Handout

A language of feelings

A child develops as a result of interaction with others. That interaction comes about through a process of communication, which might be verbal or non-verbal or both, depending on the stage of development of the child and his or her particular needs. Howe (2005) reminds us that children feel safe and secure when they are sensitively understood. Understanding insecurity in a child is about how both his or her body feels and about how his or her mind feels. To ensure full understanding, there is a need to check that the child has the language he or she needs to convey both experiences and that the meaning that the child attributes to the language is shared by the adult who is their primary caregiver.

Infancy

Children, it is suggested have sufficient language by the age of three. Before that, the infant brain struggles to understand and make sense of the world and is better at recognising, processing and remembering emotional states (Howe 2005).This includes the feelings and emotions conveyed in the adult's facial expression (especially the eyes); voice tone and body language. The infant's expectation is that any stress that he or she is experiencing will be managed for them (Gerhardt 2004). Emotional arousal, effectively conveyed by the infant prompts a response in the mother (in particular) in which she mimics the voice, facial expression and body movement of the infant, highlighting the emotion that the infant is experiencing and naming the feeling that they are aware of and how that feeling will be soothed. The message from the adult is that the distress is manageable; the infant will once again feel calm and comfortable.

Gerhardt (2004) reminds us that 'the very demanding needs of a dependent infant have a biological basis. They are demanding because they are continuous; sometimes hard to fathom without the aid of language and they make no concession to adult needs' (p.210). Interpreting these needs requires attentive caregiving. Where caregiving is compromised, whether by substance misuse; mental health issues or domestic abuse for example – the meeting of the needs of the infant may also be compromised and 'the caregiving might be experienced as essentially abusive, neglectful or most likely both' (Dunn et al. cited in Howe 2005, p.183) however much the infant tries to increase signals of need.

Comments regarding the particular temperament of an infant (having a temper – for example) should perhaps reflect on the urgency of their need and the significant implications for them of that need and other needs not being met.

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The developing child

A child acquires language through interaction with others and needs his or her caregiver to anchor explanations for feelings – to ensure that the words accurately describe the feelings the child has and is experiencing. As the child reaches the age of 3 or 4 years, words start to play as big a part as looks. An attentive caregiver will develop a scripted interaction with the child which integrates the feeling that the child has with words which account for the emotion they are aware of. The child will then be able to develop his or her ability to recognise an emotion and link it with a particular feeling by rehearsing the script shared with the caregiver. For example, the child who has lost something is able to say that he or she feels sad. Earlier experiences in interpreting facial expressions will enable the child to begin to add an appropriate visual representation of loss to the feeling that has been named. In this way, the child begins to use both words and looks to represent his or her emotional state.

Non-verbal feedback from other people's faces and body language is also still important in helping the child to communicate with those around him or her, especially in informing emotional responses, but verbal feedback now allows a caregiver who is tuned in to the child's emotional state to begin to acknowledge the child's state in words. These words can then form an emotional vocabulary (Gerhardt 2004, p.52) that can name feelings accurately and enable the child to begin to differentiate between different feelings; for example the difference between feeling sad and feeling tired.

Difficult feelings

If the caregiver does not talk about feelings – or represents them inaccurately – it is likely that it will be far more difficult for the child to express feelings and to negotiate around feelings with others. There is the possibility that the child will have a restricted emotional vocabulary which may not necessarily match with the facial expression that the child uses. The potential for such difficulties is increased where communication between the caregiver and child is limited. This is particularly so where the caregivers ability to communicate is affected by the effects of misuse of alcohol or drugs (prescribed as well as illegal); by mental health difficulties which impact on verbal interaction or by situations where the child's caregiver may themselves feel unsafe but determinedly tries to persuade the child that he or she should feel safe.

Impact on the child

When the faces and behaviours of others do not make sense, the child may become preoccupied because they find it difficult to make sense of this information and to respond to it in an appropriate way. Instead of the caregiver 'mirroring' the child's emotional state in a helpful way and making sense of it, the caregiver is unsympathetic and the child is left to try to make sense of emotions and feelings without understanding where they have come from or what they mean for him or her.

The child may lack words for the feelings they are left with or they may struggle to connect the words they have with emotions that they are seeking to understand. Caught up in his or her own confusions, the child is unable to relate to others and either projects his or her distressed feelings on to others (being angry) or withdraws (becomes anxious). Howe suggests that children experience a rush of emotions and too many feelings to able to make sense of them without support. These children will also find it difficult to achieve a sense of calm. Living with confusion, the child might become hypervigilant – constantly aware of the need to look out for any danger or unknown threat but unlikely to be able to name, understand or ask for help to understand the feeling that underpins this instinctive response. Hormonal changes in the body as a result of the perceived threat from being alone ensure that the child who is alone, is not capable of changing their emotional state to regain a sense of comfort and to feel calm and may begin to feel overwhelmed.

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Alternatively a child whose needs have been neglected may exhibit passivity as a result of shutting down the range of needs they have, including emotional needs. A child whose needs have been neglected may also exhibit passivity because, as Cairns and Stanway (2004) suggest, the effort of trying, on their own to make sense of and understand difficulties in interacting with others has itself exhausted them. In isolation from others, they are confused. The child may feel safe from others but also feel alone, in need of his or her caregiver but inhibited in making this demand.

Howe (2005) reflects on the hypervigilant or passive state of the child by underlining what he sees as their lived experience. He suggests that the child experiences hyperarousal in feelings; abandonment with feelings and helplessness because of the feelings. Given such an overwhelming experience for the child, it is not surprising that Horwath (2007) reflects on 'extreme moods' with children themselves struggling to articulate these emotions and name these feelings. The literature repeatedly makes reference to the 'anger' displayed by the child or their 'passive response' to neglect of their needs. A different perspective on the ability of the child to articulate their feelings would suggest that naming the child's feelings in this way might make them more explicit and more manageable for others but assumes that this is the child's lived experience.

Given that the child may not have the words they need to name the range of feelings they have, it is vital that assumptions are not made on behalf of the child, but that the child is helped to recognise; label and understand their feelings – a critical part, Howe (2005) would suggest in the process of enabling the child to let go of feelings which are damaging to their self and to their development.

Focussing on feelings

The difficulties outlined are significant. They have a particular significance when a child starts school. Cairns and Stanway suggest that 'children who find it difficult or impossible to put feelings into words are disadvantaged across the whole spectrum of school life.'

Nonetheless, school could potentially provide an opportunity for a child to begin to develop their own language of feelings which they can share with others and check with others to ensure that it is understood by them. In isolation from the home setting, this might create a different type of confusion for the child and caregiver - who may not recognise the range of emotions that the child is beginning to experience or the feelings that they can identify. Nonetheless, it might enable the child to begin to recognise a range of needs which he or she has; some of which can be met within the school setting. Howe (2005) suggests that 'experience and recognition of feelings is a first important step in helping children to get in touch with themselves' (p. 254)

Howe (2005) goes on to suggest that these children need to experience nurturing, trust, safety and security.

Nurture Groups within primary schools might be one way of achieving this for children – enabling them to begin to develop their language of feelings alongside peers in a playful, supportive and supported environment.