlands will be fighting a rearguard action if crying-it-out strategies remain part of policies that claim to promote healthy sleep. This obsolete idea has long since been given up by the international scientific community and the Netherlands would do wise to follow in its footsteps.

Daily practice, however, also asks for concrete policies and responsible adjustment of the draft guideline according to the most recent scientific insights is therefore an ambitious project. On ethical grounds, a guideline should nonetheless not contain admonishments for disturbing the connection between parents and children and the confidence of children in their parents as reliable caregivers. Confidence and connection ought to remain intact or be mended when disturbed, because they are the preconditions for a society in which justice and concern for fellow humans are guiding principles. To warrant these characteristics, re-writing the guideline is definitely worth the ambition. This way, healthcare providers, who want to support parents in solid parenting, can be a reliable partner for families finding their way through daily life, together with their child. The Dutch Centre for Youth Healthcare (NCJ) states on its website that it wants to 'innovate, connect [and] empower' and that 'in the interest of child, adolescent, parents and educators' it strives to 'bring people in conversation with one another'.[22] To this end, the information from this paper can be a constructive point of departure, for which the literature references supply the scientific underpinning.

Supporting parents in their aspiration towards sensitive parenting and reciprocal family relations and facilitating this support within the healthcare system is an honourable challenge for healthcare workers and policy-makers and a task that can only be accomplished if they can leave their own shadows behind them.

[22] See Zie https://www.ncj.nl/ncj/profiel-ncj (4th February 2016).

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