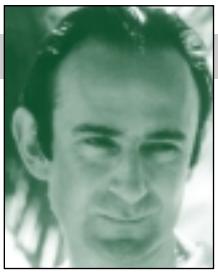

OLIVER JAMES

They muck you up

Developmental psychopathology as a basis for politics

ALL mainstream political parties make economic growth the central tenet of their election manifesto. 'It's the economy, stoopid', we are told. But as far as psychopathology is concerned, for the most affluent two thirds of us it is not.

Between developed nations, position in the league table of wealth correlates with neither mental health nor happiness (Easterlin, 1995). Once an individual in one of these societies is in the top two thirds of earners, mental health does not increase with wealth: be ye Richard Branson or a humble clinical psychologist, winning the lottery is no dream ticket (Brickman *et al.*, 1978; Diener *et al.*, 1985; Kasser & Ryan, 1993). Despite substantially increased affluence since 1950, a 25-year-old American today is between three (Kessler *et al.*, 1994) and ten (Wickramratne *et al.*, 1989) times more likely to be suffering from major depression than then. Two meta-analyses by Twenge (2000) produced the startling conclusion that the average American child in the 1980s reported more anxiety than child psychiatric patients in the 1950s. There are good reasons to suppose that something similar has happened in our own, increasingly Americanised, society (James, 1998).

The ecological case against the focus on economic growth is often heard. But psychologists are now in a position to make even more persuasive arguments against increased personal or national affluence as primary goals for the majority of people in developed nations, and to present alternatives. All of us will have our different axes to grind in earnestly educating politicians as to 'what really matters'. The particular one which I have been sharpening for many years concerns the long-term effect of early parental care on adult psychopathology, and its implications for society's goals and organisation.

The past in the present

Contrary to decades of claims by Clarke and Clarke (most recently, 1998), it is finally becoming apparent that negative experiences during the first five years do cause more psychopathology than those in the second five or subsequent years. In the case of sexual abuse, for example, it has been shown that the earlier the abuse, the greater the number of sub-personalities a survivor is likely to develop in later life and the more profound the damage to the sense of self (Putnam, 1995). Likewise, in a sample of 578 children assessed in kindergarten through into adolescence, Keiley *et al.* (2001) found that those who were physically abused in the first five years of life were significantly more

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maladjusted in adolescence than those who were first abused after age five or not at all. Similarly, the earlier a child is neglected (Sroufe *et al.*, 1999) or had parents who divorced or separated (Juby & Farrington, 2001) or suffered financial misfortune (Elder, 1974), the greater the likelihood of later psychopathology. Manly *et al.* (2001) showed that among 800 children aged nine the ones who had suffered severe maltreatment before the age of three were more disturbed than the ones who had suffered it severely aged 3–5 (but not aged 0–3) who, in turn, were more disturbed than children who had only suffered it aged 5–9.

Studies of adoptees suggest that the older the child when adopted, the greater the damage (Verhulst *et al.*, 1992). Whilst cognitive deficits can often be largely reversed by stimulating adoptive environments, lasting psychopathology is found in significant proportions even where the adoptive nurture is first rate. Causal links have been demonstrated between adult personality disorder and maltreatment before age two (Quinton & Rutter, 1988); one study has demonstrated this to be the strongest single predictor of dissociation at age 19, after controlling for quality of subsequent care and other factors (Ogawa *et al.*, 1997).

On top of this it now seems clear that Bowlby was essentially correct in his claim that the age of six months to three years is a sensitive period for forming a secure pattern of attachment. If patterns do subsequently change, this is rule-governed, according to predictable environmental factors such as adult divorce or bereavement (Sroufe *et al.*, 1999).

Many animal studies have shown that early experience has a greater effect on the brain (see Kolb *et al.*, 1998), but it is only recently that evidence of this has been provided in humans. For example, lasting damage to cortisol levels and persistently atypical brainwave patterns have been demonstrated in children whose mothers were depressed when they were infants, regardless of whether the mother recovered from the depression (Dawson *et al.*, 2000). The very size of brain structures can be affected by early care; for example, the volume of the hippocampal region of the brain is 5 per cent less in women who were sexually abused as children (Stein, 1997). The earlier that abuse is suffered, the greater the reduction in intracranial volume (De Bellis, 2001).

It is increasingly apparent that patterns of neurotransmitters and hormone levels are often an effect of past and present psychosocial processes, rather than of physiology or genetics (Gilbert, 2001). On average, a girl whose father divorces or separates from her mother and leaves the home before she is aged 10 comes into puberty six months earlier than a girl from an intact family, and early pubescence is a strong correlate of sexual promiscuity and substance abuse (Moffitt *et al.*, 1992). If fathers are physically present but the family is conflict-filled, their daughters come into puberty significantly earlier than those with close relationships (Ellis *et al.*, 1999).

Exaggerating the role of genes

It has become a commonplace to assert that, in general, one half of the variance in

individual differences is attributable to genes. This 'bit of both' idea seems cosily commonsensical, and is attractive as a way of avoiding tedious nature versus nurture disputation. Yet if we accept Plomin's survey of results of twin studies (1990), although he does not say so, his evidence simply does not support the 'bit of both' theory (see James, 2002, Appendix II). Only a handful of any aspects of human psychology exceed 50 per cent heritability, however selectively you sift through the studies. In the case of mental illness, heritability does reach 50 per cent in the rare and extreme cases of autism, schizophrenia, manic-depression and major depression. But this should not distract from the overall fact that genes play only a small role in causing the vast majority of mental illness – minor depression and neurosis, which are 30 per cent heritable at most. Furthermore, if twin studies are to be believed, genes play little or no role at all in causing individual differences in many important behaviours (e.g. attachment patterns, heterosexual attraction preferences and violence – see James, 2002).

Despite dozens of false dawns, molecular genetics has still to identify replicated genetic loci for a single mental illness, unless you include Huntington's chorea and familial Alzheimer's disease. This leaves twin studies as the principal source of evidence, yet there are well-founded reasons to question them. For one thing, adoption studies consistently demonstrate substantially lower estimates of heritability than twin studies (Plomin *et al*., 1997). For another, there are fundamental problems with the twin method that are rarely even referred to, despite the fact that they could mean that heritability estimates based on it are worthless (see James, 2002, Appendix III; Joseph, 2003). Indeed, responding to the unexpectedly small number of genes identified by the Human Genome Project, one of its principal scientists has cast serious doubt on the likelihood that genes play much role in causing individual differences at all (Venter *et al.*, 2001).

A basis for politics

Other psychologists will draw on other literatures in creating a scientific, psychological basis for political beliefs and legislative proposals. Let us hear them. In the meantime, my argument is as follows.

If it is true that increased affluence does not translate into greater emotional fulfilment or mental health once a person has reached a certain basic level of wealth within a developed nation; if it is also true that once you have achieved that level it is the quality of your early care rather than genes that primarily determines your capacity to enjoy your affluence; if it is further true that a crucial ambition of politics should be to improve the emotional well-being of citizens; then our politicians should be reorganising our society primarily with the goal of improving the quality of early care rather than, as at present, of increasing economic growth.

This is not the place to detail what 'reorganising our society' towards this goal would entail; and, anyway, others are far better qualified than me to make such plans. Most would surely involve emulating Scandinavian societies (who, it just so happens, tend also to be among the top 10 most successful economies) rather than the United States. However, there is one specific action that I do propose: the funding of a prospective longitudinal study of individual differences that is both large-scale and intensive, that follows all the siblings in the families, and that starts before birth and continues to death.

Had John Bowlby been in charge of the spending of developmental research monies in this country during the last 30 years, it would have been commissioned a long time ago, as he told me when we met shortly before his death. Nonetheless, his trailblazing evolutionary psychology, when combined with similarly minded theorists (such as Winnicott, Freud, Laing), could still be the starting point for a new politics, and especially so if it were informed by decisive new longitudinal research.

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References

Brickman, P., Coates, D. & Janoff-Bulman, R. (1978). Lottery winners and accident victims: Is happiness relative? *Journal of Personality and Social Psychology, 36*, 917–927.

Clarke, A. & Clarke, A. (1998). Early experience and the life path. *The Psychologist, 11*, 433–436.

Dawson, G., Ashman, S.B. & Carver, L.J. (2000). The role of early experience in shaping behavioural and brain development and its implications for social policy. *Development and Psychopathology, 12*, 695–712.

De Bellis, M.D. (2001). Developmental traumatology. *Development and Psychopathology, 13*, 539–564.

Diener, E., Horwitz, J. & Emmons, R.A. (1985). Happiness of the very wealthy. *Social Indicators Research, 16*, 263–274.

Easterlin, R.A. (1995). Will raising the incomes of all increase the happiness of all? *Journal of Economic Behaviour and Organization, 27*, 35–47.

Elder, G.H. (1974). *Children of the Great Depression*. Chicago: Chicago University Press.

Ellis, B.J., Mcfadyean-Ketchum, S., Dodge, K.A., Pettit, G.S. & Bates, J.E. (1999). Quality of early family relationships and individual differences in the timing of pubertal maturation in girls. *Journal of Personality and Social Psychology, 77*, 387–401.

Gilbert, P. (2001). Depression and stress. *Stress, 4*, 121–135.

James, O.W. (1998). *Britain on the couch*. London: Arrow.

James, O.W. (2002). *They F*** you up – How to survive family life*. London: Bloomsbury.

Joseph, J. (2003). *The gene illusion*. Ross-on-Wye: PCCS.

Juby, H. & Farrington, D.P. (2001). Disentangling the link between disrupted families and delinquency. *British Journal of Criminology, 41*, 22–40.

Kasser, T. & Ryan, M. (1993). A dark side of the American dream. *Journal of Personality and Social Psychology, 65*, 410–422.

Keiley, M.K., Howe, T.R., Dodge, K.A., Bates, J.E. & Pettit, G.S. (2001). The timing of child physical maltreatment. *Development and Psychopathology, 13*, 891–912.

Kessler, R.C., McGonagle, K.A., Nelson, C.B., Hughes, M., Swartz, M. & Blazer, D.G. (1994). Sex and depression in the national comorbidity study. *Journal of Affective Disorder, 30*, 15–26.

Kolb, B., Forgie, M., Gibb, R., Gorney, G. & Rowntree, S. (1998). Age, experience and the changing brain. *Neuroscience and Biobehavioural Review, 22*, 123–159.

Manly, J.T., Kim, J.E., Rogosch, F.A. & Cicchetti, D. (2001). Dimensions of child maltreatment and children's adjustment. *Development and Psychopathology, 13*, 759–782.

Moffitt, T.E., Caspi, A., Belsky, J. & Silva, P.A. (1992). Childhood experience and onset of menarche. *Child Development, 63*, 47–58.

Ogawa, J., Sroufe, L.A., Weinfield, N.S., Carlson, E.A. & Egeland, B. (1997). Development and the fragmented self. *Development and Psychopathology, 9*, 855–879.

Plomin, R. (1990). *Nature and nurture*. Pacific Grove, CA: Brooks/Cole.

Plomin, R., DeFries, J.C., McClearn, G.E. & Rutter, M. (1997). *Behavioural genetics*. New York: Freeman.

Putnam, F.W. (1995). Development of dissociative disorders. In D. Cicchetti & D.J. Cohen (Eds.) *Developmental psychopathology* (Vol. 2, pp.581–608). London: Wiley.

Quinton, D. & Rutter, M. (1988). *Parenting breakdown*. Aldershot: Avebury.

Sroufe, L.A., Carlson, E.A., Levy, A.K. & Egeland, B. (1999). Implications of attachment theory for developmental psychopathology. *Development and Psychopathology, 11*, 1–13.

Stein, M.B. (1997). Hippocampal volume in women victimized by childhood sexual abuse. *Psychological Medicine, 27*, 951–959.

Twenge, J.M. (2000). The age of anxiety? *Journal of Personality and Social Psychology, 79*, 1007–1021.

Venter, J.C., Adams, M.D., Myers, E.W., Li, P.W., Mural, R.J., Sutton, G.G. *et al.* (2001). The sequence of the human genome. *Science, 291*, 1304–1351.

Verhulst, F.C., Althaus, M. & Versluis-den-Bieman, H.J.M. (1992). Damaging backgrounds: Later adjustment of international adoptees. *Journal of the American Academy of Child and Adolescent Psychiatry, 31*, 518–524.

Wickramratne, P.J., Weissman, M.M., Leaf, P.J. & Holford, T.R. (1989). Age, period and cohort effects on the risk of major depression. *Journal of Clinical Epidemiology, 42*, 333–343.