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PARENTING FOR EMOTIONAL GROWTH: WORKSHOP SERIES FOR PARENTS AND OTHER CAREGIVERS

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**PARENTING
FOR EMOTIONAL GROWTH**

WORKSHOPS ON AGGRESSION

by

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Cecily Rose-Itkoff, M.A., M.F.T.**

Acknowledgments

The authors are indebted to Patsy Turrini who not only read and commented on our materials, but especially for proposing the model we used in presenting these materials. "Question asked by Facilitator, Answers by Participants, followed by Discussion containing what the authors' research and clinical experience lead them to believe to be growth-promoting factors", this model was proposed by Turrini. She envisioned these materials to be used at the Mothers' Centers—to which she and her pioneering work gave rise—in the hope of introducing child development optimizing knowledge accumulated during the past century by psychodynamic child researchers and clinicians.

PARENTING FOR EMOTIONAL GROWTH

WORKSHOPS

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PARENTING FOR EMOTIONAL GROWTH

WORKSHOPS SERIES

INTRODUCTION

The materials presented in these *Workshops* are derived from *Parenting for Emotional Growth: A Curriculum for Students in Grades K Through 12* (Parens, Scattergood, Duff, and Singletary, 1997). This Curriculum was developed and written in order to formally, educationally prepare our young for the job of parenting, a job which like any other demanding, complex and challenging job requires much preparation, knowledge and skill.

Our aim, in this education for parenting Curriculum, is to spell out principles of how to optimize the mental development and health of every child. We aim to achieve this by securing the most growth-promoting parenting of which each child's parents is capable. The child we have in mind is the human child, the *homo sapiens* child, whether Chinese, Hispanic, Italian, Lebanese, American, whether Muslim, Protestant, Jew, etc.

Our parenting education work is informed by the work of many international psychodynamic mental health researchers and clinicians. Important among them, Freud proposed in 1939 that parents are the representatives of Society to their children, and that the greatest contribution psychoanalysis would make would lie in the application of what psychoanalysts learn from their clinical work to the rearing of the next generation (Freud, 1933). In 1978 we were much encouraged to pursue our then beginning work in parenting education by a communication from Anna Freud, who when she saw some of our early parenting education materials responded quickly and with enthusiasm to our strategies toward prevention in mental health by means of formal parenting education for school age children. She endorsed our conviction of feasibility and told us that not enough is being done regarding the application of what psychoanalysts have learned toward the rearing of the next generation.

In addition, in the 1970s, Margaret S. Mahler (1978) was convinced that the education of parents would serve to achieve the prevention of major psychological, emotional, and social problems of our time. Like Brandt Steele (see Krugman, 1987), Mahler recognized decades ago that child abuse had become an urgent social problem.

We assert that optimizing the child's mental health, and therewith adaptive abilities, by means of optimizing growth-promoting parenting can be done **no matter what the family circumstances**. Growth-promoting parenting can be achieved whatever

the socio-economic conditions or strains, respectful of whatever the ethnic and religious mores and customs of each family, whether the family is intact or the parents are divorced, whether a single parent family, whether one parent works outside the home or both do, part time or full time, and whether the family avails itself of home substitute caregiving or daycare. None of the variations in all these home and family conditions modifies or makes unique requirements of **the basic principles of growth-promoting parenting.**

Similarly, whatever the child's inborn adaptive abilities and givens, from temperament variations to the wide range of biological givens from normal to dysfunctional and disordered, **the basic principles of growth-promoting parenting** are the same.

Basic principles of growth-promoting parenting can be spelled out better today than ever before. The Twentieth Century, among other things for which it will be remembered, is the era when we achieved the most advanced ever degree of scientific and humanistic knowledge and understanding of how the depth psychology of the human infant evolves into that of the adult, how the infant becomes the adult who adapts to society for good or for bad. Although more is to be learned, what makes for good or troubled mental health and development has been studied and detailed in this century more than in the entire span of the history of civilization. Our Curriculum is constructed to spell out in some detail central principles of development and how to optimize these in order to secure good emotional development and health.

THE GOAL OF GROWTH-PROMOTING PARENTING

Growth-promoting parenting is to *optimize* the child's inborn potential abilities to cope constructively with everything the child experiences whether it comes from his or her **internal** goings-on (e.g., fantasies and interpretations of events) or from his or her **external** environment (e.g., family life, neighborhood conditions, etc.). To optimize her or his own growth-promoting parenting, it is best for every parent to:

First, have **sufficient information on the human child's basic emotional and physical needs.** This is required to have a clear enough view of what will be expected of the parent as well as what to provide the child with over the course of development from infancy through adolescence.

Second, have **sufficient information on the details and dynamics of every child's adaptive and emotional developments** from infancy through adolescence, as well as of those variations that come with the uniqueness of each child. For example, a normal shy child's way of coping differs from those of an assertive-outgoing child. Such information is required to have some reasonable idea of a specific child's age-appropriate abilities and limitations and how to make the best of these.

Third, and perhaps most important, every parent must have **sufficient information on how to optimize**, how to help the child "be as good as he/she can be", in the child's emotional and adaptive development. Both, **a basic general understanding** of how to optimize development and **individualization** of parenting, or tailoring parenting to each individual child, are needed.

THE MODEL WE USE

The model of human development, functioning, adaptation, and mental health, we use is a **composite** of much cumulative **psychodynamic** knowledge that has emerged from clinical work as well as formalized direct observational and laboratory research during this Twentieth Century. A number of specific areas of the totality that is the child have drawn the interest of individual clinicians and researchers during the 1900s. At times, such special interests have gotten much attention and have even come to be in vogue, to be believed to be more important than what has been known before. In some instances, efforts have even been made to replace well substantiated explanations of important aspects of human development, functioning, and what can optimize or damage these, rather than to add to the existing pool of information about this very complex system, the mental-psychological domain of the human child. We do not believe that any one of the remarkable psychodynamic developmental theories we now have, each addressing a particular aspect of the child's mental life, is more important than the others. We have found that our understanding is increased by availing ourselves of a number of these models as we try as best as we can to optimize each child's adaptive and developmental potentials.

A century of intensive depth-psychological (psychoanalytic, psychodynamic) clinical work with adults and children has taught us that humans are complex psychobiological organisms. Each is a single entity, the sum of a number of crucial sectors of experiencing and of development (i.e., of functioning at sequential levels of developing, coping, and stabilizing into increasingly more complex levels of functioning and of adaptation), which in their totality make up each person's qualitative mental health. Among the most crucial sectors of mental-emotional experiencing and development are those that pertain to one's own internal self, to one's human relationships, one's system of adaptive functions (including one's emotional and cognitive functions), one's evolving sexuality (which secures reproduction and the preservation of the species), one's aggression (which serves adaptation, securing one's mastery of oneself, of the world around and one's goals), and the gradual formation of one's conscience (which includes one's code of conduct and morality) and self-esteem. Just as we have found clinically that sexuality is not "the" most important sector of human experience, nor are the development and the vicissitudes of aggression, nor is the development of conscience and self-esteem, nor will a singular focus on attachment prove "more important than" any of the others. Each is enormously important and makes its unique contributions to our understanding of and our ability to help the total, single developing human being "become as good as she/he can be".

The **composite psychodynamic model** we use is one then, that has been developed piece by piece, has progressively become organized from 1905 to the present (1997). Even if the pieces are not as fully developed as some of us wish, each has been forged sufficiently both in the research laboratory and in the clinical situation to be usefully applied to effect the promise Freud made to Society in 1933: that the greatest contribution psychoanalysis--which itself has developed enormously in its content and scope since that date--would make would be the application of what we learn from the clinical situation to the rearing of the next generation. We believe we have come to a point where we can propose strategies to do just that. The composite model we have seen gradually evolve over the past 40 years, a model 90 years in the making, is likely to stand for centuries to come, continuing to further evolve as we come to learn more about the child's biology and psychology.

THE WORKSHOPS

Whereas the Curriculum *Parenting for Emotional Growth: A Curriculum . . .* was conceived and developed by Parens, Scattergood, Duff, and Singletary--and a group of collaborating researchers and clinicians--for students in grades K thru 12, the *Workshops* are developed **for child caregivers of all kinds**, be they parents, daycare caregivers and administrators, teachers, etc. The authors of the Curriculum and of the Workshops, as noted above, aim their efforts at the **prevention of experience-derived emotional disorders in children**. As we have documented (Parens, 1988, 1993), we have learned that there is much teachable knowledge that can, and we believe must, be provided to current parents and future parents that will significantly lessen the frequency and intensity of experience derived emotional disorders in children. As we emphasized before, our principal aim is **to promote the development of good mental health and constructive adaptation in our children** by optimizing the way they are reared, by aiming toward their being reared by **growth-promoting parenting**.

These Workshops can be used in a variety of ways, in total or in part, with leeway for individual implementation by the Workshop leaders and participants. And they can be used for caregiver training purposes with many different groups of "students" including parents, daycare workers, teachers (especially early education), Nannies, etc. It is our intention that the Workshop leaders will use their creative skills to optimize the "fit" between any particular workshop and the participants. It is, however, important that the workshop leaders be well trained and sufficiently familiar with the subject matter; for this purpose they may want to refer to the actual *Curriculum--Textbook* and/or *Lesson Plans*--cited above, as well as *Aggression in Our Children* (Parens, Scattergood, Singletary, and Duff, 1987).

The major contents of the Curriculum have been divided into a series of sets of *Workshops* (Parens and Rose-Itkoff, 1997). To date these sets of Workshops are:

- I. *On The Development of Self and Human Relationships,*
- II. *On Handling Aggression Constructively, and*
- III. *On The Development of Conscience and Self Esteem.*

The first two sets of workshops are especially geared toward children from 0-3 years, though these can be improvisingly extended up in years by participants and instructors; the third set of workshops spans from infancy through early adolescence. In addition to these 3 sets of Workshops, others to follow include a set on *The Emergence and Handling of Sexuality in Our Children*, a set *On Optimizing Adaptative Abilities and Becoming a Responsible Member of Society*, and a set on *Basics of Early Child Development* (optimizing patterns of feeding, of sleeping, self care and regulation).

In order to be effective, the Workshop Instructors must, of course, be sufficiently familiar with the material presented in the "Discussion" sections of these Workshops. Instructors would be best informed by reading the *Textbook of The Curriculum* (Parens et al, 1997) from which the Workshops contents are drawn. As with any other educational effort, the better knowledgeable with the subject material, the better will they field the questions, address the participants expressed concerns, and integrate participants' concerns and interests and duly emphasize the salient points of each workshop. We would hope that during Workshop sessions all the text materials under the "Discussion" sections are covered during the course of answering the questions proposed. Additional questions by the participants would be most welcome, indeed ought to be sought, and addressed *ad lib* as best as can be by the Workshop Instructor. Likewise, it is highly desirable that additional information be added (via examples, case vignettes, etc.) depending on the participants' grasp of the material, interest, life experiences, etc.

Workshop Instructors may want to add additional role plays, interactive exercises, etc. and/or to spend more time on one area of interest or another. It is important to make these workshops "come to life" to the participants and to encourage active discussion between the workshop participants as well as with the Instructors. It is also important that the workshop Instructors make the materials as applicable to the participants' everyday needs and concerns as possible. For this purpose examples derived from the participants' experiences are most useful.

These workshops are intended for educational purposes and are derived from the comprehensive education Curriculum. They are not intended to be used for formal psychotherapeutic purposes except for Parental Guidance in the course of doing psychotherapeutic work with children and adolescents. This is so even though participants and leaders may, indeed, find that the Workshop materials invariably touch on intimate feelings and memories the parents have of their own childhoods and of their own parenting efforts. Nonetheless participants may want to share varying experiences they have had with their children and parenting and, as we said, this should be appropriately encouraged. Workshop Instructors will find, though, that this can take up much time and, therefore, should be weighed against the time allotted for any particular workshop.

Workshop Instructors should bear in mind that parents need special attention and support as they learn how to be effective parents. Empathy (trying to read the parents' feelings), support and respect for parents must be provided during the Workshops as they become more familiar and comfortable with their role as parents who are learning from

their children what they need and want. We believe, and say so to the parents, that to be a growth-promoting parent one needs to be "perfect" 75 % of the time. It is normal and natural to "make mistakes" as a parent; making mistakes within an overall loving, respecting, and sympathetic parent-child relationship need not necessarily hurt the child. In fact, in such a relationship, how the mistake is handled between the child and parent and what kind of dialogue occurs and develops between them can be highly growth-promoting!

Finally it should be said that these workshops are meant to be information-imparting and useful. They are intended to provide parents with much information about normal children and their normal needs which can and should be a part of the parents' knowledge base when interacting with their children. Good, growth-promoting parenting is now well known to be the most powerful means to lessen the frequency and mitigate the intensity of **experience-derived-emotional disorders** in children.

We hope that these materials will be useful in a multitude of settings with vastly differing audiences. **Instructors must be cognizant and respectful of, and attuned and sympathetic to ethnic specific mores and customs** of the Workshops participants, refer to local idioms, proverbs, lullabies, cultural heroes, etc. to illustrate any points further. It is important that Workshop Instructors where possible come from the participants' communities, and that both instructors and participants will come from all walks of life, all socio-economic levels, ethnic groups, from all nationalities. With respect paid to our differences it is our intention that full attention be paid to what we all share in common which is the present and future well-being of our children. Growth-promoting parenting aims to optimize every child's inborn givens, to make every child a reasonable and responsible member of society. With this it aims to achieve a better life and a better world for all children, and it is our job to do all we can to achieve this end.

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Volume 1: The Textbook (7 Modules):

Introductory Unit, pp. 68.

Unit 1 -- 0 to 12 Months: The First Year of Life, pp. 153.

Unit 2 -- 1 to 3 Years: The Toddler Years, pp. 169.

Unit 3 -- 3 to 6 Years: The Preschool Years, pp. 112.

Unit 4 -- 6 to 10 Years: The Elementary School Years, pp. 74.

Unit 5 -- 10 to 13 Years: Prepuberty, pp. 61.

Unit 6 -- 13 to 20: Adolescence, pp. 107.

Volume 2: The Lesson Plans (7 Modules) [Incomplete]:

Unit 1 for Grades K - 1, pp. 76.

Unit 1 for Grades 4 - 5, pp. 119.

Unit 1 for Grade 9 and up, pp. 108.

Unit 1 Laboratory Manual for Grade 9 and up, pp. 269.

Unit 2 for Grade 2, pp. 110.

Unit 2 for Grade 6, pp. 137.

Unit 2 for Grade 10 and up, pp. 198.

Unit 2 Laboratory Manual for Grade 10 and up, pp. 354.

Unit 3 for Grades 7 - 8, pp. 125

Further Lesson Plan Modules being developed.

PARENTING FOR EMOTIONAL GROWTH -- WORKSHOPS SERIES

GUIDELINES FOR WORKSHOP INSTRUCTORS

Introduction

These Workshops are developed for **child caregivers of all kinds**, be they parents, daycare caregivers and administrators, teachers, etc. We emphasize that our principal aim is **to promote the development of good mental health and constructive adaptation in our children** by optimizing the way they are reared, by aiming toward their being reared by **growth-promoting parenting**.

It is important that the Workshop instructors be sufficiently familiar with psychodynamic schools of thought and the contents of the specific Workshops. For better familiarization they most likely will find the Workshops source materials useful. These sources include *Parenting for Emotional Growth: A Curriculum for Students in Grades K Thru 12*¹ (the *Textbook* and/or the *Lesson Plans*) as well as *Aggression in Our Children*². From these come the materials presented in the "Discussion" sections of the Workshops. The better acquainted with these or similar materials, the better they will be able to not only field the participants' questions, but especially to address the participants' child rearing difficulties, concerns and interests, while at the same time emphasizing the salient points of each Workshop.

In the following Section we will suggest a set of guidelines that we hope will prove useful to the Workshop instructors. These guidelines are drawn from our experiences in conducting educational parent-child groups, from our developing *Parenting for Emotional Growth, A Curriculum for Students in Grades K Thru 12*, and most recently from presenting some of our Workshops to a widely diverse population in rural Appalachia. In the Appalachia project, the Workshop instructors Cecily Rose-Itkoff, M.A., M.F.T. and William Singletary, M.D. prepared for this event in

¹ Henri Parens, Elizabeth Scattergood, Andrina Duff and William Singletary (1997). *Parenting for Emotional Growth: A Curriculum for Students in Grades K Thru 12*, A Textbook and Lesson Plans. In-Progress printing by Parenting for Emotional Growth, Inc. Copyright Registration No.: TXu 680-613.

² Henri Parens, Elizabeth Scattergood, William Singletary and Andrina Duff (1987). *Aggression in Our Children: Coping With It Constructively*. New York: Aronson Press, Inc.

collaboration with Henri Parens, M.D.. The guidelines are derived from our shared impressions.

These Workshops can be used in a variety of ways, in total or in part, with flexibility for individual implementation by the Workshop instructors and participants. And they can be used for caregiver training purposes with many different groups of "students". We leave it to the Workshop instructors to find ways to optimize the "fit" of the particular Workshops used and the participants' needs and level of training.

We suggest that it will be helpful to the instructor to bear in mind that these Workshops are **models**; that is, they can be individually tailored to suit the particular audience that is being addressed. For example, while discussing material under the "Discussion" sections additional questions from the participants can be integrated along with examples drawn from their life experiences. Doing this, the Workshops are more likely to spring to life and take on an immediacy which is most responsive and helpful to the participants. The questions from the participants will typically be "experience-near" and the ways by which the instructors respond and engage the participants in a dialogue can further make the material useful and emotionally meaningful to the participants.

As with any educational and communicational effort, the Workshops are most helpful to participants when the instructors "speak" the language of the group and when they sympathize with the everyday and specific dilemmas, hardships, hopes and aspirations of the participants. Materials are always better taken in when participants are encouraged to raise questions, voice opinions, disagreements, etc. and the instructor, at all times, has a receptive stance toward the input of the participants. It is productive when the instructor conveys to the participants that they can all learn from one another and that the instructor is ready to learn from them.

The following guidelines were useful to us and are offered here as suggestions for optimizing the use of the Workshop format with various audiences.

Guidelines

1. As Workshops go, each Workshops Set in this Series is rather large, consisting of about 10 Workshops each. Ideally we would like to see all the Workshops contained in this Series planned over a number of months. Many of you will not be able to present so long a Series except in a long standing parenting educational and/or support setting. Therefore, Workshop selections will need to be made for presentation.

Each is sufficiently integrated to be able to stand on its own; this applies more readily for some Workshops than for others. The Workshop instructors task will be facilitated by learning from the participant-audience prior to Workshop time what concerns, difficulties, interests are most pertinent to them. In this way, the selection of Workshops can be more suitably geared toward your particular audience.

2. The instructor will be best prepared the more familiar he/she is with the Workshop materials. Toward this end, instructors are encouraged to become familiar with the *Parenting for Emotional Growth Curriculum Textbook* and *Lesson Plans*. It may be helpful for instructors to pull out the most important themes and "sub-themes" in each Workshop and to articulate them in the instructors' own information imparting manner. These themes can then be emphasized at various appropriate times during the Workshop and can also be reviewed during the final phase of the Workshop. As in all teaching, the firmer the grasp of the subject matter, the easier the presentation, and the freer will the instructors be to attend to participants' interests and to accommodate to the participants' pace of taking in of the materials.

Workshop instructors can expect that participants may ask questions and raise topics for exploration that tap the instructors' entire range of expertise. Instructors need not be able to answer all questions; it is expected that any instructor might not know a particular answer at the time a question is asked. It is perfectly professional to not know an answer and to say so. Furthermore, if time permits, an answer may be provided at another time after some research by the Instructors.

3. In conducting these Workshops, especially when done directly with caregivers, it is important that the instructors convey a **non-judgmental attitude**, aim to **supplement** knowledge, and **re-enforce the strengths already existing** within the participant group.

4. Information is much better received and assimilated when the participants know that such information and whatever informed suggestions instructors make are derived from **proven child development research complemented by decades' long clinical findings** rather than when they are presented in an authoritarian and dogmatic manner.

5. We all rear our children in highly individualistic and extremely personal ways. This is why there often is disagreement among parents in how to deal with specific child rearing situations. And because we invest emotionally so much in our children and the ways we go about doing so, **we are all very vulnerable to feel hurt by any criticism or disapproval of our parenting efforts**. This is so whether the criticism comes from one's own mother, uncle or neighbor. But it is especially hurtful **when criticism comes from "an authority" in parenting education**. Disapproval by Workshop instructors is painfully felt by participants--and may even lead to withdrawal from the Workshop. For these reasons it is important to not approach any participant, any question, or any discussion from a position of criticism or disapproval. It is always best to be respectful and to accept disagreement. In fact, we welcome disagreement since disagreement, when well addressed, can lead to a greater degree of clarification of points made.

6. We have found over many years of parenting education with persons who are already parents that making suggestions for a better way of handling any given rearing situation than the one proposed by the parent, that such suggestions are better accepted **when they are coupled with discernible parenting positives already seen** in the

particular parent. For instance, "The point you made earlier about (whatever it was) is really on the mark. And, I'd say growth-promoting, to be sure. Here though, you might find it helps your child better to set limits with loving firmness, for this reason (specific reason given)".

7. As mentioned before, these Workshop materials are intended for **educational purposes**. They are to be used to educate the participants about growth-promoting parenting and how to optimize their child's development. Although the contents of these Workshops can be used in a therapeutic setting in the form of Parental Guidance³, these Workshops themselves are not planned to be used for therapeutic purposes and instructors are best advised to use both an educational attitude and their expertise in guiding the discussions.

8. Finding the appropriate **balance between personal disclosure and educational goals** can be a delicate matter, especially where the subject matter is highly personal as it typically is with many of these Workshops. Skillful collaboration between Workshop instructors, where applicable, and a clear understanding of the purpose of the Workshop should be helpful in this regard. It can also be clarifying to the participants if the educational nature of the Workshop is clearly stated while also encouraging their active involvement. The instructor must use his/her best judgment as to whether to and when to introduce things about herself/himself or her/his family.

9. Because the Workshops will likely touch upon personal issues in the participants' lives the Workshop instructor is best advised **to have access to information regarding referrals and follow-up** in order to be further helpful to participants when and if appropriate and requested.

Knowledge of local agencies and services can also be highly useful. For example, while in Appalachia we were asked for specific advice regarding adjunct services for various cases and were fortunately able to turn to the local sponsors of the Conference to supply this valuable information to the participants when asked.

10. Where there are two instructors in any given Workshop, dividing tasks and labor between the two may be most beneficial. For example, one instructor may guide the formal discussions while the other may direct interactive exercises, role plays, etc. One may be better able to address overt specific, clinical issues while the other may be more attentive to nuances and unaddressed topics. Instructors may want to alternate who has the "Instructor" role and who the "Facilitator" role as well as other tasks.

³ *Parental Guidance* is an educational method that can often be highly useful in working with parents of children we see in psychotherapeutic treatments. H. Parens has been teaching this method now for several years to child psychotherapists and psychoanalysts. It is somewhat similar to what S. Fraiberg called *Developmental Guidance* (in *Clinical Studies in Infant Mental Health*. Published in 1980 by Basic Books, New York).

These Workshops, of course, can be lead by one instructor quite well and the Workshops are actually written with this in mind. But, depending on the size of the audience, the task may be quite taxing. A skillful team of instructors who work well together can be quite more productive and less taxing on each instructor.

11. It is invaluable to the success of the Workshop to set a congenial learning atmosphere. All educators know this, of course. How the participants view the instructor will depend, in part, on how the instructor portrays him or herself. The Workshop instructor, of course, must be sensitive to the parent's feelings as well as the child about whom they are talking? One instructor may prefer to introduce herself by her first name when addressing the participants and welcomed them to do the same. This particular point will, naturally, vary from one Workshop instructor to another and may depend upon a number of different factors. Some participants feel more comfortable if the instructor takes a more formal stance which is, in part, denoted by the use of " Dr.", "Ms." or "Mr." We feel that a professional and helpful stance is always warranted and should not be compromised and that perhaps the use of names can be left up to the preference of both the Workshop instructor and the participants as well as the local custom.

12. While in Appalachia we dressed casually for our work attire but did not dress too informally. In other words, we wanted to dress similarly to the participants (and were told ahead of time that the participants would feel more relaxed with us if we did that) but did not want to convey the impression that we were there to simply take it easy. The seriousness of our work with them was neither diluted nor accentuated by our appearance and we felt that if our choice of attire could further put the participants at ease, we were glad to do that.

13. Being on site away from home, we made ourselves available to the participants throughout the conference. We ate meals with them, socialized with them and even enjoyed some recreational activities together. This of course has to be determined by both invited instructors and participants. When Workshops are conducted in the instructor's home town, one can make oneself available without participating in out-of-Workshop activities. What is important here is not the actual activities, of course, but the instructor's stance in relation to the participants.

14. How the members of the group interact among one another is a critical variable. Group composition can vary widely depending on size, experience, educational levels, ethnic mix, etc. There may be widely varying audiences (as we had in Appalachia) and there may be more homogenous groupings. It may be very useful to screen the group beforehand, if possible, or at the time of the Workshop, to ascertain the group mix as well as what the group's interests and concerns are and the nature of their experiences (personal, professional, etc.) Where possible, the program coordinator can do this and share the results of this process with the instructor while planning the Workshop event.

We found that some participants wanted to spend more time role-playing and in small discussion groups while others preferred to cover as much of the didactic material

as possible. Some members asked for a private viewing of the audio-visual materials that we had brought with us and reviewed them after the conference had formally ended. Others voiced the opinion that they would have preferred more time spent on actual skills-building methods. Such issues need to be resolved at the discretion of the instructors even at the risk of displeasing some participants.

15. Joining with the group effectively can also be accomplished through non-verbal means. For instance, in Appalachia we arranged the chairs in a semi-circle to facilitate conversation among the participants. We did not sit behind the table set up for us but pulled our chairs out from behind the table and closer to the participants; we used the table as a place on which to put our teaching materials. In these concrete ways we hoped to be more receptive and available to the group.

16. Workshops are much enhanced when they can be made personally meaningful to the participants. An instructor who feels comfortable doing so can occasionally use personal examples from her/his experiences as a parent; doing this seems to increase the positive interaction between the instructor and participants and also illustrates points and concepts in a tangible manner. Many participants appreciate this teaching method and hear and even accept the material better because it informs the participants of the fact that the instructor has experienced being a parent and it gives more reality to the instructor's information. Likewise, anecdotes either from one's personal or professional life can best illustrate certain principles and increase the participants' understanding of the subject matter.

17. Workshops can be made more lively when the instructor feels comfortable illustrating certain child behaviors, as making young child sounds (e.g., types of infant's cries) or demonstrating particular attitudes and gestures. At times the instructor may choose to emphasize a point by such intoning of a sound or acting out an expression or gestures in an illustrative manner; it usually makes the point more dramatically. Although this is not a requirement, participants generally are engaged by and enjoy the instructor's attempts to illustrate dramatically even if they are amateurish! The instructor can also enlist the help of willing volunteers to assist in such illustrations. An important didactic point can be made more clear through the use of illustration and example.

18. Similarly, if the Discussion text can be augmented by inserting a particular point of much relevance to the participants, such should be done and a good illustration may be very useful to do just that. Generally, participants enjoy learning through examples and the sharing of these; the instructor can use his/her judgment to improvise upon this theme.

In such ways further issues may also be added to the discussions as needed. For example, with a particular group committed to the benefits of breast feeding it is wise for the instructor to ask the group if they think that positive feeling experiences can also occur between a parent and a bottle-fed baby. Lively and productive discussion usually follows this question.

19. Workshops, like with any audience, require of the instructor to be attentive to how the group is responding and feeling. For example, if participants appear restless, inattentive, unusually quiet, etc. it is often helpful to check with them to see if the material is making sense, if they would like to review a particular point, etc. It can help to briefly review the point that you are making and then to move to where the group's interest lies at that particular time. Although this point is debatable, we feel that it is most important to make and retain an emotional connection with the group and that the actual didactic content is secondary at those moments.

20. When discussing Workshop issues it may be particularly helpful to the participants if specific ages and developmental markers are indicated. It can help participants register the material better when specific age ranges are denoted. Discussion can also focus on differences between age groups and what a parent can realistically expect at a certain age range in terms of the child's emotional and cognitive development.

21. If instructors are addressing participants who generally face similar difficulties (e.g. raising children in an economically depressed environment) the instructor may find it advantageous to emphasize particular points rather than others. For example, in Appalachia socio-economic factors often came up during the Discussion and expression of the participants' reactions and solutions were encouraged. "What qualities make good parents?" was frequently raised and were these qualities primarily of a material nature, of an emotional nature, or what? That is, we talked frequently about whether buying children toys and giving them many material gifts is the most meaningful way of promoting a positive parent-child relationship or whether those "emotional gifts" of respect, understanding, empathy and love are more mental health promoting and socially adaptive. It is noteworthy that many parents from all socio-economic environments tend to give more weight to the importance of material giving than do mental health professionals. We need to convey to parents the enormous value and power of emotional giving to the child's developing mental health and well-being.

22. Using a blackboard or flip-chart can be useful in emphasizing certain points. Hand-outs are usually welcomed by the participants and can increase their ability to absorb the material through the activities of listening and writing. They are often glad to have something in their hands to bring away from the Workshop and this can further enhance recall.

23. Reviewing the *Curriculum Lesson Plans* (for High School Grades) and choosing various exercises to be either utilized verbally or in writing can be supplemental to the Workshops. This depends on the instructors' preference. In the Appalachia project we chose to use one written exercise from the *Lesson Plans* in an oral manner and found that this was highly effective especially because it was done with dramatic intonation and gesture. This *empathy-enhancing* exercise was used to increase participant appreciation of this crucial parenting ability and optimized the educational potential of this Workshop.

24. Finally, and not the least important, instructors are best advised to use all available methods to convey to the participants their respect for their ideas, life

experiences, innate wisdom, ethnic specificities and local customs. It is critical that participants feel acknowledged and respected by the instructor. There is no place in our work for judgments and criticism.

WORKSHOP #1

AFFECTS

Question: Do you think it is important to know how your child feels? Why?

Answers from participants. Give examples of knowing and not knowing how a child feels.

Discussion: When we know how a child (including infants as well as adults) feels we know better how to interact with that child and what to do to help that child in a growth-promoting way.

Question: How can one know what a child, or anyone else for that matter, may be feeling?

Answers by participants.

Discussion: Human beings are born with the ability to feel what others seem to be feeling. In our field we call this EMPATHY, and we say someone has the ability to empathize.

Question: Do infants and very small children have feelings? Like, can they feel pain? Some people, even doctors, believe infants don't feel pain. What do you think? This may be obvious to you, but if you think they do feel pain, say how you feel you can tell this since infants can't talk?

Answers by participants and can they give examples. Instructor be prepared to give examples.

Discussion: Infants and young children automatically express feelings--they are born equipped to do so to insure their survival and well being. One of the major functions of expressing feelings is to communicate with his/her caregivers.

Infants develop a range of affects (feelings and moods) during the first year and although they can't talk, they express them in various ways. Body language and non verbal signals and cues tell us much about how infants feel. (Parents can and really need to learn to recognize and understand these signals and cues in their own children.)

Feelings that "begin at birth" continue to develop throughout childhood, becoming more and more complex as time goes by.

Question: What feelings (affects) can the infant express, and therefore can experience, during the first year of life?

Answers by group; ask for examples and be ready to provide some if needed.

Discussion: From the beginning of life until the 6th month infants can feel and show feelings of calmness, satisfaction after feeding, tenseness, agitation, rage, excitement, social smiling response, crying. Interestingly, infants can feel and express a range of negative ("bad") feelings, like irritability, hurt, rage, etc., but they show no clear expression of pleasure at or near birth such as joy, having fun, or even of loving.

At 6 months of age the child can experience not only calm, excitement, tenseness, crying, agitation and rage but can now experience and show feelings of pleasure, cheerfulness and smiling; but also now they can show fear, anxiety, panic, anger, hostility, and temper tantrums in addition to rage. The 6 month old also shows low-keyed or sad feelings and feelings of attachment and the beginnings of affection for parents, siblings and special caregivers.

The one-year-old experiences all the emotions from infancy and, in addition, now begins to experience them in a wider range or levels. The 1-year-old begins to be capable of experiencing sadness, grief, and even marked depression. He/she can express affection for persons he values--especially mother, father, siblings and valued caregivers.

Question: What are some of the signals and cues infants and small children give to express their feelings before they can talk?

Answers from group; ask for examples.

Discussion: Body language and facial expressions provide us with many signals and cues that tell us much about how the infant is feeling.

For instance, **crying** is a built-in mechanism for communicating needs. It is an inborn reaction to unpleasure caused by any kind of pain, physical or emotional, like distress and fear.

There always is a cause for the child's crying--there is always a reason. Babies do not cry "to exercise their lungs."

Cries vary in volume and quality--crying becomes different for different initiators of crying. Parents can get very good at knowing what is causing their infant to cry from pain or distress.

Question: Because we know that babies always have reasons to cry, what might some of the reasons be?

Answers from group; ask for examples.

Discussion: Hunger--felt very intensely by infants. Wet diaper, stomach pain, cold which interferes with breathing, a virus. He/she may cry because he/she hasn't been held and felt the physical-emotional closeness the baby **needs** in what seems like a long time to him. When older, the baby may cry from teething pain, from anxiety when mother leaves him, from a frightening dream, or cry in protest when he is put down for a nap.

Question: Do the cries of a baby all sound alike?

Answers from group; ask for examples.

Discussion: Parents can learn to decipher signals by listening and by their own empathy with him. Cries vary in volume and quality--crying becomes different for different initiators of crying. Parents can become very good at knowing their infant's different types of cries and then figuring out what can relieve the infant again.

Question: What can the parent/caregiver do if he is crying from stomach pain?

Answers from group; ask for examples.

Discussion: She cannot actually take away the pain but can hold him against her, comfort him by patting him, quietly tell him he'll be OK, and walk with him until he is on the point of falling asleep.

Question: How would a mother help a child who cries from the pain of teething?

Answers from group; ask for examples.

Discussion: She cannot make the pain go away but she can try to comfort him and give him some extra TLC (tender loving care) **to help him know that she really cares that he is in pain** and she can give him a teething ring, etc.

Question: How can she help a child who cries from a bad dream?

Answers from group; ask for examples.

Discussion: She can gently hold the child and reassure him/her that he/she is safe. She can quietly comfort the child until he/she feels calm and ready to sleep again.

(Because there is so much to deal with in this Workshop, this and related questions will be dealt with in Workshop 10.)

Question: What should she do about a child who cries in rage when being put to bed?

Answers from group; ask for examples.

Discussion: She should set limits sympathetically and reasonably and provide a full explanation as to why the limit is being set. She should remain firm on setting the limit and this may require several tries until it is effective (we will concentrate on this important subject during the **Setting Limits Constructively** Workshop.).

Question: If he/she still cries, would it help to spank him?

Answers from group. Allow time for ample group discussion.

Discussion: No. Spanking would make him feel more rejected and it would cut off communication. This situation is much better handled with words; however, the parent should not give in and allow the child to stay up longer because he is crying.

Question: What would you do with an older infant who is being left for an afternoon with his grandmother and who cries in anxiety as his parents start to leave?

Answers from group; ask for examples.

Discussion: First of all, we hope that you have told your child ahead of time that you will have to go out, where you are going, and when you'll be back. Also, we can assume that knowing your child, you probably knew that she/he might be upset.

Reassure your child that you are coming back and when, like before dinner, etc.

Tell the child you love her/him, that Grandmother loves her/him, and that he will be OK and Mom will be home pretty soon.

Go even though the child continues to be upset.

Do not slip out without telling the child you are leaving--to do so will increase his anxiety and make it difficult for him to trust you [his parents]. Say goodbye and go.

When you come back talk to the child about having had to go, being sorry that it upset him, but that you had to do this. And, let the child express his/her feelings but only in reasonable ways.

Question: Why is it important to help infants and small children express feelings?

Answers from participants.

Discussion: Expressing feelings in constructive ways promotes good mental health and enhances good human relationships.

The feelings the very young child has become organized and registered in the child's mind (psyche) and will stay with the child and become part of his/her personality for years to come, even forever. Early emotional experiences tend to have lasting effects.

The individual's lifelong personality development is significantly influenced by the emotional experiences of infancy and early childhood.

The emotional experiences of the first year may be "unrememberable" but at the same time they are "unforgettable." In fact we say that they are "unrememberable and unforgettable". The memories we are aware of (conscious memories such as being hungry and being fed, being frightened and being reassured, being sick and being cared for, etc.) may not last, but their experiences have been recorded in our unconscious mind and influence the way we feel to this very day.

Question: What happens to the infant and young child's emotional development if their expression of feelings is discouraged?

Answers by participants. Do they have examples?

Discussion: If what they express is not recognized, or is not responded to, or is discouraged, young children and infants may learn to suppress the expression of feelings--specific ones or all of them. And they may come to believe that having feelings and talking about these, or even just having feelings, leads to nothing good, or that feelings are bad and create problems.

Question: What feelings continue to develop in the second year of life?

Answers from the group. Any examples?

Discussion: Affects continue to develop from years 1--3. **Especially important at this time is the development of the ability to love and to hate.** Some affects (emotions) differentiate (develop) further; for instance, positive feelings toward by now valued persons, especially those persons to whom the child is (emotionally) attached, evolve into **the ability to love.**

Hate undergoes a similar differentiation (unfolding):

We want to emphasize that during the first year of life infants are not yet able to feel hate. From the second half of the first year of life on, when the infant experiences much or frequent times of high levels of pain (emotional or physical) she/he will, generally, develop feelings of intense hostility. But it will not yet be a feeling of hate. **Hate is a more intense and enduring feeling** of wanting to cause pain or destroy someone who is felt to cause excessive pain too often, too long. **This ability to hate becomes possible from about 18 months of life on.**

Question: What new feelings develop during the second year of life?

Answers from the group. Ask for examples.

Discussion: Low-keyedness (a mild level of sadness) occurs typically in the second half of the second year into the third year. It is a mild form of sadness that tends to last, to be **enduring**. Dr. Mahler believed that it comes from the child's now realizing that mother and self (child) are not bound together as one, but that they are two separate individuals. This makes the child feel small and vulnerable and brings this feeling of low-keyedness.

Shame begins to develop during the second year of life. Shame is a very painful feeling that always influences the way the child (or adult too) feels about himself and is a major underminer of the child's self-esteem, sense of capability and of autonomy, and discourages healthy adaptation. Shame can be produced by a young child feeling not able to do something he/ she tries to do. This makes the child feel he is not good enough, smart enough or big enough to do that which the child tried. Shame can also be produced in the child by the parent(s) disapproving of what the child is doing or saying; it can also be produced by the parent(s)' rejecting his appeals for comforting and love. This brings anger and resentment and more often than not it discourages the child from trying to do things or even from asking for comfort, reassurance, and love.

Question: Can feelings just occur for no reason?

Answers from group.

Discussion: No. There is always a reason for whatever feelings a child is experiencing, whether these feelings are positive ("good" feelings) or negative. For instance, there is always a reason for a young child's (or adult's for that matter) crying. The parent is best advised to approach the child in a comforting way and try to sort out and then, if possible and reasonable, to remove the cause of the crying. If the parent can put himself in the place of the infant it is likely that the reason for the crying will be understood and a constructive and reasonable approach to the problem can be found.

Question: How can the parent enhance feelings of love from the child?

Answers from the participants.

Discussion: The best ways to enhance feelings of love from a child is by loving the child, treating the child with consideration, reacting to the child from a position of empathy and by treating the child like a person from the beginning of life. If you apply the Parent's Golden Rule--to "Treat the child the way you would want to be treated if you were the child"--you will likely discover that this is usually a very good guide.

Question: How can parents prevent the development of too much hate?

Answers: from the participants.

Discussion: Foremost, parents should try as best they can, and in reasonable ways, to protect their children from feeling too much pain, physical or emotional. And when pain is experienced to do the best they reasonably can to help the child feel better. That does not mean that parents should give in to all their children's demands. Be reasonable.

This is an important topic that will be addressed at length in several workshops. For now let's add that the parent must be able to understand what his/her child may be experiencing and to help the child handle his/her reactions to the experience in growth-promoting ways.

Review: Instructors will review the basic "steps" regarding **CRYING** and provide guidelines.

Crying is always for the purpose of communicating that the child is experiencing some kind of pain, some kind of need state.

To understand the specific message it is helpful to look at the child's face, to listen to the tone of the cry, and to try to sense empathically what he is feeling (we will focus upon **Empathy** in the next workshop.)

It is important to alleviate the pain as soon as reasonably possible; if it is not possible to take away the pain, comforting the child will make it more bearable.

If the child is crying in anger, deal with it in a reasonable but firm way.

If a child is crying in anxiety about separation, be reassuring about returning. Never slip away in the hope that the child will not see you leave. He'll discover it soon enough and is then even more likely to feel you abandoned him. When you return spend time speaking with your child about your absence, your return and how the child may have felt about all this. Just because your child can't talk yet does not mean that he has not had feelings about your absence and return!

Activity: Parents/caregivers with infants and small children will tell about them using as much description as possible:

1. What different kinds of feelings does your baby have?
2. How do you figure out what he/she means?
3. Does your baby ever get angry?
4. How does your baby seem to feel when you play with him/her?

5. Did your baby love you when he/she was first born?
6. Was your baby happy at the moment of birth?
7. How is your baby learning to love?

Discussion: The Instructor will ask Mothers to volunteer the group's looking at (if baby is present in room) and talking about their babies while discussing the following questions:

1. How does baby feel? What do you think makes him/her feel this way?
(Encourage the use of imagination and test for empathic abilities.)
2. What does Mother do when she is in the kitchen and hears baby cry? (The principle goal here is to prevent the baby's becoming too frustrated, or be enraged for too long.)
3. Baby isn't crying but has just awakened from a nap. What does Mother do to make him feel valued/loved and content?
4. Do you think that your less than one-year-old baby loves you? Can less than one-year-olds feel "love"?
5. Do you think your baby needs to be happy all the time? Do you think a baby can feel happy all the time?
6. What makes your baby feel unhappy?
Agitated?
Frightened?
Excited?
Other emotions babies 0-12 months can feel?

Charades

Objective: Parents/caregivers will further learn that infants and small children do have feelings, can feel from the time of the infant's entry into the world, and parents will further learn to recognize and understand them.

1. A baby five minutes old.
2. A baby who has been snatched away from a hot object (hot oven, fire, etc.)
3. A baby whose mother has just returned from being away for several hours.
This mother does not pay special attention to baby when she comes in.
4. Same as above but this mother gently holds and reassures baby and speaks to him/her about where she went and what she did.

Class Discussion:

- Even though words weren't used, did you know what the actors were feeling?
What do we mean by "body language?"
What signals do you watch for in body language?
Do you think that a person can increase his ability to "read" the feelings of another person? If so, how?
Is it important for parents to be able to understand the body language of their infants and small children? Why?

Homework: Think back to your two earliest memories. What are you feeling in them? Write (or prepare to tell) a page on this.

Activity: Parents will read aloud (tell) the homework. The class will identify the feelings that are reported and consider which of these feelings can be experienced by infants.

Class Discussion:

Beginning with the identified affects in the above reports, the Instructor will describe the range of affects experienced by infants at the beginning of life and developed through the first year.

The parents will consider, through use of imagination, what would make an infant go into a rage. What would calm him/her down? What might frighten the baby. What might please the baby, etc.

The Instructor will ask the students to consider the following:

1. What feelings might a two-month-old have if he had to wait six hours for his bottle? (Fierce hunger, rage, panic.)
2. If this happened repeatedly, how would he come to feel about his mother or caregiver? (She doesn't care--the world is hurtful--I am not valued.)
3. Consider what feelings a two month old might have who instead of waiting six hours to be fed, has to wait six minutes. (He would feel hunger and perhaps rage, but these feelings would soon enough disappear with the food and comforting that comes after a very few minutes. As these experiences happen over and over, he feels valued as a person and comes to feel that the world is a friendly place.)

Explanation: By the end of the first year, the first child would have feelings of not being valued, of depression, anger at the mother who doesn't give him enough food, and mistrust of the world in general. These feelings could change if he were cared for in a more loving and reliable way later. Otherwise he is likely to grow up as an angry, unhappy person, who will take his anger out on other people, because he has felt cheated all his life.

In contrast the second child who has had small frustrations (such as the six minute wait) but mostly has the good emotional experiences of being loved and cared for, will grow up liking himself and his family and will be ready to meet the world on friendly terms.

Optional Homework:

Assuming you do not have an infant under one year of age, spend an hour with an infant under age one. Note the infant's exact age and make a list of the affects that you

observe. Choose two of these affects and

1. Describe the signals that helped you understand what the infant was feeling,
2. Explain what you think caused the infant to experience and express the feeling he/she did,
3. Tell how the mother responded to the infant's affect,
4. Tell how the mother's response changed the infant's behavior, and
5. Review observational and empathy tools.

Outcome: Parents/caregivers will have learned how to observe the feeling tones of an infant.

WORKSHOP #2

EMPATHY I

Question: What is **empathy**?

Answers from participants.

Discussion: **Empathy is the ability to perceive, to feel, what others seem to be feeling.** Human beings are born with the built-in ability to feel the way others feel. This is due to what we call "the contagion of affects". When you walk into a room where people are laughing, you too feel like laughing; when you walk into a room where people are mourning, you too tend to feel sad. This makes it possible to feel what others are feeling. It is invaluable in our ability to interact with others and it is essential for growth-promoting parenting.

Question: When does empathy develop in human beings?

Answers--ask participants what they think.

Discussion: Infants can feel what the parent/caregiver who is interacting with him feels. Again, this is due to "the contagion of affects". In turn, sensitive mothers, fathers, and other caregivers can feel what the baby is feeling. It is mutually felt. In an environment where the parents are empathic with their babies, babies begin to develop their ability to be empathic with other people. Where parents block their natural ability to be empathic--that is, to feel what the baby may be feeling--the infant may develop less well his own built-in ability to empathize.

Question: Why is empathy important for child rearing?

Answers from participants. Try to get examples from them. Have one good example to give.

Discussion: When we know how an infant or a child feels we know better how to interact with that child and what to do to help that child in a growth-promoting way.

The parent's empathic responses--that is, responses that are based on perceiving and feeling what the child is feeling--to their infant's expression of needs increases the child's comfort and helps him feel valued and good about himself. This begins a pattern of loving, respecting-of-others, of having relationships with others.

Question: How can the parent/caregiver know what the baby is feeling before the baby is able to talk?

Answers from participants. Examples.

Discussion: Imagining what the infant and small child is feeling is a crucial step in being able to understand and help the child in growth-promoting ways.

When parents/caregivers imagine what they would feel if they were in the infant's place, they will much more easily learn to understand what the infant is feeling.

Because "feelings are contagious" how you find yourself responding to a child's feelings will give you a clue as to what he/she is feeling. This empathy will enable you to better understand and help your child.

Question: Is there always a reason for having a feeling(s)?

Answers from participants.

Discussion: Yes. Do you ever feel something for no reason? At times you may not know what the reason is, but it is there. Each feeling is always caused by something and, most usually, can be stopped by something.

Parents and extended family can almost always help babies and small children to feel better; sometimes they need a health care worker to help them. The most important thing is for the baby to know that he can count on his mother/father/family to care for him.

A baby has many kinds of feelings. If he feels good, he sleeps well and eats well, looks around, plays and likes to be cuddled. If he feels in pain or is upset, he is likely to cry a lot. The mother (father) has to look at her baby carefully and with an open mind be able to feel-see what the trouble is. When the infant is crying it is in the best interest of both infant and parent for the parent to approach the child in a comforting mode and try to confirm or sort out and then, when possible, to remove the cause of the crying.

When the parent can put himself/herself in the place of the infant it is likely that the reason for the crying will be understood and an appropriate and growth-promoting approach to the problem will be found.

EMPATHY EXERCISE:

1. Look at the child's facial expression--eyes, mouth, cheeks and forehead.
2. Look at the child's posture and movements.
3. Listen to his/her sounds (including moans, sighs, coos, etc.)

Now, imagine yourself feeling the way the child seems to be feeling.

How did the infant's affects make you feel?

Discussion: All people, including infants and small children, have reasons for doing what they do. Try to understand the reasons that account for the child's behavior.

Because "feelings are contagious", how you find yourself responding to a child's feelings will give you a clue as to what he is feeling. Your feelings, which in part come from your empathy, will enable you to understand and help your child.

Exercise: Provide examples of children feeling some emotion (use wide range of ages beginning at birth).

Illustrate various types of cries from infants and small children.

Discussion: What is the child feeling? Why?

What would be some growth-promoting ways to handle the child's feelings? How would this response affect the child? The parent-child relationship? (Consider the opposite approach and result too.)

It is important that you put your understanding in words to the child; then, doing what seems necessary, be it comforting and/or reasonably setting limits, is more likely to help the child learn to cope with feelings in a constructive way.

Discussion: Instructors will discuss the large advantages of providing a growth promoting emotional climate for the child emphasizing how children (and infants) can feel from the first hours of life, how a good attunement between infant/child and parent can help optimize their relationship and all of the child's developments, and the vital importance of communicating emotionally and by talking to infants and children.

Basic concepts will be introduced and then repeated in Empathy II:

Basic Trust

Basic Mistrust

Good feeding experiences: what it represents and how to create these.

Instruction and role-play:

Feeding a baby: (Ask participants to provide examples.)

Demonstrate ways to hold baby during feeding that will optimize positive experience for baby and parent.

Demonstrate ways that might foster negative feelings.

Discussion: What makes baby feel good?

What is "good"? Feeling safe, warm, comfortable, loved, understood.

What makes baby feel bad? What is "bad"? Being alone, frightened, cold, uncomfortable, sad, unloved.

Role Play: Instructors will ask participants to imagine they are under 12 months old and:

1. feel hungry. How do you feel? What do you do?
2. are being fed. How do you feel? What do you do?
3. have been in a wet diaper for an hour, or more. How do you feel? What do you do?
4. are being given a soft toy by mother. How do you feel? What do you do?
5. are being left alone by mother; she has left without saying anything. How do you feel? What do you do?
6. are being swung up in the air by father. How do you feel? What do you do?

General Questions:

What should you do to help a less than 12 month old who is scared to be in room alone?

How do you help him/her get used to being by herself?

How do you know what she wants when she/he cries?

How do you help child if he/she has a belly ache?

Why do you talk to her if (you think) she can't understand you?

Would she/he know it if you didn't feel well?

Does she/he ever get angry at you?

Are you her favorite person? How does she show that?

Review:

Using empathic understanding from infancy on can optimize the emotional development of children. When parents understand what the infant is feeling their parenting will be greatly benefited.

Exercise:

Every child, in fact every person, no matter how old or how young wants to be understood, no matter what the child/person feels or does. An understanding attitude when with a child (and adult) tells him that he is cared about, respected, and that his parent knows that he had a reason for doing whatever he did. A person who is treated with consideration, and feels understood is more able to deal with problems than one who

is not. Consider what you would do in the following situations; write a paragraph or an outline:

1. Martin is a newborn. If you were his mother or father, what would you do to help him grow into being a person with strong love feelings?

2. Josephine, age 2 1/2, was playing with her toys when her mother told her that it was nap-time. Josephine gathered her toys in her arms, turned her back to mother and refused to come. Mother began to take the toys from her, repeating that it was nap-time. Josephine yelled "I hate you!" What would you do and why?

3. You are a baby-sitter with 18 months old Alan, whose parents have gone out for a while. Alan knows you, and you have often had a good time rough-housing together but tonight he looks very solemn and isn't warming up to you as usual. What would you do, and why?

4. Barbara, age 3, has just made a drawing of Mother and has taken it to show her. Mother says "That's an ugly drawing. Can't you do better? Your brother could make good pictures when he was your age." How would this make Barbara feel about herself? About her mother? If she showed you one of her drawings, how would you respond?

Assignment:

The participants will read and discuss their paragraphs and outlines. The following points should be reviewed and emphasized:

1. Love is the affect that enables a person to make meaningful relationships and which contributes to the child's self-esteem and adaptation. **The child can develop love by being given love and respect.**

2. Hate is the affect which more than any puts enormous stress on oneself and on relationships and undermines self-esteem and adaptation. **Hate is the result of experiences of too much pain of any kind**, be it physical but especially when the pain is emotional. It is extremely important to help the child learn to talk about his feelings and work them out in constructive ways.

EMPATHY II

Instructors will review major points of Workshop EMPATHY I with focus upon the following questions and concerns:

1. Why is empathy important to child rearing?
2. "Contagion" of feelings between child and parent: how can this be used to optimize child rearing?
3. Empathy exercise: have the group practice these skills.

Group discussion:

The critical importance of **Basic trust** and **good feeding experiences**. (Students may volunteer personal experiences to use as examples.)

Question: from what we have learned are you able to use any of these skills and ideas and apply them to older children? Get examples.

Empathy for parent:

Help parents tolerate reasonable expressions of HD.

Help parents tolerate and optimize autonomy struggles (put emphasis on the positive value of children's being able to complain and/or struggle with parent.)

Suggestions for ongoing workshops to reinforce workshop themes and skills:

1. Vital importance of support systems, in particular where mothers are overburdened and or depleted, externally and internally.
2. Value of helping parents understand their child's development and then form realistic expectations based on their understanding of the child.
3. Full appreciation of the critical role that parents play to insure the physical and emotional-cognitive growth of their child.

WORKSHOP #3

UNDERSTANDING AGGRESSION

Question: What is aggression?

Answers from participants. Ask for examples.

Discussion: Aggression is an important inner force we are all born with that helps us to master and control ourselves and our environment. It exists and appears in the behavior of all children and adolescents in 2 major forms:

1. **nondestructive aggression (NDA)** which includes assertiveness, the inner push to reach our goals, protection of one's self, relationships and property; and
2. **hostile destructiveness (HD)** which includes anger, hostility, hate and rage.

Question: Why is it important for parents to know about the types of aggression in their children?

Answers from participants.

Discussion: The proper handling of aggression in children has profound implications for the health of their emotional development and the formation of their personalities. It also influences importantly the quality of the parent-child relationship and the later relationship of the child to society.

The challenge for the parent is

1. to promote what is healthy in aggression; that which is needed for healthy and effective adaptation and
2. to lessen and contain what is hostile, which can interfere with the child's healthy development and well-being.

Nondestructive aggression is invaluable to adaptation and needs to be encouraged while hostile destructive aggression needs to be reasonably managed and controlled.

Question: What causes children, from infancy through adolescence, to be aggressive?

Answers from participants.

Discussion: We cannot talk about or deal with all aggressive behaviors in the same way because aggression is not one thing.

Nondestructive aggression--seen in behaviors that help the child master himself and the new world into which he was born--is the product of an inborn inner drive system that serves the survival of the self, that serves adaptation and the attaining of our wishes and goals. This system is present and functioning, however primitively, at birth. This is exemplified by the large inner push to reach and get hold of things, to crawl and walk, to

gain control over and, in general, to master things in this new universe.

The development of a sense of self is propelled by strong internal forces. Inner pressures to act individually and autonomously are inborn.

Question: How can parents enhance (optimize) nondestructive aggression in their child?

Answers from participants and ask for examples. Have some examples on hand.

Discussion: This is an important topic and will be explored in depth during the next workshop (# 5). For now we will say that the child's experiencing of these inner pressures needs to be protected and progressively organized by the child. The necessary guidance and protection can be provided in ways that will enhance the child's ability to be constructively assertive while protecting against the undue production and mobilization of hostility.

To do this it is necessary to understand and respect your child's needs for age-appropriate autonomy and for opportunities to explore his environment in safety. And setting reasonable limits helps the child master her/his inner pressures.

Of special importance to the issue of enhancing strivings for autonomy and mastery is to let the child do things on her/his own--children need age-appropriate opportunities to be independent and autonomous. When it seems reasonable, children should be allowed to make independent decisions of an age-appropriate nature.

Question: What about hostile destructiveness (hostility, hate and rage)? What does the parent need to know?

Answers from participants.

Discussion: This form of aggression involves pain and suffering. Hostile destructiveness, seen in angry nasty, hurtful behaviors is **not** present at birth. What is present at birth is the mechanism for its production (generation), or mobilization. What activates the mechanism and generates hostile destructiveness--even its most primitive form in infancy--is **the experience of excessive displeasure**.

Question: What is **excessive displeasure ("EU")**?

Discussion: Simply translated: excessive = too much; displeasure = pain. **"Too much pain" of any kind, physical or emotional.**

All feelings of hostility are produced by an underlying experience of excessive pain or emotional distress.

When children or adults act in a hostile manner, sadistically, to harm another person, we assume they do so **because they have previously suffered significant injury to their emotional self.**

Injury to our narcissism (our sense of self-love and self-regard) is a major source of such acts.

By contrast, **benign experiences of displeasure** lead to adaptation, learning,

growth, and efforts to improve our life situation. It is when unpleasure is felt as **excessive** that it can wreak havoc in the individual.

Children ought to be protected against too frequent and too prolonged excessive unpleasure experiences. It is important for parents to know that children vary widely in the way they tolerate unpleasure.

Question: How does hostile destructiveness develop in the infant?

Let's first talk about **rage**. What do you think makes infants and young children become enraged?

Answers by participants. Ask for instances.

Discussion: Rage is a complex inborn reflexive behavior that gets triggered when an infant is experiencing a high level of EU, "much too much pain (physical or emotional)". We say that rage is one of the most intense reactions of hostile destructiveness and that rage always tells us that the pain the infant is suffering is felt by the infant to be unbearable. It is, though, just one of the ways hostile destructiveness shows itself.

Hostile destructiveness includes a **range of affects** (feelings) that are increasingly more intense as experiences of unpleasure (pain) become more intense. From mildest to most intense, hostile destructiveness consists of the following range of negative affects:

From birth on, when an infant experiences mild unpleasure, be it mild annoyance (such as due to noise that is a bit too loud, or to tiredness or to a scratchy piece of clothing), or mild pain (such as due to beginning feelings of hunger), the infant will then feel "low level negative feelings" and may whimper and become **fussy**. As these feelings become more intense, the infant will become **irritable** and may complain or cry.

In the less than 5-6 month old, the **irritability** and crying will become more intense as the unpleasure continues and mounts. Once the unpleasure reaches a level felt by the baby as "too much" (excessive), as unbearable, a **rage** reaction will occur.

The **rage** will begin at a moderate level (for rage) and if the source of excessive unpleasure (by now felt as much too much pain) is not stopped (such as by "finally" getting fed), the rage will progressively mount, reach its highest peak and then only gradually decrease as the infant becomes tired and then exhausted.

From about 5-6 months on, feelings of the hostile destructive kind develop so that now the infant seems able to feel **anger** and **hostility**. With the ability to think sufficiently developed to organize the experience of feeling hurt into a thought, and the attachment to a specific person well underway, when a 6 (or more) month old feels hurt there will, as before, first be **irritability**. As the hurt continues (be it physical or emotional as in mother's rejecting the child's wanting to be held), the child's negative feelings will intensify and become (and sound and feel like) **anger**. **Anger** results from experiencing hurt that does not yet reach the point of feeling "this is too much." Now, the pain is not yet unbearable but it is enough that the child makes it clear he wants to be rid of it and complains with force at the caregiver to make it stop

From about 6 months on, when the unpleasure gets to the point of being "too much" for the child, anger will turn into **hostility**. **Hostility** is felt when the pain (physical or emotional) goes beyond the line of what the child can readily tolerate, it then becomes too difficult to just accept it. Now, when the 6 month old (and beyond) feels "excessive unpleasure" at those times he/she will feel hostile toward the caregiver and the world around.

Anger makes a child demand that the hurt stop; he/she feels "this has got to stop". When a child feels **hostile** the pain has gone too far and the child wants to hurt or damage something and inflict pain on someone or something else. **Under about 18 months of age, infants cannot yet feel hate.**

Question: What is the common ingredient that seems to exist in all expressions of hostile destructiveness?

Answers from participants.

Discussion: Excessive Unpleasure.

Infants are not born with a load of hostility or rage that they must experience in relationships.

Hostility and rage are generated in infants, are produced by experiences of excessive unpleasure. Any experience that the child feels as excessively unpleasurable (physical or emotional) will activate the inborn mechanism that generates hostile destructiveness in all of us.

Thus experiences like a very painful earache, intense hunger pains, or feeling too neglected by those who are supposed to take care of you, or feeling too terribly frustrated, or handled too meanly or in an abusing way, will produce, will generate a fresh load of hostility or rage, usually in the young child, toward those who take care of him/her. In this then, either by what the caregivers do to the young child or what they do not do, the environment plays a large role in the child's experiencing hostility and rage. An important complication arising from the child's expressions of hostility, anger and rage is that the caregiver(s) may have a very negative reaction to these expressions of feelings and react with counter-hostility toward the child.

We will discuss this in greater detail at the end of this Workshop.

Question: What do you think might be the family and the social implications to these findings?

Answers from participants. Ask for ideas and examples.

Discussion: Probably the largest implications of this for the family and for society are that if, in the course of rearing our children, we can protect them from having too frequent, too intense, too long experiences of excessive pain or distress, we can prevent the excessive development of hostility and rage within them. By doing this, we can protect them from

becoming individuals who are excessively hostile and are likely to have problems with hostility and hate throughout life.

Question: In terms of hostile destructiveness, how can parents promote good health in their children? What can parents do that would protect their children from becoming excessively hostile individuals?

Answers from participants.

Discussion: Parents must know that when their infants experience hostility or rage reactions or temper tantrums that each of these, every time, is generated by some experience of excessive pain (EU), physical or emotional. We repeat that a child's crying and/or simple reaction of anger, etc. is always produced by some kind of pain. Knowing then gives the parent a reason for action: "**How can I help my child to not feel so much pain?**" Be empathic (try to feel what your child may be feeling), be sympathetic (agree that pain is difficult to bear), try to rid your child of the pain (if you can), and offer to comfort and to problem solve (if the pain can be gotten rid of by the child's taking certain steps). Ask participants for examples and discuss them.

Excessive pain--when the child (from 6 or so months of age on) feels "I can't take it anymore!"--intensifies anger into hostility and this hostility then unavoidably colors the child-parent interaction; it makes it a hostile interaction. The more such interactions occur over time the more they will become part of what the infant expects and become part of the parent-child relationship.

Question: Does this mean that the parent should give the child everything he/she wants in order to avoid experiences of EU?

Answers from participants.

Discussion: Absolutely not! As in all parenting, **reasonableness** must govern your parenting and determine what your child can and cannot have.

Occasional feelings of anger are unavoidable in both children and in parents, and thus, in relationships. Anger in relationships need not cause harm; it is how the anger is handled that can cause harm. We cannot always give children what they want or even what they need. Dealing with experiences of not being able to get what one wants in growth-promoting ways will, in fact, help the child learn to cope with life's unavoidable frustrations and disappointments. Furthermore, modest amounts of frustration, disappointment, and anger can help the child learn to cope constructively. What the child needs to be protected against are experiences of **repeated and prolonged excessive unpleasure** (including excessive frustrations and neglect) which generate high levels of hostile feelings and rage that are too intense, last too long and occur too frequently.

This is especially so when these are not well enough prevented; when they can be due to the parent's insufficient or inadequate responses to the child's experiencing.

Question: Is the quality of the parent-child relationship important?
If so, why?

Answers from participants.

Discussion: This is **very** important.

Parents need to know that there are ways of enhancing a child's ability to modify, to lessen the hostility generated within the child. This ability, in large part depends on the child's having a good relationship with his/her parents. Each child can develop the ability to lessen the amount and the intensity of hostility that life circumstances generate within him/her. A sufficiently positive attachment to his mother or father is necessary for the development of this potential ability.

Summary: There are specific areas of the parent-child interaction and experience where hostility most commonly becomes generated and/or what is already accumulated gets mobilized. It is also in these common parent-child interactions that the parent has the opportunity to **prevent the generation or activation of hostile destructiveness, and to protect and enhance the child's healthy nondestructive aggression.** These are:

1. Dealing constructively with the child's experiencing EU.
2. Recognizing the need for--and allowing children--sufficient and reasonable autonomy and exploratory/learning/practicing activity.
3. Setting limits constructively.
4. Teaching the child how to express and discharge anger and hostility in reasonable and acceptable ways.
5. Handling rage reactions, painful feelings etc. in growth-promoting ways to optimize the parent-child relationship.

Discussion:

What causes your baby to be angry? To be hostile? To have a rage outburst?
(Answer: an experience of unpleasure increasing to become excessively unpleasurable.)

How can you deal with each?

How can you **prevent** these while you continue to be a responsible, loving parent?

Do you think that people (from infancy through old age) ever become angry or hostile for no reason?

What kinds of situations cause feelings of EU in infants and children? (Get examples from participants of children from infants through 3 to 4 years of age.)

Do you think that parents can prevent all experiences of anger? Of EU? Would it be a good thing?

Why is nondestructive aggression important?

How can parents encourage this form of aggression in their children?

Since all human beings have rights, what rights do infants have?

How do they assert their rights?

How have you observed children and infants asserting their rights?

What are the parents goals with regard to nondestructive aggression in their children?

What are the parents goals with regard to angry and hostile forms of aggression?

Instructors briefly **explain and discuss** the following issues:

"Battles of Wills"

The combination of the thwarting of the child's healthy narcissism and the thrust to autonomy (nondestructive aggression) by a beloved parent's prohibition is what causes "battles of wills" to occur.

When parents do not understand what causes their child to resist mother's prohibitions--most parents take it as a personal insult which then triggers anger and sometimes even rage and violence (e.g., child abuse sometimes reported associated with toilet training).

It is in the set of this type of experience, namely the child's normal thrust to do what he/she seems compelled to do, that the child's experience of saying "No!" merges.

"No"

The child's "No!" is of enormous importance to the structuring of the 18 month old child's sense of self, of assertiveness, self-reliance and self cohesiveness.

This "No" is the verbal expression of experiencing the healthy narcissism and nondestructive aggression which are at the core of the child's developing autonomy and individuality.

The "No" and the battle of wills to which it may lead, are critical determiners of the development of aggression in the self.

If the child feels so threatened that he/she cannot say "No" to the people he/she values, the child's nondestructive aggression is likely to become inhibited, hostile feelings to become more intense and the inner sense of emerging autonomy and self will then be thwarted.

If the 18 month old says "No" too strongly, too frequently, is too unyielding to the

demands made by the parents, here, too, difficulty with aggression is likely to occur.

Too much oppositional feeling in the child will create too frequent and too intense battles of wills which will generate more and more hostility and too much ambivalence in both child and parent.

Therefore, a position somewhere between insufficient assertiveness and too persistent and unyielding assertiveness on the part of the child is needed to facilitate the child's developing a healthy balance of nondestructive aggression and only moderate levels of hostility.

"Mine" and "Rapprochement conflict".

"Ambivalence"

The following questions will be discussed as a group:

- a. What might cause a young child to at times hate his/her parents?
- b. How can the parent best handle the situation?
- c. How can the parent best handle his/her own counter-reaction of anger and hate to the child's expression?

Role Play:

Students break into small groups to fully discuss the above issues and pick 1 or 2 examples to role play. Use examples from participants.

Use the following questions to guide the role play:

- a. How does the child feel?
- b. How does the parent feel?
- c. What are some growth-promoting ways to handle the situation?

Wrap-up:

Can participants identify these and related issues in older children and adults?

The more the displeasure experienced, the more the hostility toward that parent will be generated.

The child eventually needs to develop internal controls, which will make it possible for him/her to guide his/her activities and thereby learn to avoid that which is harmful to the self and that which will generate anger and hostility in the child toward those the child loves most.

WORKSHOP #4

THE DEVELOPMENT OF AUTONOMY: ALLOWING SUFFICIENT AUTONOMY IN A SAFE ENVIRONMENT

Question: What is "autonomy?"

Answers from participants. This may draw a blank for many participants.

Discussion: **Autonomy** means to initiate (that is, to think of things one wants to do) and to do things oneself, to be driven from within oneself to do what we ourselves do. Its earliest signs which emerge especially from when infants are about 10 months old, look like the infant would be saying: "I can do things!"

The inner push that drives autonomy in each of us is nondestructive aggression. It is nondestructive aggression that fuels the "Thrust to Autonomy"; it is called assertiveness by some theorists.

Question: When does one begin to see it in infants?

Answers from participants; ask for examples of the infant wanting to do things him/herself.

Discussion: The first signs of wanting to do things oneself appear in the first months of life with the infant's first efforts to master his body and the world into which he/she was born. Of course, we then see evidence of nondestructive aggression driving the infant to do these things that serve him/her to master his/her own body, to do things that lead to the infant's developing new adaptive abilities.

Question: What is important about the "thrust to autonomy?"

Answers from participants.

Discussion: The "thrust to autonomy" (Erikson, 1959) is at the core of the infant's becoming a self. The need to become a self is built in; we are born with it. It is as powerful as the need for emotional attachment.

The thrust to autonomy becomes visible in behavior from the middle of the first year and continues through life.

The thrust to autonomy drives the beginnings of learning. The earliest form of learning was called "sensorimotor intelligence" by Jean Piaget (a Swiss psychologist), because the beginnings of intelligence involves our sensory (seeing, hearing, smelling, feeling, etc.) and our motor (muscles and movements) systems. This early inner-driven activity marks the beginning of the push and energy the child will utilize later in school as will the adult in his/her work. This inner pressure and the activity it seems to fuel can be very productive and serve the child's adapting to everyday life, the demands of work and of the environment.

Question: How do we recognize this in our infants?

Answers from participants; ask for examples.

Discussion: Infants show this inner push and pressure during the first year when they want to do something themselves, or reach for something themselves, or even make something happen or work.

From the 4th month of life on this "pressured activity" increases in frequency and in intensity and begins to play an important part in the child's actively interacting with his/her environment, both animate and inanimate.

Some child development specialists propose that this form of nondestructive aggressive pressure fuels the development of locomotor (hands, arms, legs and body movements) and cognitive (thinking, understanding cause and effect, problem solving, etc.) skills and contributes importantly to adaptation.

Question: How can the parent enhance the child's developing and handling of nondestructive aggression?

Answers by participants; ask for examples.

Discussion: The parent can play a critical role in enhancing the child's autonomy and healthy assertiveness by fostering the exploring-learning-achieving efforts the young child makes. The child's assertiveness and autonomy need to be nurtured as well as appropriately directed.

It is important that the parents recognize this constructive form of aggressiveness, of assertiveness, which fuel the child's emerging autonomy from the first months of their child's life on. It is important that the parent recognize this in his/her infant and that this form of healthy assertiveness be protected because it is much needed for healthy adaptation, healthy self-valuation and sense of worth, and it is also of enormous value to the growing infant's developing sensorimotor intelligence.

Question: Doesn't setting limits interfere with the child's developing sense of autonomy?

Answers from participants.

Discussion: It is very important to protect the infant's efforts to appropriately gain mastery over himself/herself and his/her environment but it is equally important to set limits where those efforts may cause harm to the infant, to others or to valued possessions. It makes the child feel safer in his explorations and in his acts of autonomy.

It makes the difficult task of limit-setting easier if parents bear in mind that setting limits when needed will facilitate the development of healthy assertiveness in their child.

Question: How can the parent protect healthy self-assertiveness while also set limits appropriately?

Answers by participants.

Discussion: This is an important question and we will spend an entire workshop on this topic. For now, let's say that because the marvelous thrust to autonomy is the prime producer of "battles of wills" between parent and child it is important that limit-setting be done constructively. Both, the inner thrust to explore, to learn must be protected, and the child's safety and learning to socialize reasonably need to be assured.

Question: What goals might you set yourself to enhance your child's healthy sense of autonomy? What would a well developing sense of autonomy give the child?

Answers from participants.

Discussion: Parents need to help their children over their childhood years to gradually become individuals who can govern themselves and will one day be able to function on their own by being properly assertive, able to initiate and carry on constructive work, and be sufficiently self-reliant while being warmly, lovingly related to another chosen person.

The child needs to be supported and may need to be encouraged to develop his/her ability to cope, to master difficult situations, to continue to explore and derive meaning from his/her environment. All these skills will enable the child to become a productive member of society and to better reach his/her potential due to his/her positive self-esteem and self confidence. The beneficial consequences of encouraging healthy autonomy in children are far reaching and have implications throughout the entire lifetime.

The primary goal for parents is to make their child appropriately assertive by providing and supporting certain activities for their child that help him/her explore their world, assert their needs in reasonable ways, develop self mastery, and learn to get along in their environment and with other people.

Question: What happens to the child if this nondestructive aggressive thrust is persistently thwarted and/or frustrated by the environment?

Answers by participants. Ask for examples.

Discussion: If this drive is frequently frustrated the child will experience excessive unpleasure because it is, and can increasingly become, a painful experience, producing anger and hostility. It can also cause harm to the child's sense of initiative and basic sense of self as a capable functioning person. It may also result in negative interactions between the child and those who are thwarting him/her, leading to conflicted relationships.

Question: Are there some guidelines that can help parents foster a healthy sense of autonomy in their child?

Answers from participants to start with. Then,

Discussion: We have "Ten Commandments" to help parents with this:

1. Listen to the child when he/she tries to tell you something.
2. If you don't understand, ask him to repeat it so you can answer him/her properly.

3. Give him/her choices about what to wear and ask him/her to tell you what he likes.
4. Respect her/his wishes, whenever possible (if she doesn't like a vegetable, try another; offer an alternative.)
5. When you have to deny him something he wants, let him know that you understand that it may make him angry with you.
6. Encourage but don't push too hard to do new things.
7. Praise him and show your pleasure when he accomplishes something new. Never shame him when he fails.
8. Teach him how to meet and greet new people in a friendly manner and how to play with other children in a positive way.
9. When he does express anger help him to deal with it reasonably, to let Mommy know by signs or words, but, given that these are normal feelings that come from feeling pain, don't make him feel that he is a bad child for having or expressing these feelings.
10. Let him/her always know that you value and respect her/him as a person.

Discussion:

Participants will consider the following questions and will discuss answers in either small groups or in general discussion.

1. Has your child shown non-destructive aggressive behavior so far today?
2. Did she tell you what food she wanted, and did not want for breakfast? (That, of course means that she was being reasonably assertive.)
3. Did she/he say what she/he wanted to wear today? (Again, being reasonably assertive.)
4. Was she/he very busy exploring her/his environment, or trying to do somersaults or other physical activity? (Non-destructive aggression--in the service of learning and mastering her/his body.)
5. Did she get into a game with other toddlers on the playground (non-destructive aggression, assertiveness.)
6. Did anyone read her/him a book or did he/she seem to make some interesting discovery? (Exploratory learning--nondestructive aggression.)
7. Did she/he and you get into an argument in which you both said what you felt and thought? (Nondestructive aggression--assertiveness.)
8. Did she/he ask you to take her/him somewhere today? (Assertiveness.)

These are all non-destructive aggressive activities which help your child explore and begin to gain mastery over his/her world.

Instructors will ask students for more examples of nondestructive aggression and will focus upon growth enhancing methods to handle this constructively.

Instructors will teach specific skills that encourage self-reliance. These skills will include helping children to help themselves and to persist in reaching their goals, providing information to children which will assist their pursuit of gaining knowledge, encouraging

children to find answers to their questions (adults have to hold back from providing answers too readily, asking too many questions, discouraging children from going to sources outside the home, etc.) It is also important to encourage children to strive to reach their potential and to use their persistence, imagination, creativity and courage in order to do so. Adults should be mindful of appearing too pessimistic about this endeavor and allow children the chance to develop themselves to their fullest potential even if it entails some temporary set-backs and frustrations.

WORKSHOP #5

SETTING LIMITS CONSTRUCTIVELY:

PROTECTING HEALTHY ASSERTIVENESS

Question: What is limit-setting?

Answers by participants.

Discussion: Limit setting is the parent's acting in the child's behalf when the child cannot yet determine how she/he should behave or is unable to behave reasonably. Limits need to be appropriate to the child's age, to the way the child is feeling, and to the situation. Limits should be clear and understandable, with appropriate explanations and reasonable firmness. They should aim at protecting, informing and guiding the child.

Question: Why is limit setting necessary?

Answers from participants.

Discussion: Limit setting is necessary when the child is too immature to know something cannot be done (for a good reason) or is risking harm to himself or another, or to a valued thing. The limit is set (usually) because the child is doing something that may be harmful to himself/herself--may be harmful to something the parent values, or hurtful to someone else, or may not be accepted socially. Limits that are set for reasons other than these should be questioned by the parent.

Question: What are some of the best guidelines for parents in setting limits constructively?

Answers from participants.

Discussion: **Reasonableness** ought to govern the setting of limits.

In addition, parents should **clearly** give the child the reason why the limit is being set.

Limits should not be set unless they are **absolutely necessary**. On the other hand, when they are necessary, they should be set

Question: Why is limit setting difficult for parents and children?

Answers from participants.

Discussion: Setting limits commonly leads to battles of wills in most children and these battles of wills generate hostility in both child and parent. Both battles of wills and the hostility they generate in both child and parent are difficult for each of them. But here is why this happens.

Being pushed from inside by his very valuable "thrust to autonomy", the young

child is driven from inside to do what he is doing, whatever it is. This gives him a sense of being able to do things, to make things happen, to master the world around him and himself. When the parent says "You can't do this" or "You have to do what I told you to do", it runs right up against the child's inner push to do what he is doing, and his developing sense of self. It's as if the parent said "You can't do what you're driven to do!"

In the midst of limit setting it is helpful for the parent to bear in mind what is at stake here--again, it is the child's magnificent thrust to autonomy that is making him do something the parent needs to prohibit. This budding power in the child is acting in the service of securing in him/her a good sense of self, of self-esteem and eventually self-confidence.

It helps if the parent understands that setting limits, which is often needed to protect the child against harm, stands in the way of, interferes with the child's strivings for autonomy.

This generates hostility in the child toward the limit setter (usually the parent.) And, by making the child feel hostile with the mother he/she loves, it brings with it a conflict of ambivalence within the child which may, in turn, lead to problems in the development of autonomy and the sense of self.

Limit setting then, stirs up autonomy conflicts and produces a conflict of ambivalence within the child. This ambivalence can produce problems but, at the same time, can produce significant healthy growth. This conflict of ambivalence will trigger accommodative reactions on the part of the child that will lead to learning how to deal constructively with one's own hostility, internalizing the morals and dictates of the parents, forging the quality of reasonable compliance children need to have with people in authority, like police officers and teachers, and can also help mold healthy assertiveness in the child.

Setting limits, therefore, is difficult and a serious challenge for all parents and children everywhere, across cultures and socioeconomic groups.

Question: Should the parent ever change her/his mind about a limit she/he sets?

Answers and reasoning for it from participants

Discussion: Parents should be able to back down on a limit they find, after some thinking, to be unnecessary. Parents changing their mind about a limit can be growth-promoting. Even very good parents make mistakes; we all make mistakes. It's important to recognize it, realize it, and admit one has made a mistake and undo it. Children always appreciate and respect parents' apologizing for mistakes they make. Children almost always are forgiving of parents' making a mistake. The only times children are not forgiving is when parents are unduly harsh or abusive. When a good-enough parent admits making a mistake, the child does not lose respect for that parent; then the child comes to learn that one can make mistakes and not end up looking terrible for it.

Question: Is there any way of making setting limits easy or at least easier?

Answers from participants.

Discussion: There is no way of making setting limits easy, except if your child is very malleable. There is always the concern that when a child is very malleable, is too easy to set limits with, he/she may not have enough healthy inner push to go after things he/she really wants, that he/she may not have enough healthy built-in assertiveness and goal-directedness. It is not always the case. Some kids are just much easier to set limits with and still have plenty of inner drivenness in them than others. Some parents are just lucky!

One thing that will make limit setting **easier** is when the child learns to predict what the parent will do. For this reason, **limit setting should have a pattern**. But first a few comments about the pattern you might choose to set.

How the child responds to limits will help parents tailor their limit setting. The parent's awareness of, and letting herself/himself feel what the child is experiencing (empathy), the child's vulnerabilities and sensitivities, will guide the parent in determining how to set a particular limit. If the child is a rapid reactor (like many hyperactive or very active children), limit setting should move more quickly, say 3 steps instead of 5. If the child is a timid, shy child, limit setting should be more gentle and slower in order to not overly frighten the shy child who is trying to stand up for himself and defy his/her parents' wishes. (Group Instructor: Both types warrant fairly extensive discussion.)

Parents will succeed better when they develop a consistent, predictable, situation-contingent (i.e., fitting the situation reasonably), pattern of limit setting including number of repetitions, affect adequacy (tone progression), reminder of consequences and warning of punishment. Parents also need to determine when to hold the line and when to reverse a stated limit.)

Here is a model that works pretty well. Most young children do well with limits set in 5 steps. As we said before, with some, the 3-step progression is better; with shy kids you may want to even take 6 or 7 steps. **Here is the 5-step model:**

Step 1 is a clear, simply stated demand that the child do what you want him to do and the reason why. The situation will determine how the parent takes this step.

Step 2 should be a repetition of Step 1 but more firmly, with a bit more serious tone, and a bit louder.

Step 3 should repeat step 2 but more firmly still. Tell him this is now the third time you're telling him and you don't like that. Remind the child how unpleasant things turned out the last time they went through this. Don't plead! It produces guilt and meanness..

Step 4 requires that the parent get up, go to the child and with some anger now, (not necessarily with more loudness) but with more seriousness--maybe even a bit of severity--repeat the limit and state the form the punishment will take, i.e., privilege withdrawal, if the child does not respond **now**.

Step 5, using the least force necessary, move the child into action and then, whether the child complies, in fact **even if the child now complies**, follow through with the punishment. A time out is best. Next best is not being able to see his/her favorite TV program tonight. If you have warned the child of punishment at step 4, you should punish or your word will not be taken seriously by your child, neither your limits, nor even your verbal approvals and declarations of love!

If in the course of setting limits you realize the limit is really not necessary, be brave, admit it, say you changed your mind but it was not because the child protested but because you see it really is not necessary.

Question: What is the best manner in which to set limits?

Answers by participants.

Discussion: How limits are set contributes to their success or failure. Parents should be firm-enough, make the demand, don't "ask" the child to comply, respectfully let him know that you expect him/her to comply. Have the expectation that the child will sooner or later accept the limit and will do so when you make demands of your child. Loving, respectful firmness (without initial severity) is an essential positive factor in setting limits.

The way children are treated by their parents is enormously important, no matter what it is the parent is doing, whether setting limits, teaching the child, expressing love; it matters. Setting limits in a way that is respecting of the child, where the parent genuinely tries to understand the child's actions and behaviors, are sensitive to the child's feelings, are set to protect the child and not to make the parent feel that the parent is the boss--all will make limit setting easier for both the parent and the child and be much more acceptable to the child.

It is important to draw a distinction between being firm and being hostile. Limits should be set to inform and guide the child's behavior, not, we say again, for the purpose of letting the child know who's boss. Setting limits to show the child who's boss is experienced by the child as hostile and is hurtful to the child's self-esteem. Furthermore, because that hurts the child, it usually generates further hostility toward the parent.

Additionally, a parent is more likely to back down from helpfully following up on a limit if the parent feels guilt about what she/he is doing to the child the parent really loves. If the parent has it clearly in mind that what she/he is doing is truly in order to help the child, the parent is much less likely to feel guilty

Question: Should a young child, a child less than 3 years of age, be expected to respond to limits immediately? Can a child less than 3 years learn to respond to limits immediately?

Answers from participants.

Discussion: Limit setting requires many repetitions, often months of repetitions, to become internalized by the child. In fact, limits often need to be reaffirmed, even over years, and unpleasant a task as it is, where needed, limits should be repeated. Children are born endowed with significant variations in their tendency to comply, to be malleable and some children tend to be more difficult to set limits with than others. It is important to remember that children have no control over their thrust to autonomy--it is inborn--and that controls over one's thrust to autonomy are gradually learned over time.

Question: We are often asked "When should limit setting begin?" When do you think?
Answers from participants.

Discussion: Limit setting should begin when it is needed, commonly from about six months of age on.

It is not helpful to infants and children if parents do not set limits on their troublesome or unacceptable behavior. It is not reasonable to try to set limits with infants less than 6 months old. It is fine to tell them when they do something Mom or Dad find troublesome, but it is too early to set limits, that is, the less than 6 month old can't yet reason that he/she should not do what he/she is doing or has done. A reasonable expression of disapproval is OK, but to expect the child then to reason is not yet feasible- his/her brain is not sufficiently developed for that.

Difficulties of all kinds tend to occur when limits are not set when they are needed. Even from early infancy on, from 6 months of age on, young children come to realize that there are things they are doing that get them into trouble. They come to recognize when their parents are not being sufficiently protective of and guiding for them. Even though children don't like limits, they learn soon enough, when they are set with loving firmness and set constructively, that their aim is to help the child. Eventually they come to experience limit setting that is well done as indicative of the parents loving them and wanting to do the best they can for them. It makes them feel more safe and trusting of their parents.

Question: What is the difference between limit setting and discipline?

Answers from participants.

Discussion: **Limit setting** is an event. It is acting on the child's behalf, in making a decision about what to do or not do, when the child's judgment is not yet sufficiently well developed to make that decision.

Discipline, on the other hand, is a gradual process. The child gradually learns the rules of behavior the parents are teaching the child in the course of limit setting. That's what we mean by discipline. Thus limit setting occurs at any given time when a specific limit is needed; discipline is the process of helping the child accept, remember, and act according to the limits that have been set over time.

Question: What is punishment?

Answer from participants.

Discussion: **Punishment** is the strategy the parent uses **when limit setting fails**. It is imposed on the child for not accepting the rules of behavior parents expect their children to learn. The two basic categories of punishment are the intentional withdrawal of a privilege or the inflicting of pain. This will be the focus of the following workshop.

Question: Some parents worry that setting limits will break their child's spirit. What do

you think?

Answers from participants.

Discussion: It is very desirable that parents try to protect their child's "spirit"--we think parents mean the child's healthy nondestructive aggression, what fuels healthy assertiveness, goal directedness, curiosity and exploration, trying to do new things, trying to solve problems, protecting one's own property and rights, and more of those good, vigorous things we do.

Limit setting and discipline, and even where needed punishment, of themselves do not break a young or older child's spirit. Children soon enough learn when their parents are setting limits, enforcing discipline and even punishing them in order to genuinely help them become reasonable and respecting persons.

What will cause damage to a child's spirit, and much more, is when these are done without consideration and reasonableness, when they are done in a tyrannical way--"You do it because I'm the boss!"--and especially when they are done with a large load of hostility or in rage and with the intent to cause harm. Children come to sense when they are being abused. That can break a child's spirit and seriously damage the parent-child relationship.

Question: How do you think children usually feel when limits are set?

Answers from participants.

Discussion: Children most often are made to feel "You can't do what you want to do!", which they experience as causing them a greater or lesser degree of emotional pain. It may be felt by them as "No, you don't get to vote on this!". It hurts. This hurt activates a normal reaction of anger in the child toward the person setting the limit. For this reason, children commonly react to limit setting with anger and hostility toward the parent.

It is important to understand and respect the child's need for age-appropriate autonomy and make possible opportunities for exploration, all while setting reasonable limits when they are needed and help the child gradually master her/his inner pressures to explore and learn about her/his world.

Because the child is feeling hostility toward the parent the child loves which causes the child much anxiety, the child commonly will feel the need for comforting. The younger the child, the more likely this will be the case.

In essence, it is the child's hostility that causes anxiety and then leads to the need for reassurance of the parent's continuing love.

But it is important to bear in mind that while children don't like limits, they also often feel a sense of relief when parents set reasonable limits on inner driven behaviors they themselves have difficulty controlling.

Question: What is the value of comforting a child when the child shows he/she needs comforting?

Answers from participants.

Discussion: Children never ask for comfort if they don't need it. When a child asks for comfort it is because he/she truly need it. When parents are setting limits, and at other times as well, it is a serious mistake to refuse a child's appeal to be comforted and held.

It is a mistake because the parent then loses an opportunity

- (1) to re-enforce the feeling that the parent can make the child feel better and be helpful to her/his child,
- (2) to increase the child's trust in the parent,
- (3) to instill the idea that the parent's intention is really to help the child which increases the likelihood that the child will listen to the parent,
- (4) to strengthen the feeling of the reward of love for complying with the parent's wishes,
- (5) to make the child feel better about the parent, himself, and the world, and more.

It is critical in limit setting to respond positively to the child's need for comforting.

Question: What are the results if parents do not comfort their children?

Answers from participants.

Discussion: When a parent refuses to comfort the child who needs comforting, whether in the heat of a battle of wills or otherwise, the parent is experienced by the child as depriving, hurtful, hostile, rejecting, etc. and this experience further heightens the anxiety and distress then felt by the child by heightening the child's experience of hostility toward the parent. This then tends to foster further rejection of the parent's demand increasing the battle of wills and resistance to the limit being imposed by the parent. Or, if a child "gives up" and yields to the parent's limit setting after comforting is refused this yielding does not bring with it a positive internalization and acceptance of the limit set. **Giving-up is not growth promoting.**

There are negative consequences of expecting too much compliance from a young child. It is not desirable for a child to be too easily compliant with the wishes of others, including the parents they love. To be too easily compliant may mean that a child tends to too quickly give up her own strivings and wishes. Children who comply too readily, cooperate too easily, often do so at the expense of their own healthy assertiveness, their sturdy sense of autonomy and sense of self. There is a natural tendency to resist being told what to do even by people we really want to please.

In addition, it is important that children learn to distinguish who is telling them what to do; to learn to comply with helpful authority like teachers, police officers, as well as their parents. But they also need to not comply with what strangers or hurtful "friends" tell them to do.

Question: What makes a parent accepting a child's plea for comforting desirable?

Answers from participants.

Discussion: When a parent does this, even in the heat of battles of wills, the child experiences the limit setting parent to be a caring person, who

is setting limits but clearly then also loves the child, wants to help the child feel good. How can a responsive loving person be felt to just plain be mean! Under these loving, kind and firm conditions the child is more likely to experience limit setting as being really in his/her own best interests even when the child protests.

Setting limits under favorable emotional conditions tends to make it easier for the child to internalize the dictates of the parents. The child is much more likely to internalize the dictate because it is insisted on under conditions of soothing and comforting in the hands of a good mother.

Question: How likely is it that the child will internalize what the parents want him to do when the child's needs for comforting are rejected?

Answers from participants.

Discussion:

The child whose needs are rejected is much more likely to reject what the parent wants him/her to do. He is more likely to not hear what the parent is saying to him--because being hurt by the parent, he doesn't want to further be hurt by him/her--and as a result he is essentially resisting internalizing what the parent dictates.

Question: What makes limit setting particularly difficult for parents?

Answers from participants.

Discussion: That anger gets stirred up in both the child and the parent is what makes limit setting so difficult. The child's reaction of anger evokes in the parent almost unavoidable counter-reactions of anger, which makes it difficult for the parent to pursue limit setting. Many parents will avoid setting necessary limits because they know it will mobilize hostility in the child and in the parent. Feeling hostility toward the children we love produces feelings of guilt and self-doubt, plus the feeling that one is being a hurtful parent.

Group discussion: Pick out several topics and explore in greater detail.

Role plays:

(1) Take examples from students of various "battles of wills" and brain storm on constructive ways to handle conflict.

Focus on the positive value of comfort and soothing for the child while limits are being set.

Discuss negative consequences if setting limits and discipline are misused.

(2) Using several examples from the students demonstrate the following concepts paying special attention to the feelings that are stimulated in both the parent and the child. Practice several variations until the actors are satisfied that an adequate resolution has

been reached. Practice problem-solving techniques in the role play and in the group discussions that follow.

Limit setting (acting on the child's behalf, i.e., auxiliary ego function).

Discipline (enforce rules of behavior by repeated, as needed, limit-setting with the goal being no longer needing to set limits when specific events occur).

Punishment (intentional withdrawal of privilege and/or inflicting of pain; follows and indicates failure in limit-setting).

Group Discussion: Why is it particularly important to respond positively to the child's need for comfort in the above contexts?

WORKSHOP #6

THE MISERABLE TASK OF PUNISHING OUR CHILDREN

Let's review.

This area of child rearing is very difficult and it's murky too. We think it helps us all to deal with this challenge better if we have as clear a view of it as we can. The clearer the problem, the better we can plan what we want to do about it. And in fact in looking closely at this child rearing challenge, we have found much value in using the three commonly known concepts that have to do with it: **limit-setting**, **discipline**, and **punishment**. They don't mean the same thing; and distinguishing them will make our task clearer and though never easy, **easier**.

We said in Workshop 5 that **limit setting is an event**. It's **acting on the child's behalf**, in making a decision about what is reasonable to do or not do, **when the child's judgment is not yet sufficiently well developed to make that decision**. Like the child is not likely to know that putting a hairpin in an electrical outlet is a dangerous thing to do.

Discipline, on the other hand we said, is **a gradual internalizing process**. The child **gradually learns the rules of behavior** the parents are teaching the child in the course of limit setting. That's what we mean by discipline. Thus limit setting occurs at any given time when a specific limit is needed; discipline is the process of helping the child accept, remember, and act according to the limits that have been set over time. **The development of discipline is a learning process**. Once learned well, what is learned is likely to become stable.

And we said that **punishment** is the strategy the parent uses **when limit setting fails**. It is imposed on the child for not accepting the rules of behavior parents expect their child to learn. The parent punishes the child **intentionally** and, we all hope, it is factually in the child's best interest. The two basic categories of punishment are the **(1) withdrawal of privilege or (2) inflicting of pain**.

Before we start our discussion of punishment, we have to consider a most critical problem that can and too often has come with punishment. That is,

Question: What would you say is **the most worrisome thing about punishment?**

Answers from workshop participants. Ask for what worries them most when they use

punishment.

Discussion: We know that the most serious problem that lies with punishment is **the risk of punishment turning into child abuse**. We all know that child abuse is **never** in the child's best interest.

Above all, we parents have to make sure that when we punish our child we never slide into the pit of child abuse.

Question: What is **child abuse**?

Answers from participants.

Discussion: **Child abuse** is **one's causing a child to experience any form of distress that ends up causing harm or damage to the child**. Causing the distress may be **intentional or unintentional**. The distress may be **pain, anxiety, shame, guilt, any highly painful feeling**. The harm and damage caused may be **physical, psychological or both**.

In situations of abuse, there is always a victim and a perpetrator. The perpetrator usually has a large advantage with regard to the victim. It may be greater strength, greater power or authority, greater wealth, etc. The parent has several of these. In addition, the child's dependence on the parent for most of his/her needs makes the child submit to the pain, anxiety, distress, etc. Children often will accept abuse hoping that it will maintain their relationship with the (abusing) parent and bring them the parents' love. The yearning to be loved is psychologically felt as a basic need, a large one, in all of us.

Some forms of child abuse are more readily recognized than others.

1. Physical abuse: Physical abuse is well known. It has even occasionally led to the death of young victims. Several years ago, the *Philadelphia Inquirer* front-paged an article on the severe physical battering of toddlers in the course of toilet training. That is of children 2 and 3 years old! Several died as a result; those who didn't were severely harmed physically, and of course, also emotionally.

2. Sexual abuse: In the past two decades we have heard more and more about the sexual abuses of adolescents, of children, even of toddlers and infants. Sexual abuse of children within families, by parents, by adult relatives, and by older siblings has surfaced as a very serious problem. **We have learned that sexual abuse can cause crippling emotional problems that may last for a lifetime.**

3. Emotional abuse: Emotional abuse is less recognized, less talked about than the other two. But its consequences can be just as harsh as those that follow on physical and sexual abuse. One well-known Psychiatrist wrote about it as **"Soul Murder"**. Emotional abuses of children by parents consist of acts by the parents that the child experiences as being too emotionally painful, insulting, too rejecting, too neglecting. True, children will sometimes feel rejected when they are even reasonably reprimanded, when they feel ashamed of something they have done or not done, when the parents have

a new baby, etc. These of course are not child abuse. It is when the parents' acts are **intentional** and are **aimed at hurting the child** and occur with **sufficient frequency** and **intensity** that they gradually lead to "soul murder". Excessively and/or frequently shaming, criticizing, teasing a child, depreciating a child, insulting, tearing the child down, rejecting, neglecting, each can and will lead to more or less serious damage to the child's sense of self, self confidence, self esteem. The result can be an emotionally crippled child loaded with hostility and hate.

Question: That is really scary. How do we punish without sliding into abusing our children?

Answers from participants.

Discussion: A lot of people feel that the best way to not slip into abusing our children is to never punish them by using corporal ways of punishing, by never spanking, hitting with a ruler or paddle, or belt or anything else. And, if parents, schools, police departments, could never strike a person that sure would eliminate any chance of physical child abuse. **But it would not eliminate the other two forms of child abuse.** Because of this we feel that the rule "never hit your child" is not where the line should be drawn. To be sure, we think that any corporal punishment should be made illegal in schools. It is supported by The American Psychiatric Association and The American Academy of Child and Adolescent Psychiatry. We stand firmly with that. We'll talk shortly about corporal punishment at home. We have no idea what the police should do.

What we want to eliminate is child abuse, all 3 types of child abuse. Here are some thoughts on this.

1. **Treat your child according to** our modification of the well-known **Golden Rule:** "Do to your child what you would want your parents to do to you if you were the child!"

2. **Don't let your anger toward your child govern how you punish him/her.** One way to avoid doing so is to set limits in a structured way (see Workshop #5 on Limit Setting) and at a fair pace; don't wait too long between steps. And, punish promptly when the limit fails. Try not to delay your actions because the chance is good that the child will see this as anxiety on your part and that you feel uncertain about what you're doing. Many quite well put together children will abuse your hesitancy. Yes, many children abuse their parents! But they are young and need to learn that it doesn't work to their advantage.

If you find yourself getting too angry and fear you'll let your anger govern what you're going to do, tell your child you need a break and that you're going to your room for a few minutes; after that you'll take care of what is going on. And do it. When you're in control, come out and act.

3. Be aware that when we're too angry, **we may just as likely become emotionally abusive as physically abusive.** Both are equally harmful. That's why it's not enough to say "Never hit your child!" We feel it is better to "Never **harm or injure** your child!" We'll say more about this later in this Workshop.

Let's back track.

Question: What is punishment?

Answers from workshop participants. Ask for examples of why and when they use punishment. Ask how effective they feel it is and the steps they take before they have to punish, etc.

Discussion: We said that **punishment** is the withdrawal of a privilege (which causes emotional pain) or the inflicting of some physical pain to not only show disapproval of, but also to follow through on and demand a price for not doing what parents say the child may and may not do.

It's the beginning of teaching the child that she/he must comply reasonably with the parents, teachers, police officers, and people in authority who truly have the child's best interest in what they do.

Question: We have gotten the impression that some parents fear limit setting because they confuse it with punishment, they fear it will harm the child's spirit, as one mother said. So let's go over the distinction between limit setting and punishment. How is punishment different from limit setting?

Answers from workshop participants. Encourage full discussion.

Discussion: Whereas in **limit setting we try to guide and socialize** our children, **punishment functions to cause the child distress** because he does not comply with the guidance and resists too much behaving in reasonable ways.

It is helpful for us parents to be able to distinguish between limit setting and punishment. This is because we always feel troubled when we have to punish our children, whereas, we know, when we understand the difference between limit setting and punishment, that when we set limits we are not intending to cause our children pain.

We repeat that **limit setting** is the parent's acting in the child's behalf where the child cannot yet determine how she/he should behave or where the child is unable to behave properly. As we said in Workshop #5, limits need to be **appropriate** to the child's age, to the situation; they should be **clear** and **understandable**, with appropriate **explanations** and **reasonable firmness**. After all, limits are set to inform and guide the child. It is important to recognize that there is a distinction between being firm and being hostile. Firmness is not the same as hostility--discuss.

Question: When should punishment be used?

Answers from workshop participants. Can they provide examples?

Discussion: **Punishment is always the result of a failure in limit-setting.** That is, it is because the child is unwilling to comply with a demand made on him/her--in the limit setting--, that punishment is needed to press the child to comply with what the parent feels is best for the child. When limit setting works, the parent does not feel the need to resort to punishment; the punishment is intended to make the child learn that he has to comply with the parent's limit setting.

It is important to avoid punishment when reasonably possible because it hurts and therefore, it usually generates hostility in a child.

But it is important to set limits when they are needed and it is important to punish when the limit fails.

When limit setting is failing and punishment has been warned, the parent must follow through and punish. But even if you are feeling angry, punish with care and an awareness of the *Golden rule*. This can be done even when we are very angry so long as we stay in control of our actions.

Question: Are some punishments harmful?

Answers from workshop participants using examples--how did they know they were harmful?

Discussion: Absolutely. **Punishments that *humiliate* generate hostility.** It is because shaming hurts so much that it generates and mobilizes hostility. But it often backfires. Although such punishment may work, the price is usually too high in terms of the child's self esteem, well-being, ultimate acceptance of reasonable limits, and development of constructive internal controls.

Inflicting physical pain is much more likely to cause harm and injury and can more readily lead to emotional and relationship problems than the withdrawal of a privilege. This is so at all ages.

It is usually unwarranted and unnecessary to inflict physical pain in 1-3 year olds and it is **never** useful nor warranted during the first year of life. **The cost of physical punishment can be very high.**

Privilege withdrawal is by far the safest and most effective way to punish. Privileges should be withdrawn at a reasonable rate. Too large or too harsh a punishment--such as, for a three year old: "No TV for a month!" Or, a child any age: "You can't have dinner!"--elicits too large a load of resentment and hate. It is less likely to do so where the punishment is reasonable.

Question: What about inflicting physical pain as a method of punishment? It's been done for centuries.

Answers from workshop participants. Encourage full discussion about pros and cons of this method. Permit disagreement with your position. Our position is that all 3 types of abuse need to be prevented.

Discussion: Inflicting pain is loaded with problems. The key here is will the pain cause harm or injury. Again, we insist that this applies to **both *physical* and *emotional* pain, harm, and injury.**

As we already said, less than one year old children should **never** be intentionally hit physically (nor emotionally hurt), in any way whatsoever.

Where a parent really feels that a 1 to 3 year old child, or a child up to age 8 years or so for that matter, will not stop doing something the parent finds very objectionable after withdrawing a privilege, and the parent feels "one swat on the clothed bottom" would get the child's attention, **physical punishment of that order of intensity** will cause no harm or injury and may work. It should not be done with the aim to hurt the child physically. Its aim should be to emphasize that you mean what you're saying. It

can be risky--if you are then unable to stop yourself from sliding into spanking (a series of swats or harsher hitting), which is not acceptable!

If the parent decides on using physical punishment then, **strict rules and limits on such punishment are essential.** Here are some useful guidelines:

1) Use only **one** swat with your **open hand** on the 1-3 year old's **clothed** bottom. It is completely unnecessary and undesirable to strike a child on the bare bottom. It can cause **emotional** problems.

2) Give no more than **one** swat on the clothed bottom of the less than 8 year old.

3) Again, always swat **on the clothed bottom.** Do not make the child take off his/her pants! A moderate swat on the back of a shoulder instead is OK too.

4) **Only moderate force** should be used. The aim is not to whack your kid; it's to make a point--not to inflict harm or injury.

5) **Never use anything other than your open hand.**

One should never shake a child; it has been found to at times cause brain injury.

Yanking some children by the arm can pull their arm out of their shoulder socket.

A fist is out of order. Belts, sticks, paddles, and all else are out of order. So is hair pulling, scratching, biting, and anything other than "one swat". Hitting a child with a fist or some instrument is too harsh and children know it. This often results in harm or injury and is more likely to lead to resentment and loss of respect than to get constructive compliance that sticks.

6) If you have to physically transport your child to his room, be firm but exert the least force needed.

7) Physical punishment too easily slips into becoming **child abuse** and parents should make all efforts possible to avoid child abuse.

Child abuse usually leaves lifelong scars; it cures nothing; it cripples a lot.

Again, there **never** is a justifiable reason to punish an infant less than 1 year of age. Because the less than one year old is just beginning to understand "cause and effect" issues, is only beginning to reason things out, and he/she is just beginning to develop some control over his/her actions, it is unreasonable to expect a less than one year old to have a good enough grasp of the consequences of his/her actions and to control his/her actions well enough. Furthermore, being so small, the chance of injury by harsh physical handling is just too great.

Parents who feel that "one swat" is not acceptable should not use this strategy. It will only make them feel guilty. Then it won't work.

Question: How can one best avoid punishment? If one must punish, how do we scale it to be most effective?

Answers from workshop participants. Encourage them to brain storm with each other for answers to both questions.

Discussion: All parents want to avoid punishing our children. The best way to not need to punish is to work on as effective a setting limits strategy as you can program for

yourself and your particular child. It saves child and parents many headaches and makes the relationship much more positive and stable when limits are set well and punishment is not required. Therefore, work at developing a good limit setting program--i.e., strategies--for each particular child. Children differ; our strategies should be tailor-made to each child.

Because the negative consequences of needing to punish can be large, it is important to also develop reasonable punishment strategies. Go slowly, punish in moderate doses, and hold the line. Go from least severe to more severe punishments. It's OK to be angry; but try to not be hostile. (To be **angry** is to express dissatisfaction and disapproval with **well-meaning force**. To be **hostile** is to sound, feel, and do **hurtful** things, to aim to **cause pain**.)

The withdrawal of a privilege is a much safer and generally better method of punishment than is causing physical pain.

Let's go from **least to more severe** punishment.

(1) **Time-out** is best for children 1-6 years. Under 4 years, time-out should be physically near where the parent is. Over 4, a time-out can be in the child's room or other isolated place. Under 4, isolation can lead to separation anxiety, which is **not** the aim of punishment; the aim of punishment is the withdrawal of a privilege, in the case of the time-out, it's to withdraw for a set amount of time the freedom to do what the child wants to do.

The length of time of the time out depends on the child's age and the offense--the younger the child the shorter the time-out. A good principle to follow is to make the time-out last one minute per year. For a two year old, each time-out is two minutes long.

How we do the time-out matters. It's not supposed to be a free play period. During the time-out the child is not to talk to you nor anyone else, is not to watch TV, is not to play with toys or look at a book or draw, etc. It is hoped it may be a time for self-reflection. Of course, we can't force a child to stop crying or complain or to self-reflect; but we can explain to the child that that's what the time-out is for: to self reflect, to think about what just happened and how it can be avoided.

Where the time-out doesn't work or in children older than 6 years, go to the next level punishment:

(2) Withdraw the child's **favorite TV program**. Do it one at a time. The greater the offense, the more the number of times the program is not allowed. Choose a non-educational program if you can. And you decide if it's educational or not, not your child.

(3) Or withdraw your child's **favorite activity**, one at a time. Don't withdraw food, nor visits by or with friends. Both are good for the child's well being.

(4) **Grounding**. This is especially useful with older children, from 8 to 16. Beyond 16, punishment is very problematic. Cases need to be discussed individually. To be sure, physical punishment is out.

In fact, **physical punishment should be completely eliminated, if it was ever needed at all, by 12 or so years of age**. As we said, sometimes, with some younger children, **one** swat on the **clothed** bottom can stop an intensifying battle of wills or limit non-compliance. **The rules--stated above--for one swat must be observed.**

Child abuse is prohibited by law in the U.S.

Question: Are there reliable guidelines to use?

Answers from workshop participants. Can they share their guidelines and how they arrived at them?

Discussion: Yes. **Be reasonable** regarding setting limits, withdrawal of privilege and punishments.

Limits should be set *only* when they truly are needed. Limits should be tailored according to your particular child--if he/she is shy, slow down; if he/she is a high activity level child, move more quickly. The limit should be appropriate to the situation.

Follow the strategy of going from least to most severe in your punishing the child. And absolutely follow the rules of physical punishment.

Again, **use your judgment:** the older the child, the more difficult she/he is to set limits with, the more you up the punishment, etc. The younger the child, the more shy or timid the more slowly you move into punishment.

Question: How do children best "learn their lesson" when they have done something wrong?

Answers from workshop participants using examples.

Discussion: Favorable emotional conditions tend to favor the child's internalizing the what the parents say he/she may and may not do. And, furthermore, the child will feel that, though unpleasant and unwanted, the parents are trying to guide the child. The reverse holds too, setting limits under conditions of hostility and mean interaction will lead to the child's resisting internalizing parental dictates as if they were castor oil! The child is much more likely to experience hostile and mean limit setting as punishment, if not as abuse. When the child feels the parent's feeling hostile toward him/her, the child feels hurt and this may well cause the child emotional harm such as lowering the child's self esteem, making the child feel threatened with loss of the parent's love (which every child feels as a need), and may lead to self blame and then guilt and shame. If you feel hostility and meanness mounting in you toward your child, take a break! You're entitled to it and you'll protect your child. Tell your child you need a break of 5 to 10 minutes and go to your room for some much needed distancing and self reflection.

Question: How does one best secure "favorable" emotional conditions?

Answers from workshop participants using examples.

Discussion: The quality of the parent-child relationship as it develops over time sets the tone for all interactions that occur between them.

It is difficult to set limits well, but it can be done; it should be worked on by parents. As we've said, limits should be set in a structured way, reasonably, only when needed and in as positive and guiding a manner as possible, that is, not too harshly.

We parents have to convey the **demand**, the **expectation of compliance**. Benevolent firmness, respect for the child, reasonable demandingness are all needed. Firmness and the expectation of compliance are not the same as hostility on our part.

We repeat,

One can be firm without being hostile. And,
Loving firmness is an essential part of setting limits.

Question: Is there a place for comforting in limit setting? Is there a place for comforting in punishment?

Answers from workshop participants. What do they think of comforting in each instance?

Discussion: The value of comforting in limit setting and even in punishment is very large. Often during both limit setting and during or after punishment, a child may turn to the parent for comforting. Let's bear in mind that our child will feel more or less miserable, in pain, during limit setting that turns into a battle of wills and certainly during punishment. This reaction of seeking comfort is self protective in the child who has had the good fortune of being comforted when she/he has needed it, most usually when the child is in some sort of pain. **This of itself will make the limit setting more positive.** But there is more.

When the parent can comfort the child who, upset by limit setting and by being scolded by the parent the child loves, turns to the parent for comforting, **that child is more likely to internalize the maternal (parental) dictate because it is stated under conditions of comforting and soothing in the hands of a good mother.** We tend to more easily swallow, take in, things we like than things we don't like. A spoonful of not-so-good tasting cough medicine is much easier to swallow and keep down than a teaspoon of castor oil!

On the other hand, when the parent refuses to comfort while limit setting or scolding, the child will feel doubly hurt now, and is more likely then to eject--to not want to swallow, in fact, to want to spit out/vomit--what the parent is telling him/her, will not hear what is being said, and will therefore seriously weaken if not totally resist the internalization of the maternal dictate.

In the second situation, what the child will internalize is the mother's hostile actions and her destructively stated dictate. If the dictate is then internalized, it will be with an overload of hostility and even hate, a pressure to resist it and be rid of it, with the full play of feeling it is not in the child's best interest still attached to the experience.

Question: How will these experiences impact on the child?

Answers from workshop participants.

Discussion: They will have a significant impact on the child for the better or worse. Of course, where there is comforting associated when needed with limit setting and even with punishment, such positive internalizations will cumulatively become patterned in the child's personality, affecting many areas of experience and function. On the other hand, with too many negative experiences, the generation of hostility will accumulate, stabilize and become patterned within the personality. This will then interfere with all areas of the child's life and in that of the adult he/she eventually becomes.

Question: Is it useful to help children "repair" things they have done that the parent does not approve of? Should they learn to apologize for these?

Answers from participants. Get and give examples

Discussion: It is very useful to help children learn **to apologize** for offenses they commit. This, however, can't be expected from children under 3 years. It can be started by then but should not yet be required. Letting them know it's a good thing to learn to do is a good start. By the time they are 4 years old, they should be able to do so.

It is also very useful to help children find ways of trying **to repair** offenses they commit, whether it is hurting someone or breaking something valued. This too will be a gradual process. Talk with the child about what she/he could do. Ask the child to come up with ideas--but we have to be aware that young children can be either too severe or too lax. If that doesn't work, make some suggestions and tell the child to choose one. Show the child how to make amends and allow him/her to try to correct or rectify the offense. This will be an important aspect of "conscience building" and will have far reaching positive consequences for the child.

In addition, it is a good opportunity to help your child increase his/her ability **to problem solve**. To do so, discuss with child what occurred, and how he felt and how he imagines the other kid or adult felt, etc. Figure out ways that they could handle the situation better the next time it arises.

Class discussion:

Review basic principles of limit setting.

Review 5 steps to setting limits.

Review differences between limit setting, discipline and punishment

Teach: Specific skills that enable parents to express strong disapproval and at the same time encourage responsible behavior. These can be done even while the parent is angry with the child.

Examples:

Express your anger without attacking the child's character.

State your expectations (help parents understand their child's development and then form realistic expectations based on that understanding.)

Offer a choice. Allow the child to participate in an appropriate way.

Class discussion with role-plays: use examples from students' experiences.

Focus upon "problem solving" (hearing the child's feelings, expressing your feelings and then working together to find a mutually agreeable solution.)

Further discussion by class:

What are reasonable demands and what is appropriate for a given situation at a given age? (What you can expect is what the child is capable of!)

"Spoiling".

"Expecting too much".

Benefits of constructive punishment (when constructive it makes limit setting more effective, it reinforces the development of discipline, and it may relieve child's guilt). Withholding punishment when it has been earned is not helpful to the child.

WORKSHOP # 7

HANDLING RAGE REACTIONS AND TEMPER TANTRUMS

Question: What are "rage reactions?"

Answers from workshop participants (using examples).

Discussion: Rage reactions are outbursts of intense hostile feelings. It is important to understand what these outbursts of hostile feelings are all about and what they do to kids.

We hold that hostility ("hostile destructiveness") in each of us is generated by experiences of "excessive unpleasure" (too much pain of any kind).

Since **excessive unpleasure generates hostility**, for any given child, with the child's particular inborn make-up (sensitivities and reactivities, or temperament), the greater the excessively unpleasurable the event, the larger the load of hostility generated in the child. Therefore, any large outburst of hostility, as in a rage reaction, means that the child is experiencing a highly painful episode of unpleasure, often indicating that the child feels overwhelmed by distress (be it physical, but most usually it is psychic or emotional pain).

Rage reactions are single episodes of such an outburst.

During a rage reaction the child is able to exercise some degree of control over herself/himself, and he/she is sufficiently in touch with reality so that the parent can directly deal with the child even as the child rages. This is not so with a tantrum which we shall talk about later.

Question: At what age(s) do rage reactions occur?

Answers from workshop participants.

Discussion: The earliest form of rage reaction--a normal physiological reaction to stress--may appear even at birth. Rage reactions may become psychologically organized and occur from 3 or so months of age on. In some children they become a common reaction to stress during the 1st year and tend to continue during the 2nd and 3rd years or life depending on the stresses the young child experiences and how these are handled by the parents.

Question: Why do they occur?

Answers from workshop participants. Do they have examples?

Discussion: We say again that they occur because the child experiences **unbearable pain**. The pain may not seem unbearable to the parent; **but it is to the child**. The pain may be a purely physical, persisting pain, or it may be a strictly psychological pain. Even if it is purely physical in origin, it will evoke psychological pain with it. In other words, rage reactions occur when the child is experiencing pain that is felt to be "way too much",

"more than I can bear".

Question: What are "temper tantrums"?

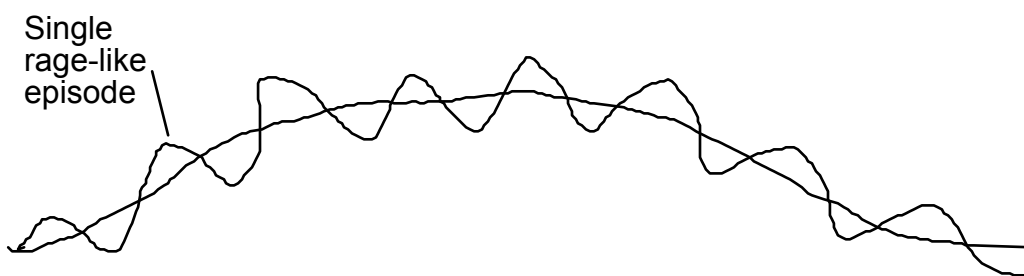
Answers from workshop participants (using examples).

Discussion: They are more intense than rage reactions, felt to be even more unbearable to the child than rage reactions. The child feels that what happened (the causative event) has put him/her in a state of helplessness and disorganization.

Temper tantrums are clusters of rage reactions that in general have structure, that is, they have typical patterns. These patterns tend to be typical for each child who has tantrums. One of the two most common patterns is illustrated in Diagram A. Another fairly common pattern is one that starts with a rather violent outburst, as if starting about one-third into the pattern shown in Diagram A. This second type usually occurs in children who are "quick-reactors". They try to hold it in until they can't anymore and then it just bursts out. The build-up starts to be visible before the tantrum shows, and parents who are good observers of their children have a pretty good idea when their child is building up to a tantrum.

DIAGRAM A

TEMPER TANTRUM MODEL



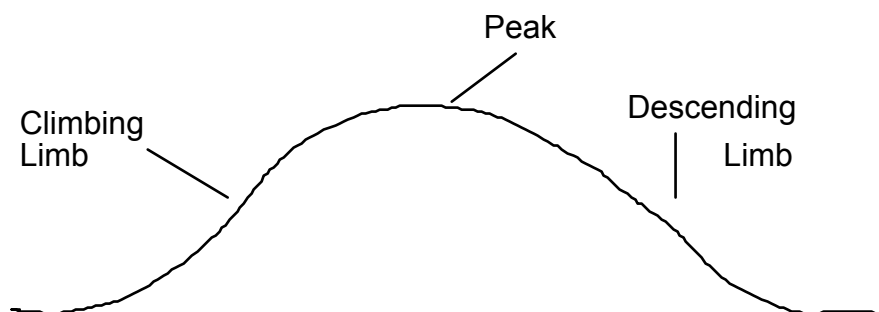
Note especially that

(1) **A tantrum is a series of rage-like episodes:** the tantrum usually starts with a low level rage-like outburst, is followed by outbursts that gradually increase in intensity, until they reach a peak, plateau (flatten out), and gradually decrease as the child becomes exhausted. Infants will, if the tantrum is not stopped, fall asleep, exhausted.

(2) Each episode has a structure or pattern (see Diagram B). Each episode has a **climbing limb**, a **peak**, and a **descending limb**. We shall talk about the value for both child and parent of the parent's knowing that there is structure in a temper tantrum and what that structure is in that parent's child.

DIAGRAM B

COMPONENT WAVE OF SECONDARY CURVE



Tantrums are different from single rage episodes in other ways as well. Whereas a child who is having a rage reaction pretty well knows how he is feeling, what he is doing, and where he is, during a temper tantrum, the child is in an altered state of consciousness, experiences a loss of reality-testing and feels a loss of self boundaries.

This makes temper tantrums more bewildering to the child than a rage reaction.

In fact, **temper tantrums are traumatic**. It is always best to avoid temper tantrums (for both parent and child) but not through infantile blackmail where the child threatens to have a temper tantrum if he/she doesn't get his/her way.

Children need to be helped to learn they cannot always have what they want. It is not easy to give up on what one wants. But we all must learn to tolerate this.

Question: When and why do they occur?

Answers from workshop participants. Do they have examples?

Discussion: Temper tantrums may occur during the 1st year of life and tend to be common during the 2nd and 3rd years of life. Temper tantrums occur when the child experiences an utter feeling of helplessness in the face of what he/she experiences as an extremely painful situation (extreme unpleasure.)

Question: Look, we all have had experiences of excessive unpleasure and we all, much to our distress, felt hostility toward our parents. But we all survived, didn't we! All kids have fits, don't they? So what's so important about handling rage reactions and temper tantrums? Why not just let kids have them and get them over with?

Answers from participants.

Discussion: Yes, we have all had fits and survived them. Yes, our children can do the same. But, clinicians have found that a substantial number of adults who had rage reactions and tantrums as children were indeed quite traumatized by them. Of course, the more severe the rages and especially the tantrums, the harsher the consequences. Here's

what we have learned.

1. Those who in childhood had significant and or frequent episodes of either or both rages and tantrums **struggled a great deal more than average with the task of handling their own inner load of hostility**. This includes dealing with hostility toward others, but especially with hostility toward themselves. They invariably end up with a substantial degree of **hating themselves**. (Instructor: note here the fact that overloads of hostile destructiveness lead to excessive guilt, shame, depression, inhibitions of assertiveness and success, impoverished object relations, and more.)

2. Those who in childhood had significant and/or frequent episodes of either or both rages and tantrums developed **harsher consciences and poorer self-images, resulting in lower levels of self-esteem**.

3. Some people who had histories of temper tantrums over a period of several years during childhood, in deep psychotherapies have revealed that they experienced frequent periods of **dread of losing control** of themselves, of **not being sure of who they are**, or of **what they are feeling or doing**, experiences that disturb and even frighten them. They may then also **too easily accept or blame themselves** for things that go wrong, even when such self-blame is clearly irrational.

And, it can do even more harm. Therefore, preventing or at the very least minimizing the harmful effects of rages and tantrums can protect against much future distress and problems in adaptation and in relationships.

Question: Well then, how can a parent deal constructively with rage reactions and temper tantrums?

Answers from participants. What do they do? Sensitively--as always--get examples.

Discussion: To begin with, it is helpful for parents to know that temper tantrums have structure (see Diagrams A and B). Their structure shows specific features.

Understanding these features and what happens during each can be very helpful toward handling tantrums constructively and effectively. For starts, it can help the parent know **when** and **how** to intervene.

It is important to know that **during the climbing limb** of the tantrum episode, the child becomes progressively overtaken by increasingly all-consuming feelings of rage which make him/her less and less able to perceive or register (understand) clearly what is happening to him/her, both inside and outside of the self. Therefore, efforts to communicate and even to comfort the child will likely not be registered by the child and, therefore, will fail. It is critical to understand that the child is **not** rejecting the parent's efforts; the child is just not registering that Mom or Dad is trying to help!

During this terribly painful and most embarrassing part of the tantrum episode, just try to gently contain the child's flailing, seeing to it that he/she does not break anything, hit anyone, nor hurt himself/herself. You can try to verbally calm the child, but don't be surprised if it does not work.

After the episode reaches its peak, **when it plateaus (flattens out) and during the descending limb** of the wave is when, unwound enough to regain better reality appraisal, the child can begin to hear and understand the parent. This is when the parent can begin to intervene actively with the child. Now empathic listening and feeling, and with sympathy, the parent can calm and comfort the child with words and tone. The

parent can then be very helpful.

Because the child will most likely still feel much hostility, he/she may not accept the parent's first efforts at comforting. But these should be offered again, as sympathetically and caringly as possible. With caring persistence the parent's efforts will eventually bear fruit. The parent must realize that the child is having an extremely painful experience and that it will take more than just a few words to reduce the pain and the hostility it generated.

Question: What should parents do to help the child after the tantrum has subsided?

Answers from workshop participants

(using examples).

Discussion: When the temper tantrum subsides, help the child regain control, comfort him and talk about what has happened and why the limit you set was necessary.

During the descending limb of a tantrum, especially after the entire tantrum has come under control, are good times for the parent to caringly repeat the admonition which may have triggered the temper tantrum or to learn from the child what is upsetting him and talk with him/her about the experience.

During parental efforts to calm and comfort is a good time to repeat the setting of a limit because it is more likely to be heard by the child (in contrast to when the child is being scolded.)

Sympathetic, loving, respecting efforts on the part of the parents will **always, eventually** bear fruit. The parent's efforts make an impact even when the child refuses the effort. The parent's loving-respecting-tender efforts will help the child cope with feelings of hostility toward the parent which are unbearable to the child.

Hate toward one's parents creates much anxiety in children and leads to their developing at times disadvantageous defense mechanisms to cope with the anxiety the hate causes them to feel (*Instructor: be sure this is sufficiently well explained*). One of the major reasons children need parent's help in coping constructively with the hate they feel toward their parents is because ambivalence (loving and hating a person to whom we are attached) creates enormous anxiety as well as guilt in children. This has much to do with the degree of ambivalence the child feels toward him/herself and eventually others in general, and has very much to do with the child's sense of well-being. Additionally, it may maladaptively inhibit nondestructive aggression, thwarting autonomy, assertiveness, the development of a healthy sense of self, and of learning.

Question: What can the parent do to protect the child against being destructive while the temper tantrum is in progress?

Answers from workshop participants. Do they have examples?

Discussion: Protect the child from hurting himself or others or breaking things. Do not isolate a child who is having a tantrum. Don't walk out on him/her--except if you get so

mad at the child that you fear **you** may cause the child harm!

Again, bear in mind that during the climbing limb the child may not be able to hear you. If he is having a single rage reaction the same principles can be applied as with a tantrum series of rage episodes.

Question: Why not simply yield to the child's demands to avoid an outburst?

Answers from workshop participants. Did they find this effective or not? Why?

Discussion: If the parent yields, the toddler will feel that he can expect to get whatever he/she wants; she/he will never learn the important lesson of understanding that no one can get every thing she/he wants.

The young child will also feel that he/she can **control** his mother and with this all persons around him/her; we do not mean "influence" her but "control" her. This will then, at times when he is upset or frightened and feels small, lead him to feel that there is no one stronger than he is to take care of what upsets or frightens him. He is very likely to then feel that he has no one able to protect him to turn to. This feeling can increase the child's terror and create in him/her much additional anxiety.

Question: Are there ways to avoid the child's having temper tantrums?

Answers from workshop participants (using examples).

Discussion: It is always best to avoid temper tantrums and rage reactions when one can do so **by reasonable means**. When a limit has been imposed upon a child and the child refuses to accept the limit there are various steps the parent can take which may be helpful:

1. Acknowledge to the child that it is difficult to give up on wanting something we want badly. It is most useful for the parent to be sympathetic.
2. Tell him/her he/she cannot have what he/she wants and **tell him/her why**. Tell **only the truth**. If you have no reason, you should not be saying the child cannot have what he is asking for. Telling the truth is always the best way to deal with children; they can "smell" lies, if not right away, eventually; and then they will lose trust in you! That's a very heavy price to pay.
3. Tell him that it is O.K. to be angry but it's not O.K. to have a fit. Get him/her to try to tell you what he/she is or was feeling.
4. Communicate with your young child, of any age, in words and tone. For instance, tell your child, 12 month old and up: "I'm sorry you feel so badly about . . . (whatever happened). I can imagine what that feels like too. But you are not to have fits or kick and scream to try to get me to give you what you want. It won't make me give it to you. Now, try to control yourself better."

Do use language you feel your young child, any age, is accustomed to hearing. Do not assume that he will not understand the types of sentences and phrases suggested.

Class discussion: Receiving examples from students explore various methods

concerning how to intervene with tantrums or rage reactions.

Talk about when to send the child to his/her room. Children under 4 years should not be sent to their room because they may still be quite vulnerable to experiencing separation anxiety. It is important to know that children who are still vulnerable to feeling separation anxiety will be especially likely to experience it when sent to their room as a punishment. This is because separation anxiety is more likely to occur when we feel hostility toward those we love.

Continue to discuss how to "work through" the experience of rage and/or tantrums emphasizing the need to set limits constructively with children.

Videos: optional.

WORKSHOP # 8

HELPING CHILDREN EXPRESS HOSTILITY IN ACCEPTABLE WAYS

Question: Do children need help to learn how to express the hostility they feel in acceptable ways?

Answers from workshop participants.

Discussion: Young children need help in learning how to express, discharge and contain some of the feelings they experience. This is especially true of their feeling anger, hostility and hate.

Children often feel they need such help and expect parents to do that, to set reasonable limits on their hostile behavior. Many especially appreciate it when their parents prevent them from being destructive. In other words, they know that they sometimes need to be protected against acting on their normal but troublesome hostile and destructive feelings.

Children want help in developing better inner controls, in developing self-discipline, in developing useful skills, and in developing good judgment.

Question: Why do children sometimes act mean and hostile?

Answers from workshop participants using examples.

Discussion: Children are not born with aggression that is hostile and hateful.

Children are not evil when they are angry or act mean.

The hostile destructive feelings children have are always caused by being hurt too much emotionally or physically. When kids are hurt too much, too often, they become more and more hostile. Then, being hostile becomes their way of protecting themselves against being hurt again.

Children act mean and hostile when they are hurt too much.

Question: Should children be allowed to express their feelings of anger and hostility?

Answers from workshop participants.

Discussion: Absolutely. Children must be permitted to express hostility and hate toward those they love, especially toward parents-- but it must be done in words and reasonably.

In order to help the child cope with the hostile feelings she/he has, it is vital to help them learn to **constructively** express feelings of hostile destructiveness (HD), that means to do so **not in physical acts**, but **in words** that are not insulting and **in tones** that appropriately express these feelings.

Question: Can parents prevent their children's experiencing HD?

Answers from workshop participants.

Discussion: This can be done only to a degree. But, clearly, the more these can be **reasonably** prevented the better. It is important to bear in mind that experiencing HD too often, too intensely, usually has serious negative influences on the child's developing personality.

For this reason, parents should, as best and as reasonably as they can, protect their children from experiences of excessive unpleasure. Bear in mind that **hostility and hate are normal affects**. They are **not inborn**. **They are generated**--they are produced by **experiences of excessive unpleasure**. It is unavoidable that in life, even in the best of circumstances, we all get ample doses of feeling hurt one way or another.

Question: What can parents do to help their children with their HD feelings?

Answers from workshop participants (using examples)

Discussion: Parents can help in several crucial ways--some we have already talked about in prior Workshops:

(1) By far the best way is to prevent any unnecessary experience of excessive unpleasure in their child--such as by not setting limits where limits are not truly needed.

(2) Where experiences of excessive unpleasure unavoidably occur, parents can help by making themselves available to comfort the child, to help the child cope with the experience, to talk about what happened and about what the child can do to feel better. This can be done more than just one time; it helps the child work through the painful experience.

(3) The parent can help the child learn how to express hostility in constructive ways, the topic of this Workshop. Let's go into some detail on this point.

Question: What specifically can the parent do to help the child **express** feelings of anger, hostility and hate **in acceptable ways**?

Answers from workshop participants. Ask for examples.

Discussion: Our aim is to help the child learn to **constructively** express feelings of hostile destructiveness (anger, hostility, hate). That means that the child needs to learn to do so

(1) **not in physical acts**, but

(2) **in words** that are **not insulting** and

(3) **in tones** that **appropriately** express these feelings.

When we experience excessive pain, it not only generates HD, it also automatically, naturally and normally, leads to the wish to strike out! to knock somebody out cold! But that can have drastic consequences for the self and for the other. And we all know that some things that are broken cannot be fixed.

Like so many situations in human relationships, when problems arise between people, the most constructive way to solve problems is **not** to lash out physically. It is **to talk together**, to put one's feelings and thoughts into words. This holds as well for

children and others, their parents or peers.

In fact, the great facilitator of reducing internalized or freshly generated HD is to be able to talk and experience the feelings one has in a meaningful relationship; for the young child this means to talk with the parent.

Given that anger, hostility and hate are activated by pain (remember EU ==> HD), when your child is being hostile, tell her not to hit! Ask yourself, and ask her: "What is hurting you now?" Then, tell her to talk about what is causing her to feel hurt and angry as well as what that feels like. Take the time needed, it will pay off.

Children are best helped in handling and recovering from excessive unpleasure experiences **in the context of the loving parent-child relationship**. Here the child can be best helped to express his/her full range of emotions in the safe, comforting care of the parent and can more quickly work toward constructive solutions.

Of course, the parent must be able to empathize and sympathize with the child and to offer comfort if needed.

Also important is that a parent has to be able to tolerate the child's feelings of HD without rejecting the child. All children are capable of violent feelings and wishes, of wishing to hurt, to tear apart, of wishing to destroy those they also love. Experiencing too much pain (emotional and/or physical) is what leads children to feel and wish to destroy.

Normal, healthy, well cared for children, in the face of unavoidable conflicts, will experience hateful feelings toward their parents. Most commonly these will arise when the parent is setting protective limits. Because such limits are needed, it is unavoidable. Do not despair. Loving and respecting the child and the child's loving the parent make it possible to help the child reduce feelings of hate they feel.

Question: What happens to the child if they are not helped with their feelings of hostility?

Answers from workshop participants. Do they have examples?

Discussion: The generation of hostility is a cumulative phenomenon; when it is not appropriately and constructively dealt with by the child, hostility accumulates, stabilizes and becomes patterned within the personality. This can create problems in all areas of the child's life, and eventually in the adult he becomes.

It is therefore essential for parents to help their children learn how to cope with hostile feelings before they accumulate, become excessive and stabilize within the child. And, it falls to the parents then to help their children find reasonable and acceptable ways to express these feelings.

Question: Is there any time a child should hit another person?

Answers from workshop participants using examples.

Discussion: Discharging hostile feelings by striking out physically is not desirable

except under particular circumstances, such as when the child is being bullied by another child who just struck him. Similarly, one may have to resort to striking back when one is first physically attacked by another.

Question: What are the goals for parents in handling angry and hostile types of aggression?

Answers from workshop participants using examples.

Discussion: Goals for parents in considering handling angry and hostile types of aggression include:

1. Using reasonable guidelines, to prevent experiences of excessive displeasure from happening.
2. If that is not possible, to remove the source of pain as quickly as possible.
3. To allow the child to express his feelings but to restrain him/her from harming himself/herself or others.
4. Talk to the child to help him/her understand what is happening and to cope with it positively.
5. To comfort him and reassure him of parents' continued love and respect.
6. If the child is old enough, to define what behavior is expected of him.

Class Discussion:

Review necessity and benefits of reciprocal communication between parent and child. Emphasize the value of verbalization.

Discuss what occurs if HD is displaced (e.g. prejudice.)

Small group role-plays:

Using various examples from participants practice role plays where the parent has been told (in various ways) by child that she/he is hated by the child.

Help participants (parent) tolerate non-insulting verbalizations but put constructive limits on excesses. (Allow plenty of time for brainstorming among workshop participants and encourage discussions.)

WORKSHOP #9

COPING WITH PAINFUL FEELINGS

Question: Do you think young children feel painful emotions?

Answers from workshop participants using examples.

Discussion: Infants feel all kinds of painful emotions, from fear, dread, anxiety, and panic to depression, hopelessness, and despair.

Infants become capable of experiencing depressive feelings from the middle of the first year of life on. Prior to that age, excessive deprivations and poor attachment to others usually do not lead to depressive feelings but will lead to withdrawal and even failure to grow and thrive.

Young children who are depressed (even infants as young as 8-9 months) will tend to be withdrawn, inactive, move slowly, not explore their environment, and respond to another person's approach with little experience of pleasure. Some infants will even withdraw into sleep. Depressed children, even infants who crawl or walk will tend to move more slowly and sluggishly. The child may refuse to eat, may tend not to demand food and perhaps not even feel hungry and will respond to efforts to feed him with sluggishness.

Question: You might wonder: "How do you know that children experience emotional pain?" Do they?

Answers from workshop participants using examples.

Discussion: Many adults have much difficulty in seeing the various expressions of emotional pain that children show. A major obstacle to an adult's recognizing depression in children comes from the adult's need to deny the child's painful feelings. It is just too difficult for many of us to acknowledge that children can suffer so. This fact makes it difficult for adults to help depressed children.

Anxiety in young children is much easier to recognize. But it tends to upset parents and they may then just believe that the child is spoiled or just frightened of things too easily. Not able to tolerate anxiety in their young, they are not able to help well enough.

Question: How can adults remedy this "blind spot?"

Answers from workshop participants.

Discussion: Without opening oneself to experiencing a young child's depression or anxiety, one cannot hope to help the child cope with it constructively. It is essential that parents open themselves to attempting to feel what the child is feeling in order to help their children well.

Any painful emotional feeling, like any other kind of unpleasure, when excessive

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will generate HD in the child. Thus to help the child with painful feelings--whether depression, anxiety, etc.--will protect against the further development of yet another load of HD in the child.

Empathy is to perceive emotionally what the child is feeling. All parents are capable of empathy--it is one of the most important capabilities required of parents to provide growth-promoting parenting. To discern what it is the child is experiencing the parent must rely on her/his empathic resonating with the child's experience. It is important that parents trust their "reading", or emotional perceiving, of their children's emotional reactions; and parents should trust the feelings that their children arouse in them.

Question: What are some of the painful feelings that infants and children feel?

Answers from workshop participants using examples.

Discussion: Human beings must all learn to cope with feelings of anxiety and depression. Depression is unavoidable although predispositions and life experiences influence the intensity, frequency and duration of one's depressions. By 6-8 months infants are capable of intense feelings that look like sadness and within several months are capable of full-blown serious depressive reactions. Whatever the biogenetic predisposition in any given child, excessive feelings of deprivation, excessive feelings of rejection and insufficient attention all lead to depression in an infant, child or adult. Once a child becomes sufficiently attached to his mother/father--usually by 5-6 months of age--the loss of that parent, unless satisfactorily substituted for, will lead to depression. (Where the child is insufficiently attached to the parents at 6 months such a depressive reaction will not occur--but such insufficient attachment is extremely serious!)

It is important to know what depression looks like in your child and to acknowledge it when it is there. More on this later.

Anxiety is the child's feeling helpless in the face of what he experiences as danger. When it is intense, since it is very painful, anxiety generates hostility. It is important for parents to know what anxiety looks like, sounds like and feels like in their child. Also it is useful to know what kinds of experience commonly cause anxiety in children. Under 5 years of age, the most common sources of anxiety are: separations from parents; being looked at by strangers or being with them without one's parent; the fear of losing the love of one's parents; the fear of bodily harm; the dread of losing one's autonomy and sense of self. All these experiences create a situation in which the child feels helpless and vulnerable; this makes him feel anxiety.

While **anxiety** is the feeling of helplessness in the face of what one believes to be an **imminent** threatening, an imminent imagined event which brings with it "a feeling of impending doom", **depression** is the reaction experienced **after** such an event has occurred. The threat of danger has materialized and now there are feelings of helplessness, hopelessness and of giving up. Since depression is painful, when it is intense it, too, generates hostility. (This is especially evident in that when children [and adults] recover from depression one of the first signs of recovery commonly is that they

become angry or even overtly hostile and destructive.)

Question: Are there "normal anxieties" that all children experience during childhood?

Answers from workshop participants using examples.

Discussion: Most definitely. Anxiety reactions are normal at specific developmental periods. There are a series of emotionally perceived dangers that emerge sequentially during the course of normal development. These include:

1. Separation and stranger anxiety: 5-6 months of age and last several years (or indefinitely.) This is linked with the fear of losing the parent(s) to whom the young child is becoming and eventually is attached.
2. Fear of loss of the integrity of the sense of self, of one's growing sense of self-boundaries.
3. Fear of losing the love of one's parents: end of 1st year and through the 2nd year.
4. Fear of bodily harm and fear of losing vital body parts--especially genitals--begins around ages 2 1/2 through 6 years.
5. From about 4 years of age on, the child who is developing well will begin to experience anxiety when she/he does something the child feels is "wrong", something the child already knows she/he should not do. This anxiety comes from the child's own developing conscience. It is as though the child now threatens her/himself with loss of love/approval for doing something "wrong".

All of these fears may remain with an individual to a more or less intense degree, for a longer or shorter amount of time.

These sources of anxiety are commonly evident in the behavior of children under 5 years of age.

From about 2-3 years of age, the source of anxiety may be difficult to discern from the child's behavior and may even be unknown to the child. (E.g., fear of the dark and sleep typically have fears that underlie them.)

In addition to anxiety arising out of some undetermined inner conflict, young children also often react to some stimuli with sharp fear. For instance, an eight-month old, would react with much distress when a very nice man with a deep voice would speak loudly. This often looks like anxiety and causes a great deal of pain and excessive unpleasure.

All of these experiences bring with them excessive unpleasure and therefore have the potential for generating or mobilizing hostility in the child. Although the hostility may not be immediately evident, we assume that if the experience is sufficiently pain producing, it will generate hostility in the child, even if that hostility does not become evident in behavior or is not discharged right away.

Question: What are some growth-promoting ways for parents to help their children with these painful emotions? Why is it important to help the child?

Answers from workshop participants allowing time for ample discussion with examples.

Discussion: When hostility is generated it accumulates. If it is not appropriately and constructively dealt with by the child it not only accumulates, but it stabilizes and

becomes patterned within the personality. This then usually colors and affects all aspects of a person's experiences, ways of coping, personality and life.

It falls to the parents, then, to help their children learn how to cope with hostile feelings in constructive ways before they accumulate, before they become excessive and stabilize within the child.

Question: How can parents help their children learn to cope with feelings of HD?

Answers from workshop participants.

Discussion: Let's review some discussions from Workshop 9.

When your child is being hostile let him/her know that some **hurt** is causing the hostility.

Then, the parent should help her/his child find acceptable ways to express, to verbalize feelings of hostility and hate. Tell your child that he can let you know how he/she is feeling; and when your child begins to talk, tell her/him to tell you what he is feeling and thinking. But bear in mind that words and intonations too can go too far and not be helpful, so that words and tones that are insulting should not be allowed.

Likewise, discharging hostile feelings by striking out physically is not desirable. There are exceptions to this such as when the child is being bullied and /or is attacked; then he may need to strike back to reasonably protect himself. Make clear that although your child can tell you whatever he feels and thinks he is not allowed to strike you and he is not allowed to be first to strike anyone else.

One critical way of helping a child is to help him feel he is not alone in attempting to deal with that which is causing him/her emotional pain. Here the parent can act in the child's behalf, as a helping hand. It is very helpful when the child feels the parent is making an effort to help him cope with the anxiety or depression the child is feeling. Side by side with this reassurance, the parent's comforting helps to decrease the child's anxiety.

Children do not seek comfort when they do not need it. Parents have the opportunity to help their children "work through" an unpleasant experience-- be it a trauma or emotional conflict.

The parent's helpful actions can be highly instrumental in lessening the intensity of the pain the child is experiencing. Comforting the child when the child has experienced excessive unpleasure can be highly growth promoting.

Anxiety induced or fear induced crying requires talking about what is upsetting the child and providing reassurance and comforting. Orneriness requires empathic and reasonable limit setting.

Anxiety is painful and although it is often not resolvable by parents, parents can limit its impact on the child by the way they help the child deal with it. Even though a parent's efforts to comfort their child's anxiety may not bring immediate results, in the long run such efforts do build a base of security, trust and feeling cared for within the child. This trust in the parent(s) decreases the level of anxiety and unpleasure experienced at times of anxiety-inducing occasions and leads to a lessening of the generation of hostility within the child.

When a child is depressed, unless one opens oneself to experiencing that feeling

of depression one cannot hope to help the child cope with it constructively. It is as if one needs to temporarily join the child in this feeling of pain. It does not mean one needs to become depressed, but just to let oneself feel what the child is feeling.

The next critical step is to try to sort out what could be causing the child's feeling of depression. If it can be undone it is very wise to do so. If it cannot be undone, the parent should talk to the young child about what happened, how very painful a thing it is, and that gradually the child will get over it. If the parent cannot help well enough, professional help may be needed.

It is very productive to work through anxiety reactions and depressive reactions when these are in the process of waning and after they have stopped. It is an opportunity to talk about what caused the child to be upset and angry, in the context of which the parent can be reassuring and comforting. It is also an opportunity to repair the hurt caused by the anxiety and the depression and to undo the hostility these generated.

It is important to allow the child to complain within reasonable limits. Allowing the older child to go over the experience and talk it through lessens the experiences' traumatizing potential. And again, it is important to allow the child to express feelings of anger in ways that are acceptable to you. Not allowing a child's expression of feelings of anger prevents him from working through these feelings of hostility and burdens him with a larger load of hostile feelings. Of course, episodes of this kind may also require your setting limits to help your child learn how to express and discharge hostile feelings in reasonable and acceptable ways

Question: What further steps can parents take to help a child overcome feelings of depression?

Answers from workshop participants with ample time for discussion with examples.

Discussion: As we suggested, where circumstances that cause depression can be undone, action should be taken to do so. Since one of the common causes of depression in early childhood is due to a feeling of losing one's mother or father or the mother's or father's love, talking about such occurrences is crucial. For instance, if mother is in the hospital, be it to have another baby or for some illness or surgery, talk to the child about her being there, explain why she has to be there, for how long, and reassure the young child that she'll be back, and when, etc. When the sadness or even depression is due to feeling mother's anger, such as following disruptive behavior, talk about what caused mother's anger and reassure the child that the loss of love is temporary, if indeed present at all.

Explaining why the depression-inducing event occurred is important. It is essential that the parent allow the child to react to explanations. It is common that explanations need more than one go-around. Each such explanation, each going-over, contributes to the working through and the lessening of the traumatizing effects of the event that caused the depression.

These are basic requisites to help the child cope with depressive feelings--even infants under 1 year of age. The earlier such dialogues occur, the better.

Question: That brings us to the crucial question: "Why talk to an infant who cannot yet talk?"

Answers by workshop participants. Ask for examples of when and how they do this with their infants and small children.

Discussion: Talking to an infant who cannot yet talk is most feasible, appropriate, and helpful. This holds for every aspect of parent-child interaction. Talking to an infant who cannot yet talk has many advantages.

First of all, although the child may not yet understand your words, he will understand your feeling tone and the general message it conveys.

Second, he will feel your empathy, your effort to communicate and your wish to receive communication from him/her.

Third, it will encourage your infant's language development.

Fourth, your child will feel that what he/she is experiencing is appropriate, permissible, unavoidable and understood and, when it is the case, that efforts are being made to make painful feelings go away (social referencing).

Class Discussion:

Review the following principles:

Because excessive unpleasure leads to hostile destructiveness (HD) then intensely painful feelings can lead to HD. (Painful feelings include anxiety, depression, shame, guilt, etc.)

If the normal common fears and anxieties of children are misunderstood and mishandled by parents, it can facilitate their generation of HD in the child. (Typical anxieties include separation, stranger, dread of disorganization, physical injury, etc.)

Depression is always linked with hostility toward self and others.

When it is intense, depression of itself can produce hostility.

Often the first signs of recovery from depression are discharges of HD.

Role-plays: "What can the parent do? "

Have participants provide common scenarios.

Emphasize using empathic skills and being emotionally available.

Focus on the importance of acknowledging child's feelings.

Focus on the importance of reciprocal communication with emphasis on verbalization.

Review basic steps:

1. Learn the signs and signals of excessive unpleasure experienced by the child. To do this, **empathic skills are required.**

2. **Be emotionally available**--discuss with class: what does this mean?

Receive examples from class and develop role plays, switching roles among players as needed.

3. Try to stop the source of the excessive unpleasure. If the child cannot tell you directly, try to figure out, from the child's point of view, what it might be.

4. Help the child work through the excessive unpleasure experience. **Talk to your child**--even infants!

5. Discuss the value of talking to children, even infants.

WORKSHOP # 10

GROWTH-PROMOTING PARENTING AND CHILDHOOD TRAUMA: HOW TO BEST HELP YOUR CHILD

Question: What is trauma?

Answers from participants and use examples.

Discussion: A **trauma** or a **traumatic event** is an experience that the child or adult, at any age, feels is **far too difficult for him or her to handle**. The child feels overwhelmed by pain, fear, or shock and feels unable to cope with the situation. His/her adaptive functions and abilities (what we call the child's "ego" or his/her "ego functions") become incapacitated.

How long the child feels this way, to what degree he/she feels overwhelmed is very important. The longer and the more intensely he feels overwhelmed, the more severe the trauma and its effects. And then, the more likely that the child's recovery from the trauma will take longer.

Not all traumas or traumatic events will ultimately **traumatize** the child (or adult). To be traumatized means that the trauma is leaving its mark on the child well after the traumatic event is passed; its effects continue and the child's ability to cope continues to be more or less handicapped.

The more frequent and the more severe the traumatic events, the more will the child feel overwhelmed and the more he/she is likely to become emotionally and adaptively handicapped.

Question: Can a parent prevent traumatic things from happening to his/her child? Or if a traumatic event occurs, how can a parent help?

Answers from participants.

Discussion: To address this question we have to go into some detail. Both preventing and helping can be best facilitated by first understanding what may cause one's child trauma and then let's talk about steps that can be taken.

Question: What kinds of experiences can make the child feel traumatized?

Answers from participants, get examples from them (and be ready with two yourself).

Discussion: A number of key experiences, what researchers have felt are at the basis of what can cause trauma, have been described over the past fifty years.

Dollard and his team of researchers (1939) proposed that **too much frustration** can do this.

Spitz (1945, 1946) was among the first to point to how traumatic **emotional**

deprivation due to the loss of the mother to whom the child is becoming attached can be. This is so as well when a child is simply too **physically and/or emotionally** neglected.

Bowlby (1950s) found that growing up in hurtful families where there was neglect and abuse traumatized children who eventually became juvenile delinquents.

Rochlin (1973), and Kohut (1977) felt that **narcissistic injury** causes more or less intense reactions of pain and, if intense enough, frequent enough, and of long duration can become traumatizing.

Lately there has been much recognition of the traumatic effects of each **physical abuse and emotional abuse**. It is well established now that both cause trauma.

And also lately, much has been said about the **very painful experiencing** associated with parental separation and divorce, death of a family member especially a parent, job loss, all kinds of physical injuries etc. and how these events effect the child. It is very fortunate that people are becoming aware of the many things kids can be subjected to that can cause them to be traumatized.

All of the above experiences--and, can you think of others?--can become traumatic when the child's (or adult's) ego is flooded by very troublesome feelings. He is then likely to feel unable to cope with these events constructively.

Note that all of these experiences that can cause trauma have a crucial thing in common. It is that they all cause the child to feel **intense physical and/or emotional pain** (excessive unpleasure). And we know (from our prior workshops on aggression) that intense pain, physical or emotional, will generate HD in the child.

We find it crucial that parents hold in mind that **excessive unpleasure--of any kind--generates hostile destructiveness** in all of us.

Question: Are you saying that trauma can make people hostile?

Answers from participants. Examples.

Discussion: Yes. We repeat, if EU ==> HD, then a trauma by virtue of its causing intense pain will generate HD. Life stressors invariably bring with them heightened unpleasure, with this then comes the potential generation of hostile destructiveness. So children should not only be protected as best we can against preventable traumatic events, they also ought to be protected against too frequent and too prolonged excessive unpleasure experiences.

Question: Do all children react to traumas the same way?

Answers from workshop participants using examples.

Discussion: No, for several reasons. It is important for parents to know that children vary widely in the way they tolerate unpleasure.

1. Some children seem more sensitive to pain than others. For instance a shy child, because he/she is born more highly sensitive to feelings than the average child, is more likely to feel pain sooner than a socially engaging (non-shy) child. Also, some children seem more sensitive to certain types of pain than other types, for instance again, a shy child is more likely to more easily feel hurt by the pain of shame than the pain of a toothache; a more active child may feel the reverse.

2. The experience of unpleasure varies widely within the same child from day to day and even from hour to hour. For instance, a child who is tired or hungry or ill is more likely to experience unpleasure events more quickly and sharply than when that same child is well rested, fed and feeling well.

3. Children who experience much pain, physical and/or emotional, in the way they are cared for, are more likely to accumulate increased loads of hostility within them resulting in the least little hurt or frustration setting them into a rage.

4. The meaning to the child of the cause of pain is crucial. For example, pain that is caused intentionally is much more likely to be felt as more intensely unpleasurable than pain caused accidentally.

5. Enormously important to note is that not all children who suffer much necessarily develop quick and intense reactions to pain (unpleasure). Many factors account for such differences including the child's inborn dispositions, intensity and frequency of hurts and neglect, the meaning to the child of the experience that hurts and the efforts made by caregivers/parents at care-giving and to repair hurts. Often reactions are not immediately evident too, and may emerge later or in a disguised form.

Question: Other than just not having traumatic experiences--which is virtually impossible in life--, is there any one factor that most protects children, that leads them to be less affected by traumatic experiences than others?

Answers from workshop participants. Do they have examples?

Discussion: Of course, many factors as those mentioned before account for such differences. But here we are underscoring the protective power of the positive enough experiences children have with their own parent(s).

Other things being equal, the more positive--loving, respecting, considerate--the relationships with Mother, Father, and siblings, the better the child will be able to cope with traumas. Where the child does not have the good fortune of having such a family, one good, loving, positive relationship can make it possible for a genetically well-endowed child to grow and develop in a healthy manner.

In any case, whether in a wonderfully loving and comfortable family or an overly stressed and burdened family, it is essential that parents know their children need help in learning to cope with their own hostility and in finding appropriate and acceptable ways of discharging these normal but very troubling feelings. If parents understand that when children are hostile it is because they are suffering or have suffered excessively painful experiences, they will be more sympathetic. They will also then be more empathic (perceive emotionally), and will be much better able to help their children. This is especially because they will deal with the child's hostility more constructively and help the child deal with it more productively as well.

Question: How can parents know that the child is experiencing excessive unpleasure (pain of any kind)?

Answers from workshop participants. Encourage the use of examples.

Discussion: The parent is helped--and at a significant advantage--when she/he knows how her/his child reacts to experiencing unpleasure, be it physical pain or emotional pain. This ability in the parent develops as the parent increasingly comes to know how the baby reacts to all sorts of painful situations. This includes being hungry, having a tummy ache, feeling anxiety when Mom leaves the room. As the parent's relationship with the child develops the parent will, of course, come to know how the baby expresses himself.

The parent mostly uses his/her empathy skills--her/his ability to perceive what the baby may be feeling--to get a good idea of how the experience of any particular unpleasure is affecting her/his child.

Frequently the child will not verbalize that he/she is upset. He/she will just react upset. Here, in particular, the parent must be attuned to the child and to be ready to assist the child in constructive ways

Question: How can parents best set things up to be helpful to their child's coping with traumas?

Answers from workshop participants with examples.

Discussion: The parent can help in many crucial ways.

Obvious as it is, it is worth emphasizing that **the best help available to the child are the relationships the young child has. The best among these are the ones with the child's own parents** (biological or adopted). No one will go as far as "parents" will, to do all that is possible to care well for the child. We want to say that when we say "parent" we are referring to both **biological** and **adoptive** parents. When we think of ourselves as a child's "parent", as a mother or father, it brings with it a commitment to care for and rear the child that is different from that of any other relationship the child may have as with an aunt or uncle, a teacher, or doctor, etc., or even a grandparent. A "parent" is unique to a child.

With this in mind then, first of all, **parents should make it possible for the child to communicate, talk when that becomes possible, with the parent about the pain experienced and the thoughts that go with the experience.**

The best way of coping with feelings of hostility is for the child **to be allowed to communicate these feelings, verbally or just in sounds (such as crying or complaining), within a meaningful, positive, valued relationship.** Thus, when parents and their children develop a positive--loving, respecting, reasonable--emotional dialogue with one another, anger, hostility and hate can be communicated and talked about meaningfully in a hostility-reducing way.

The power of this way of coping is well known to mental health professionals. We know that the parents' efforts to develop, maintain and enhance a positive emotional and verbal (expressive) dialogue with their child--even when dealing with angry feelings and hostility--provides a vehicle for the constructive coping with painful experiences, with hostility and hate. It also secures one of the most powerful vehicles (communication) for healthy development in the child, including the formation of good relationships and heightened well being.

Talking to one's child about painful experiences helps him resolve the pain and

acquire a feeling of being capable of mastering painful, difficult and even challenging events.

Remember that insufficiently resolved reactions to painful experiences continue to remain a source of traumatic feelings within a child's psyche [Instructor emphasize: to try to just "forget" or not talk about painful experiences simply leads to insufficient mastery or metabolization of such pain experiences]. From there, these feeling experiences continue to impact on that child's emotional development as long as they continue to be insufficiently mastered or metabolized--like an undigested lump in one's gut.

Question: What else can parents do in the face of trauma?

Answers from workshop participants with examples.

Discussion: Comforting in the face of painful feelings is always helpful--even when it cannot stop the source of pain. It is amazing how a parent's comforting a child who has a tooth ache or ear ache can make the young child feel a little better even though that has done nothing for the actual pain! Most mothers (especially, but fathers too when they are honest about it) and nurses know that. Many doctors know that among the best remedies we have are rest and TLC.

Children never seek comfort when they do not need it. In comforting, parents have the opportunity to help their children "work through" an unpleasant experience--be it a trauma or an emotional conflict. Comforting when asked for by the child, helps the child gain mastery over an experience in which he/she felt hopeless and often helpless. On the other hand, not comforting when the young (or older) child asks for it, may make the child feel unloved, unlovable, ashamed (he is "acting like a baby"), neglected, hurt and hostile, etc. and crave affection.

A parent's efforts to comfort the child and help with his/ her distress may not bring immediate results. However, in the long run such efforts do build within the child a baseline of security, basic trust and feeling cared for. This trust can serve to decrease the level of anxiety and unpleasure experienced at times of trauma, strengthen the young child's abilities to cope, and on top of it all it leads to the lessening of hostility within the child.

Question: What do we mean by "working through"?

Answers from workshop participants. (They may not understand our exact meaning so find their relevant context and work with that.)

Discussion: "Working through" is a process whereby one gains mastery over an experience in which when it occurred we felt helpless. This can be done through the emotional dialogue--talking with and feeling understood and sympathized with--between child and parent. The earlier such dialogues occur, the better.

To repeat, talking to an infant who cannot yet talk is most appropriate, feasible and helpful because the child will feel your empathy--effort to perceive what he is feeling--as well as sympathy for what he is experiencing. In addition, the child will feel that what he is experiencing is normal and appropriate, is permitted and understood and

that efforts are being made to make the painful feelings go away.

Talking about what happened after the immediate experience has subsided and then, again, talking about it later can be very beneficial.

When possible, it is helpful to prepare a child for an event that one anticipates may be painful by talking about it **before** it happens. For example, when a child's mother has to leave her child to enter the hospital the child is already upset--whether he/she shows it or not. It is very helpful to tell the child that mother has to go into the hospital, for what reason--and be truthful! Then tell how long Mother will have to be there, when Mother expects to be back home, and that she will call and see the child as often as possible.

While Mother is in the hospital, Father (or other caregiver) should allow the child to talk and be upset about Mother's being away. In fact, the longer the absence and, if not discussed adequately, the longer the silence, the more intense and entrenched the upset feelings become. The less the distress is vocalized, the more it becomes embedded in the psyche. Unless sufficiently worked through this can have serious negative consequences for the child. If the child does not bring up the subject, Father (or other caregiver) can start to bring it up, e.g., by talking about mother's being in the hospital, saying why she is there, reassuring the child that she'll be back and when--all of which can serve to help the child and lessen the negative consequences. These are basic requisites to help the child cope with painful feelings--even infants under 1 year of age.

Question: Do children need to complain?

Answers from workshop participants. Encourage participants to consider if complaining HELPS the child.

Discussion: It is important to allow children to complain. When the parent explains why a painful event has occurred it is essential for the parent to allow the child to react to explanations. Such complaining and explanations always need more than one go-around. Each such complaint and explanation contributes to the working through and the lessening of the traumatizing effects of the event that caused the displeasure.

When children are allowed to express their feelings and even to complain--which is usually advantageous--unless it is abused--the child may bring up the painful subject again for the purpose of further working through and mastering the painful experience. Usually, when children bring up an event that caused them pain, it is because they have insufficiently mastered it and want a further opportunity to do so. Therefore it is generally useful to allow the child to talk about an event that caused pain and help the child emerge with a better sense of being able to deal with such events.

Question: What can the parent do when the event has not been anticipated?

Answers from workshop participants using examples.

Discussion: After the painful event has occurred, it is useful--especially where the child has experienced it highly painfully--to make opportunities for talking about what happened. It helps to talk about how it came about and to talk about how the child felt. If it is appropriate, it helps to talk about how the child can protect himself from being

subjected to that kind of experience again. It helps just to let the child know that experiences of this kind benefit from being talked about.

Remember, explanations and complaining are a necessary part of this process. Each such complaint and explanation contributes to the child's working through and eventual sufficient coping with the traumatizing event.

Question: Does the child often feel angry or even hostile after the trauma?

Answers from workshop participants. Do they have examples?

Discussion: Yes. Again, this is because any experience of excessive unpleasure will produce hostility. In helping a child overcome feelings of pain caused by the trauma it is necessary to allow the child to express and discharge feelings of hostility that are generated by the pain. What the parent has to do is to allow, tolerate and help the child find **acceptable ways of expressing the hostility**. For instance, "It's not OK to hit me; you can tell me that you're angry with me!" For an infant who can't yet speak: "It's not OK for you to hit me; let me know with your voice that you're angry with me!"

Helping the child find ways to express and discharge the hostility in ways that are acceptable to both the child and the parent is a vital task. This is an opportunity not only to repair the hurt caused by the trauma and to undo the hostility it generated, but also to learn to deal with hostile feelings in constructive ways.

Question: What happens in the child if he/she is not permitted the opportunity to express feelings of anger and hostility?

Answers from workshop participants.

Discussion: Again, we want to emphasize that constructive limit setting to help the child learn how to express and discharge hostile feelings in reasonable and acceptable ways is most critical.

Not allowing a child's expression of feelings of anger and hostility prevents him/her from working through those feelings and burdens him with a larger load of hostile feelings. When the child has not been able to express these feelings, these feelings will be stored in the psyche. Later, a child will express that stored hostility using a number of psychic maneuvers; here are 2 of the most commonly used ones:

1. he/she will displace that stored hostility onto another person or thing than that which originally stirred it up, and
2. the feeling of unpleasure may have been changed into one of pleasurable hurting of other things and/or persons. This is the changing of an experience of unpleasure into one of pleasure-fully hurting others.

Question: Does trauma make children anxious or depressed?

Answers from participants. Can they give examples?

Discussion: Absolutely. Children become anxious. In fact, the definition of anxiety is to feel helpless in a situation, to be unable to cope comfortably enough. A trauma is an event that makes the child feel helpless. Therefore, an event becomes traumatic when the child's coping abilities are rendered extremely helpless. The child is by definition

excessively anxious.

In addition, the trauma is so disturbing, so shocking, that it brings with a feeling that terrible things do happen in life and this sets off the feeling of depression even in very young children. We have seen depression in 6 month old infants! Clinically, depression is always associated with hostility. And we have found that the resolution of depression generally is associated with the discharge of depression-bound hostility. In fact, the opportunity to express and discharge that hostility in ways tolerable to the self is assumed to be essential for recovery from depression in children, as well as adults. The more constructively that depression bound hostility is permitted expression and is discharged, the better the success of working through the depression.

Question: Should parents protect their children from all experiences of excessive unpleasure?

Answers from workshop participants.

Discussion: Occasional feelings of anger are unavoidable in children and in relationships and will cause no harm. We cannot always give our children what they want or even need. Dealing with such experiences in growth-promoting ways will, in fact, help the child learn to cope with life's unavoidable frustrations and disappointments.

In fact, we do believe that moderate doses of excessive unpleasure helps the child learn to adapt to "real life."

If the child, has mostly good experiences and is helped to deal with those unpleasure experiences that come along, he/she will learn to cope well with and learn to adapt constructively to excessive unpleasure experiences. In this way the child will be stronger and more adaptable than he/she would if he/she never had to cope with difficulties, and she/he learns that she/he can endure some discomfort.

What the child needs to be protected against are **experiences of repeated and prolonged excessive unpleasure** (pain of all kinds) which generate hostile feelings and rage that are too intense, last too long, occur too frequently. This is especially so when these are not well enough prevented due to the parents' insufficient or inadequate responses to the child's needs and experiences.

It is essential that human beings all learn to cope with pain producing events, and with the resultant anxiety and depression that can occur. Depression is unavoidable in life, for all of us, although both genetic predisposition and life experiences influence the intensity, frequency and duration of one's depressions.

Our aim here is to help parents prevent undue depressions, help parents help their children cope with unavoidable depressions and to help parents help their children work through experiences of depression after they have occurred.

Even the best concerned and loving parents cannot prevent all experiences of excessive unpleasure and trauma. But they can be on the alert to prevent most of them and then help the child to cope with the ones that are unavoidable.

Question: What are the goals of parents when dealing with painful events?

Answers from workshop participants.

Discussion: Trying first to remove the source of anger and hostility where indeed it can be reasonably removed is most salutary. (Preventing the experience from happening in the first place is most ideal!)

Second, to allow the child to express his/her feelings but to restrain him/her from harming him/herself or others.

Third is to help him /her understand why the situation happened.

Fourth is to comfort and reassure him of the parents' continuing care and affection, and the reassurance that his/her hostile feelings toward the parent will not cause rejection or abandonment.

Class discussion: Discuss the following topics and encourage dialogue among participants.

1. The effect on child if parent could have prevented the trauma or not.
2. Differences between acute trauma and chronic trauma and how it affects the child at various ages.
3. The effects of physical/ emotional/ sexual abuse upon the child.
4. The effects on child when the abuser is a stranger or a trusted person.

Summary: Emphasize with workshop participants the following principles:

1. The vital importance of parents, sibs, extended family and secondary relationships for the child, including community resources.
2. The value of "constructive listening" on the part of the parent.
3. Discuss this quote: "Insufficiently worked through feelings of hostility towards those we love produce all kinds of emotional disturbance and misery in people. Such feelings cannot be worked through unless they can be acknowledged, given reasonable ways of expression and discharge and be reasonably dealt with."
4. Crises can become opportunities to enhance family relations and growth.

Role-plays:

In small groups practice helping the child work through feelings related to the experience of a traumatic event.

Use examples from your own life or from those close to you.

Alternate the role of parent and child.

Critique the role-play: What did the parent do well?

What should the parent not do?

How do you imagine the child felt within each role-play?

PARENTING FOR EMOTIONAL GROWTH

WORKSHOPS

***ON THE DEVELOPMENT OF
CONSCIENCE AND SELF-ESTEEM***

by

**Henri Parens, M.D. &
Cecily Rose-Itkoff, M.A., M.F.T.**

Acknowledgements

The authors are indebted to Patsy Turrini who not only read and commented on our materials, but especially for proposing the model we used in presenting these materials. "Question asked by Facilitator, Answers by Participants, followed by Discussion containing what the authors' research and clinical experience lead them to believe to be growth-promoting factors", this model was proposed by Turrini. She envisioned these materials to be used at the Mothers' Centers—to which she and her pioneering work gave rise—in the hope of introducing child development optimizing knowledge accumulated during the past century by psychodynamic child researchers and clinicians.

The authors also thank Dr. Leo Madow for his help in reading these Workshops and for his useful comments and suggestions. His understanding of the workings of conscience and his appreciation of the value of parent education have guided us most fruitfully in developing these Workshops.

PARENTING FOR EMOTIONAL GROWTH

WORKSHOPS

ON THE DEVELOPMENT OF CONSCIENCE AND SELF-ESTEEM: How to Optimize Their Growth in Our Children

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PARENTING FOR EMOTIONAL GROWTH

WORKSHOPS SERIES

INTRODUCTION

The materials presented in these *Workshops* are derived from *Parenting for Emotional Growth: A Curriculum for Students in Grades K Through 12* (Parens, Scattergood, Duff, and Singletary, 1997). This Curriculum was developed and written in order to formally, educationally prepare our young for the job of parenting, a job which like any other demanding, complex and challenging job requires much preparation, knowledge and skill.

Our aim, in this education for parenting Curriculum, is to spell out principles of how to optimize the mental development and health of every child. We aim to achieve this by securing the most growth-promoting parenting of which each child's parents is capable. The child we have in mind is the human child, the *Homo sapiens* child, whether Chinese, Hispanic, Italian, Lebanese, American, whether Muslim, Protestant, Jew, etc.

Our parenting education work is informed by the work of many international psychodynamic mental health researchers and clinicians. Important among them, Freud proposed in 1939 that parents are the representatives of Society to their children, and that the greatest contribution psychoanalysis would make would lie in the application of what psychoanalysts learn from their clinical work to the rearing of the next generation (Freud, 1933). In 1978 we were much encouraged to pursue our then beginning work in parenting education by a communication from Anna Freud, who when she saw some of our early parenting education materials responded quickly and with enthusiasm to our strategies toward prevention in mental health by means of formal parenting education for school age children. She endorsed our conviction of feasibility and told us that not enough is being done regarding the application of what psychoanalysts have learned toward the rearing of the next generation.

In addition, in the 1970s, Margaret S. Mahler (1978) was convinced that the education of parents would serve to achieve the prevention of major psychological, emotional, and social problems of our time. Like Brandt Steele (see Krugman, 1987), Mahler recognized decades ago that child abuse had become an urgent social problem.

We assert that optimizing the child's mental health, and therewith adaptive abilities, by means of optimizing growth-promoting parenting can be done **no matter what the family circumstances**. Growth-promoting parenting can be achieved whatever the socio-economic conditions or strains, respectful of whatever the ethnic and religious

Workshops on Conscience and Self Esteem

mores and customs of each family, whether the family is intact or the parents are divorced, whether a single parent family, whether one parent works outside the home or both do, part time or full time, and whether the family avails itself of home substitute care-giving or daycare. None of the variations in all these home and family conditions modifies or makes unique requirements of **the basic principles of growth-promoting parenting**.

Similarly, whatever the child's inborn adaptive abilities and givens, from temperament variations to the wide range of biological givens from normal to dysfunctional and disordered, **the basic principles of growth-promoting parenting** are the same.

Basic principles of growth-promoting parenting can be spelled out better today than ever before. The Twentieth Century, among other things for which it will be remembered, is the era when we achieved the most advanced ever degree of scientific and humanistic knowledge and understanding of how the depth psychology of the human infant evolves into that of the adult, how the infant becomes the adult who adapts to society for good or for bad. Although more is to be learned, what makes for good or troubled mental health and development has been studied and detailed in this century more than in the entire span of the history of civilization. Our Curriculum is constructed to spell out in some detail central principles of development and how to optimize these in order to secure good emotional development and health.

THE GOAL OF GROWTH-PROMOTING PARENTING

Growth-promoting parenting is to *optimize* the child's inborn potential abilities to cope constructively with everything the child experiences whether it comes from his or her **internal** goings-on (e.g., fantasies and interpretations of events) or from his or her **external** environment (e.g., family life, neighborhood conditions, etc.). To optimize her or his own growth-promoting parenting, it is best for every parent to:

First, have **sufficient information on the human child's basic emotional and physical needs**. This is required to have a clear enough view of what will be expected of the parent as well as what to provide the child with over the course of development from infancy through adolescence.

Second, have **sufficient information on the details and dynamics of every child's adaptive and emotional developments** from infancy through adolescence, as well as of those variations that come with the uniqueness of each child. For example, a normal shy child's way of coping differs from those of an assertive-outgoing child. Such information is required to have some reasonable idea of a specific child's age-appropriate abilities and limitations and how to make the best of these.

Third, and perhaps most important, every parent must have **sufficient information on how to optimize**, how to help the child "be as good as he/she can be", in

the child's emotional and adaptive development. Both, a **basic general understanding** of how to optimize development and **individualization** of parenting, or tailoring parenting to each individual child, are needed.

THE MODEL WE USE

The model of human development, functioning, adaptation, and mental health, we use is a **composite** of much cumulative **psychodynamic** knowledge that has emerged from clinical work as well as formalized direct observational and laboratory research during this Twentieth Century. A number of specific areas of the child's development have drawn the interest of individual clinicians and researchers during the 1900s. At times, such special interests have gotten much attention and have even come to be in vogue, to be believed to be more important than what has been known before. In some instances, efforts have even been made to replace well substantiated explanations of important aspects of human development, functioning, and what can optimize or damage these, rather than to add to the existing pool of information about this very complex system, the mental-psychological domain of the human child. We do not believe that any one of the remarkable psychodynamic developmental theories we now have, each addressing a particular aspect of the child's mental life, is more important than the others. We have found that our understanding is increased by availing ourselves of a number of these models as we try as best as we can to optimize each child's adaptive and developmental potentials.

A century of intensive depth-psychological (psychoanalytic, psychodynamic) clinical work with adults and children has taught us that humans are complex psychobiological organisms. Each is a single entity, the sum of a number of crucial sectors of experiencing and of development (i.e., of functioning at sequential levels of developing, coping, and stabilizing into increasingly more complex levels of functioning and of adaptation), which in their totality make up each person's qualitative mental health. Among the most crucial sectors of mental-emotional experiencing and development are those that pertain to one's own internal self, to one's human relationships, one's system of adaptive functions (including one's emotional and cognitive functions), one's evolving sexuality (which secures reproduction and the preservation of the species), one's aggression (which serves adaptation, securing one's mastery of oneself, of the world around and one's goals), and the gradual formation of one's conscience (which includes one's code of conduct and morality) and self-esteem. Just as we have found clinically that sexuality is not "the" most important sector of human experience, nor are the development and the vicissitudes of aggression, nor is the development of conscience and self-esteem, nor will a singular focus on attachment prove "more important than" any of the others. Each is enormously important and makes its unique contributions to our understanding of and our ability to help the total, single developing human being "become as good as she/he can be".

The **composite psychodynamic model** we use is one then, that has been developed piece by piece, has progressively become organized from 1905 to the present

(1998). Even if the pieces are not as fully developed as some of us wish, each has been forged sufficiently both in the research laboratory and in the clinical situation to be usefully applied to effect the promise Freud made to Society in 1933: that the greatest contribution psychoanalysis--which itself has developed enormously in its content and scope since that date--would make would be the application of what we learn from the clinical situation to the rearing of the next generation. We believe we have come to a point where we can propose strategies to do just that. The composite model we have seen gradually evolve over the past 40 years, a model 90 years in the making, is likely to stand for centuries to come, continuing to further evolve as we come to learn more about the child's biology and psychology.

THE WORKSHOPS

Whereas the *Curriculum Parenting for Emotional Growth: A Curriculum . . .* was conceived and developed by Parens, Scattergood, Duff, and Singletary--and a group of collaborating researchers and clinicians--for students in grades K thru 12, the *Workshops* are developed **for child caregivers of all kinds**, be they parents, daycare caregivers and administrators, teachers, etc. The authors of the Curriculum and of the Workshops, as noted above, aim their efforts at the **prevention of experience-derived emotional disorders in children**. As we have documented (Parens, 1988, 1993), we have learned that there is much teachable knowledge that can, and we believe must, be provided to current parents and future parents that will significantly lessen the frequency and intensity of experience derived emotional disorders in children. As we emphasized before, our principal aim is **to promote the development of good mental health and constructive adaptation in our children** by optimizing the way they are reared, by aiming toward their being reared by **growth-promoting parenting**.

These Workshops can be used in a variety of ways, in total or in part, with leeway for individual implementation by the Workshop instructors and participants. And they can be used for caregiver training purposes with many different groups of "students" including parents, daycare workers, teachers (especially early education), nannies, etc. It is our intention that the Workshop instructors will use their creative skills to optimize the "fit" between any particular Workshop and the participants. It is, however, important that the Workshop instructors be well trained and sufficiently familiar with the subject matter; for this purpose they may want to refer to the actual *Curriculum--Textbook* and/or *Lesson Plans*--cited above, as well as *Aggression in Our Children* (Parens, Scattergood, Singletary, and Duff, 1987).

The major contents of the Curriculum have been divided into a series of sets of *Workshops* (Parens and Rose-Itkoff, 1998). To date these sets of Workshops are:

- I. *On The Development of Self and Human Relationships,*
- II. *On Handling Aggression Constructively, and*
- III. *On The Development of Conscience and Self Esteem.*

The first two sets of Workshops are especially geared toward children from 0-3 years, though these can be improvisingly extended up in years by participants and instructors;

Workshops on Conscience and Self Esteem

the third set of Workshops spans from infancy through early adolescence. In addition to these 3 sets of Workshops, others to follow include a set on *The Emergence and Handling of Sexuality in Our Children*, a set *On Optimizing Adaptive Abilities and Becoming a Responsible Member of Society*, and a set on *Basics of Early Child Development* (optimizing patterns of feeding, of sleeping, self care and regulation).

In order to be effective, the Workshop instructors must, of course, be sufficiently familiar with the material presented in the "Discussion" sections of these Workshops. Instructors would be best informed by reading the *Textbook of The Curriculum* (Parens et al, 1997) from which the Workshops contents are drawn. As with any other educational effort, the better knowledgeable with the subject material, the better will they field the questions, address the participants' expressed concerns, and integrate participants' concerns and interests and duly emphasize the salient points of each Workshop. We would hope that during Workshop sessions all the text materials under the "Discussion" sections are covered during the course of answering the questions proposed. Additional questions by the participants would be most welcome, indeed ought to be sought, and addressed *ad lib* as best as can be by the Workshop instructor. Likewise, it is highly desirable that additional information be added (via examples, case vignettes, etc.) depending on the participants' grasp of the material, interest, life experiences, etc.

Workshop instructors may want to add additional role plays, interactive exercises, etc. and/or to spend more time on one area of interest or another. It is important to make these Workshops "come to life" to the participants and to encourage active discussion between the Workshop participants as well as with the instructors. It is also important that the Workshop instructors make the materials as applicable to the participants' everyday needs and concerns as possible. For this purpose examples derived from the participants' experiences are most useful.

These Workshops are intended for educational purposes and are derived from the comprehensive education Curriculum. They are not intended to be used for formal psychotherapeutic purposes except for Parental Guidance in the course of doing psychotherapeutic work with children and adolescents. This is so even though participants and instructors may, indeed, find that the Workshops materials invariably touch on intimate feelings and memories the parents have of their own childhood and of their own parenting efforts. Nonetheless participants may want to share varying experiences they have had with their children and parenting and, as we said, this should be appropriately encouraged. Workshop instructors will find, though, that this can take up much time and, therefore, should be weighed against the time allotted for any particular Workshop.

Workshop instructors should bear in mind that parents need special attention and support as they learn how to be effective parents. Empathy (trying to read the parents' feelings), support and respect for parents is, of course, highly desirable during the Workshops as parents become more familiar and comfortable with their role as parents who are learning from their children what they need and want. We believe, and say so to the parents, that to be a growth-promoting parent one needs to be "perfect" 75 % of the

time. It is normal and natural to "make mistakes" as a parent; making mistakes within an overall loving, respecting, and sympathetic parent-child relationship need not necessarily hurt the child. In fact, in such a relationship, how the mistake is handled between the child and parent and what kind of dialogue occurs and develops between them can be highly growth-promoting!

Finally it should be said that these Workshops are meant to be information-imparting and useful. They are intended to provide parents with much information about normal children and their normal needs that can and should be a part of the parents' knowledge base when interacting with their children. Good, growth-promoting parenting is now well known to be the most powerful means to lessen the frequency and mitigate the intensity of **experience-derived-emotional disorders** in children.

We hope that these materials will be useful in a multitude of settings with vastly differing audiences. **Instructors must be cognizant and respectful of, and attuned and sympathetic to ethnic specific mores and customs** of the Workshops participants, and could usefully refer to local idioms, proverbs, lullabies, cultural heroes, etc. to illustrate any points further. It is important that Workshop instructors, where possible, come from the participants' communities, and that both instructors and participants will come from all walks of life, all socio-economic levels, ethnic groups and from all nationalities. With respect paid to our differences it is our intention that full attention be paid to what we all share in common which is the present and future well-being of our children. Growth-promoting parenting aims to optimize every child's inborn givens, to make every child a reasonable and responsible member of society. With this it aims to achieve a better life and a better world for all children, and it is our job to do all we can to achieve this end.

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Volume 1: The Textbook (7 Modules):

Introductory Unit, pp. 68.

Unit 1 -- 0 to 12 Months: The First Year of Life, pp. 153.

Unit 2 -- 1 to 3 Years: The Toddler Years, pp. 169.

Unit 3 -- 3 to 6 Years: The Preschool Years, pp. 112.

Unit 4 -- 6 to 10 Years: The Elementary School Years, pp. 74.

Unit 5 -- 10 to 13 Years: Prepuberty, pp. 61.

Unit 6 -- 13 to 20: Adolescence, pp. 107.

Volume 2: The Lesson Plans (7 Modules) [Incomplete]:

Unit 1 for Grades K - 1, pp. 76.

Unit 1 for Grades 4 - 5, pp. 119.

Unit 1 for Grade 9 and up, pp. 108.

Unit 1 Laboratory Manual for Grade 9 and up, pp. 269.

Unit 2 for Grade 2, pp. 110.

Unit 2 for Grade 6, pp. 137.

Unit 2 for Grade 10 and up, pp. 198.

Unit 2 Laboratory Manual for Grade 10 and up, pp. 354.

Unit 3 for Grades 7 - 8, pp. 125

Further Lesson Plan Modules being developed.

**PARENTING FOR EMOTIONAL GROWTH --
WORKSHOPS SERIES**

GUIDELINES FOR WORKSHOP INSTRUCTORS

Introduction

These Workshops are developed for **child caregivers of all kinds**, be they parents, daycare caregivers and administrators, teachers, etc. We emphasize that our principal aim is **to promote the development of good mental health and constructive adaptation in our children** by optimizing the way they are reared, by aiming toward their being reared by **growth-promoting parenting**.

It is important that the Workshop instructors be sufficiently familiar with psychodynamic schools of thought and the contents of the specific Workshops. For better familiarization they most likely will find the Workshops source materials useful. These sources include *Parenting for Emotional Growth: A Curriculum for Students in Grades K Thru 12*¹ (the *Textbook* and/or the *Lesson Plans*) as well as *Aggression in Our Children*². From these come the materials presented in the "Discussion" sections of the Workshops. The better acquainted with these or similar materials, the better they will be able to not only field the participants' questions, but especially to address the participants' child rearing difficulties, concerns and interests, while at the same time emphasizing the salient points of each Workshop.

In the following Section we will suggest a set of guidelines that we hope will prove useful to the Workshop instructors. These guidelines are drawn from our experiences in conducting educational parent-child groups, from our developing *Parenting for Emotional Growth, A Curriculum for Students in Grades K Thru 12*, and most recently from presenting some of our Workshops to a widely diverse population in rural Appalachia. In the Appalachia project, the Workshop instructors Cecily Rose-Itkoff, M.A., M.F.T. and William Singletary, M.D. prepared for this event in

¹ Henri Parens, Elizabeth Scattergood, Andrina Duff and William Singletary (1997). *Parenting for Emotional Growth: A Curriculum for Students in Grades K Thru 12*, A Textbook and Lesson Plans. In-Progress printing by Parenting for Emotional Growth, Inc. Copyright Registration No.: TXu 680-613.

² Henri Parens, Elizabeth Scattergood, William Singletary and Andrina Duff (1987). *Aggression in Our Children: Coping With It Constructively*. New York: Aronson Press, Inc.

collaboration with Henri Parens, M.D. The guidelines are derived from our shared impressions.

These Workshops can be used in a variety of ways, in total or in part, with flexibility for individual implementation by the Workshop instructors and participants. And they can be used for caregiver training purposes with many different groups of "students". We leave it to the Workshop instructors to find ways to optimize the "fit" of the particular Workshops used and the participants' needs and level of training.

We suggest that it will be helpful to the instructor to bear in mind that these Workshops are **models**; that is, they can be individually tailored to suit the particular audience that is being addressed. For example, while discussing material under the "Discussion" sections additional questions from the participants can be integrated along with examples drawn from their life experiences. Doing this, the Workshops are more likely to spring to life and take on an immediacy which is most responsive and helpful to the participants. The questions from the participants will typically be "experience-near" and the ways by which the instructors respond and engage the participants in a dialogue can further make the material useful and emotionally meaningful to the participants.

As with any educational and communicational effort, the Workshops are most helpful to participants when the instructors "speak" the language of the group and when they sympathize with the everyday and specific dilemmas, hardships, hopes and aspirations of the participants. Materials are always better taken in when participants are encouraged to raise questions, voice opinions, disagreements, etc. and the instructor, at all times, has a receptive stance toward the input of the participants. It is productive when the instructor conveys to the participants that they can all learn from one another and that the instructor is ready to learn from them.

The following guidelines were useful to us and are offered here as suggestions for optimizing the use of the Workshop format with various audiences.

Guidelines

1. As Workshops go, each Set of Workshops in this Series is rather large, consisting of about 8-10 Workshops each. Ideally we would like to see all the Workshops contained in this Series planned over a number of months. Many of you will not be able to present so long a Series except in a long standing parenting educational and/or support setting. Therefore, Workshop selections will need to be made for presentation.

Each is sufficiently integrated to be able to stand on its own; this applies more readily for some Workshops than for others. The Workshop instructors' task will be facilitated by learning from the participant-audience prior to Workshop time what concerns, difficulties, interests are most pertinent to them. In this way, the selection of Workshops can be more suitably geared toward your particular audience.

2. The instructor will be best prepared the more familiar he/she is with the Workshop materials. Toward this end, instructors are encouraged to become familiar with the *Parenting for Emotional Growth Curriculum Textbook* and *Lesson Plans*. It may be helpful for instructors to pull out the most important themes and "sub-themes" in each Workshop and to articulate them in the instructors' own information imparting manner. These themes can then be emphasized at various appropriate times during the Workshop and can also be reviewed during the final phase of the Workshop. As in all teaching, the firmer the grasp of the subject matter, the easier the presentation, and the freer will the instructors be to attend to participants' interests and to accommodate to the participants' pace of taking in of the materials.

Workshop instructors can expect that participants may ask questions and raise topics for exploration that tap the instructors' entire range of expertise. Instructors need not be able to answer all questions; it is expected that any instructor might not know a particular answer at the time a question is asked. It is perfectly professional to not know an answer and to say so. Furthermore, if time permits, an answer may be provided at another time after some research by the instructors.

3. In conducting these Workshops, especially when done directly with caregivers, it is important that the instructors convey a **non-judgmental attitude**, aim to **supplement** knowledge, and **re-enforce the strengths already existing** within the participant group.

4. Information is much better received and assimilated when the participants know that such information and whatever informed suggestions instructors make are derived from **proven child development research complemented by decades' long clinical findings** rather than when they are presented in an authoritarian and dogmatic manner.

5. We all rear our children in highly individualistic and extremely personal ways. This is why there often is disagreement among parents in how to deal with specific child rearing situations. And because we invest emotionally so much in our children and the ways we go about doing so, **we are all very vulnerable to feel hurt by any criticism or disapproval of our parenting efforts**. This is so whether the criticism comes from one's own mother, uncle or neighbor. But it is especially hurtful **when criticism comes from "an authority" in parenting education**. Disapproval by Workshop instructors is painfully felt by participants--and may even lead to withdrawal from the Workshop. For these reasons it is important to not approach any participant, any question, or any discussion from a position of criticism or disapproval. It is always best to be respectful and to accept disagreement. In fact, we welcome disagreement since disagreement, when well addressed, can lead to a greater degree of clarification of points made.

6. We have found over many years of parenting education with persons who are already parents that making suggestions for a better way of handling any given rearing situation than the one proposed by the parent, that such suggestions are better accepted

when they are coupled with discernible parenting positives already seen in the particular parent. For instance, "The point you made earlier about (whatever it was) is really on the mark. And, I'd say growth-promoting, to be sure. Here though, you might find it helps your child better to set limits with loving firmness, for this reason (specific reason given)".

7. As mentioned before, these Workshop materials are intended for **educational purposes**. They are to be used to educate the participants about growth-promoting parenting and how to optimize their child's development. Although the contents of these Workshops can be used in a therapeutic setting in the form of Parental Guidance³, these Workshops themselves are not planned to be used for therapeutic purposes and instructors are best advised to use both an educational attitude and their expertise in guiding the discussions.

8. Finding the appropriate **balance between personal disclosure and educational goals** can be a delicate matter, especially where the subject matter is highly personal as it typically is with many of these Workshops. Skillful collaboration between Workshop instructors, where applicable, and a clear understanding of the purpose of the Workshop should be helpful in this regard. It can also be clarifying to the participants if the educational nature of the Workshop is clearly stated while also encouraging their active involvement. The instructor must use his/her best judgment as to whether and when to introduce things about herself/himself or her/his family.

9. Because the Workshops will likely touch upon personal issues in the participants' lives the Workshop instructor is best advised **to have access to information regarding referrals and follow-up** in order to be further helpful to participants when and if appropriate and requested.

Knowledge of local agencies and services can also be highly useful. For example, while in Appalachia we were asked for specific advice regarding adjunct services for various cases and were fortunately able to turn to the local sponsors of the Conference to supply this valuable information to the participants when asked.

10. Where there are two instructors in any given Workshop, dividing tasks and labor between the two may be most beneficial. For example, one instructor may guide the formal discussions while the other may direct interactive exercises, role plays, etc. One may be better able to address overt specific, clinical issues while the other may be more attentive to nuances and un-addressed topics. Instructors may want to alternate who has the "Instructor" role and who the "Facilitator" role as well as other tasks.

³ *Parental Guidance* is an educational method that can often be highly useful in working with parents of children we see in psychotherapeutic treatments. H. Parens has been teaching this method now for several years to child psychotherapists and psychoanalysts. It is somewhat similar to what S. Fraiberg called *Developmental Guidance* (in *Clinical Studies in Infant Mental Health*. Published in 1980 by Basic Books, New York).

These Workshops, of course, can be lead by one instructor quite well and the Workshops are actually written with this in mind. But, depending on the size of the audience, the task may be quite taxing. A skillful team of instructors who work well together can be quite more productive and less taxing on each instructor.

11. It is invaluable to the success of the Workshop to set a congenial learning atmosphere. All educators know this, of course. How the participants view the instructor will depend, in part, on how the instructor portrays him or herself. One instructor may prefer to introduce herself by her first name when addressing the participants and welcome them to do the same. This particular point will, naturally, vary from one Workshop instructor to another and may depend upon a number of different factors. Some participants feel more comfortable if the instructor takes a more formal stance which is, in part, denoted by the use of " Dr.", "Ms." or "Mr.". We feel that a professional and helpful stance is always warranted and should not be compromised and that perhaps the use of names can be left up to the preference of both the Workshop instructor and the participants as well as the local custom.

12. While in Appalachia we dressed casually for our work attire but did not dress too informally. In other words, we wanted to dress similarly to the participants (and were told ahead of time that the participants would feel more relaxed with us if we did that) but did not want to convey the impression that we were there to simply take it easy. The seriousness of our work with them was neither diluted nor accentuated by our appearance and we felt that if our choice of attire could further put the participants at ease, we were glad to do that.

13. Being on site away from home, we made ourselves available to the participants throughout the conference. We ate meals with them, socialized with them and even enjoyed some recreational activities together. This of course has to be determined by both invited instructors and participants. When Workshops are conducted in the instructor's home town, one can make oneself available without participating in out-of-Workshop activities. What is important here is not the actual activities, of course, but the instructor's stance in relation to the participants.

14. How the members of the group interact among one another is a critical variable. Group composition can vary widely depending on size, experience, educational levels, ethnic mix, etc. There may be widely varying audiences (as we had in Appalachia) and there may be more homogenous groupings. It may be very useful to screen the group beforehand, if possible, or at the time of the Workshop, to ascertain the group mix as well as what the group's interests and concerns are and the nature of their experiences (personal, professional, etc.) Where possible, the program coordinator can do this and share the results of this process with the instructor while planning the Workshop event.

In Appalachia, we found that some participants wanted to spend more time role-playing and in small discussion groups while others preferred to cover as much of the didactic material as possible. Some members asked for a private viewing of the audio-

visual materials that we had brought with us and reviewed them after the conference had formally ended. Others voiced the opinion that they would have preferred more time spent on actual skills-building methods. Such issues need to be resolved at the discretion of the instructors even at the risk of displeasing some participants.

15. Joining with the group effectively can also be accomplished through non-verbal means. For instance, in Appalachia we arranged the chairs in a semi-circle to facilitate conversation among the participants. We did not sit behind the table set up for us but pulled our chairs out from behind the table and closer to the participants; we used the table as a place on which to put our teaching materials. In these concrete ways we hoped to be more receptive and available to the group.

16. Workshops are much enhanced when they can be made personally meaningful to the participants. An instructor who feels comfortable doing so can occasionally use personal examples from her/his experiences as a child, as an aunt or uncle, or as a parent; doing this seems to increase the positive interaction between the instructor and participants and also illustrates points and concepts in a tangible manner. Many participants appreciate this teaching method and hear and even accept the material better because it informs the participants of the fact that the instructor has had pertinent experiences which gives more reality to the instructor's information. Likewise, anecdotes either from one's personal or professional life can best illustrate certain principles and increase the participants' understanding of the subject matter.

17. Workshops can be made more lively when the instructor feels comfortable illustrating certain child behaviors, as making young child sounds (e.g., types of infant's cries) or demonstrating particular attitudes and gestures. At times the instructor may choose to emphasize a point by such intoning of a sound or acting out an expression or gestures in an illustrative manner; it usually makes the point more dramatically. Although this is not a requirement, participants generally are engaged by and enjoy the instructor's attempts to illustrate dramatically even if they are amateurish! The instructor can also enlist the help of willing volunteers to assist in such illustrations. An important didactic point can be made more clear through the use of illustration and example.

18. Similarly, if the Discussion text can be augmented by inserting a particular point of much relevance to the participants, such should be done and a good illustration may be very useful to do just that. Generally, participants enjoy learning through examples and the sharing of these; the instructor can use his/her judgment to improvise upon this theme.

In such ways further issues may also be added to the discussions as needed. For example, with a particular group committed to the benefits of breast feeding it is wise for the instructor to ask the group if they think that positive feeding experiences can also occur between a parent and a bottle-fed baby. Lively and productive discussion usually follows this question.

19. Workshops, like with any audience, require of the instructor to be attentive to

how the group is responding and feeling. For example, if participants appear restless, inattentive, unusually quiet, etc. it is often helpful to check with them to see if the material is making sense, if they would like to review a particular point, etc. It can help to briefly review the point that you are making and then to move to where the group's interest lies at that particular time. Although this point is debatable, we feel that it is most important to make and retain an emotional connection with the group and that the actual didactic content is secondary at those moments.

20. When discussing Workshop issues it may be particularly helpful to the participants if specific ages and developmental markers are indicated. It can help participants register the material better when specific age ranges are denoted. Discussion can also focus on differences between age groups and what a parent can realistically expect at a certain age range in terms of the child's emotional and cognitive development.

21. If instructors are addressing participants who generally face similar difficulties (e.g. raising children in an economically depressed environment) the instructor may find it advantageous to emphasize particular points rather than others. For example, in Appalachia socio-economic factors often came up during the Discussion and expression of the participants' reactions and solutions were encouraged. "What qualities make good parents?" was frequently raised and were these qualities primarily of a material nature, of an emotional nature, or what? That is, we talked frequently about whether buying children toys and giving them many material gifts is the most meaningful way of promoting a positive parent-child relationship or whether those "emotional gifts" of respect, understanding, empathy and love are more mental health promoting and socially adaptive. It is noteworthy that many parents from all socio-economic environments tend to give more weight to the importance of material giving than do mental health professionals. We need to convey to parents the enormous value and power of emotional giving to the child's developing mental health and well-being.

22. Using a blackboard or flip-chart can be useful in emphasizing certain points. Hand-outs are usually welcomed by the participants and can increase their ability to absorb the material through the activities of listening and writing. They are often glad to have something in their hands to bring away from the Workshop and this can further enhance recall.

23. Reviewing the *Curriculum Lesson Plans* (for High School Grades) and choosing various exercises to be either utilized verbally or in writing can be supplemental to the Workshops. This depends on the instructors' preference. In the Appalachia project we chose to use one written exercise from the *Lesson Plans* in an oral manner and found that this was highly effective especially because it was done with dramatic intonation and gesture. This *empathy-enhancing* exercise was used to increase participant appreciation of this crucial parenting ability and optimized the educational potential of this Workshop.

24. Finally, and not the least important, instructors are best advised to use all available methods to convey to the participants their respect for their ideas, life experiences, innate wisdom, ethnic specificity and local customs. It is critical that

participants feel acknowledged and respected by the instructor. There is no place in our work for judgments and criticism.

WORKSHOP # 1

THE DEVELOPMENT OF CONSCIENCE -- Part I: *BEGINNINGS OF "CONSCIENCE PROPER"*

Question: What is the **conscience**?

Answers from workshop participants.

Discussion: The **conscience** is an internal (within our own psyches or souls) mental-emotional system of rules of conduct which each of us gradually forms over years of development and which exerts pressure on us, from within ourselves, to behave according to these rules of conduct.

We think of the human conscience as having two inter-related parts or sets of standards, "the conscience proper" (meaning the "conscience itself") and "the ideal self".

1. **Our conscience proper** holds the rules and standards, the "Do's and "Don'ts", by which we guide and govern our own conduct, for instance, "Thou shalt not kill!"

2. **Our ideal self** has to do with the standards we hold up to ourselves as what each of us feels to be ideal conduct and behavior, and our ideal self-image as a total person.

We feel **anxiety** when our conduct/behavior falls short of either our conscience proper or our ideal self. But even more important, we feel **guilt** when we don't comply sufficiently with our conscience proper, and we feel **shame** when we fall short of complying with the rules we have set up in our ideal self.

We shall discuss the Conscience Proper in this Workshop and the Ideal Self in Workshop #2.

Question: Why is it important that we develop a conscience? What purpose(s) does it serve?

Answers from workshop participants.

Discussion: At the very end of the 19th Century, Thomas H. Huxley (1825-1895), an eminent English biologist, proposed that the beginnings of conscience are intimately connected with survival needs. Huxley believed that the drive for pleasure in humans is very powerful and that the need to limit uncontrolled self-indulgent behaviors is essential for the survival of the family--the smallest communal unit.

Using Darwin's Laws of Evolution, Huxley (in *Evolution and Ethics*, 1893) believed that conscience formation is inherited, that it is "written" in the genes. This is because humans have to develop a sense of what is regarded as right and wrong in their cultures in order to survive in that culture. They have to feel some reaction within themselves when they do or if they are about to do something wrong. This, he proposed, could well be the primordial, inborn, beginnings of a sense of guilt.

Huxley also added that children develop a conscience in order to survive biologically. Being dependent on her/his parents for a long period of time, the child

comes to feel that he/she must heed the parents' rules of behavior and please them to avoid punishment and, worst of all, the risk of physical (and emotional) abandonment. Developing an awareness of what are "right" and "wrong" behaviors in the eyes of their parents and then themselves and developing a sense of guilt regarding wrong behaviors enabled human beings to survive biologically.

The child's "conscience proper" comes to contain not only the standards set by his/her parents and society but also the prohibitions against desires and wishes that we all have and that, unless restrained, would make it impossible to survive in a civilized society.

Can anyone among us question the large need for every child's developing a reasonable enough conscience in this day and age when so much societal violence is witnessed by each of us everywhere around the globe? Is it that there is less societal morality in our century than before, or has this been the case over centuries past and we are now, by virtue of TV and the ease with which we can see what happens around the globe, able to see that it is there? No doubt other factors play a part as well in our seeing better than before the large need for an increasing level of responsible morality, not hyper morality, in society. Do we not as parents need to insure that our children develop a sufficient degree of such responsible morality?

Question: Are children born with a ready-made conscience?

Answers from workshop participants.

Discussion: No. There is much evidence now that the human infant does not have a ready-made conscience at birth. Many mental health professionals today assert that our conscience is **not** inborn. **It must develop.**

Many child development researchers and child mental health clinicians hold that the development of conscience is virtually entirely the product of the long term interactions children have **with those they value emotionally**. The "**conscience proper**" **develops**--as does the "ideal self". Conscience development or conscience formation gradually becomes organized especially and predominantly within the context of one's experiences with one's parents and other figures of authority **to whom the child is sufficiently emotionally attached**.

Conscience formation **begins from the earliest months of life on**, and goes on for about 30 years.

The **degree** to which the child is emotionally attached to his parents and the **quality** of these crucial attachments work together to lead to the degree to which and the kind of conscience any given person develops.

Question: Does conscience development occur in School? In the Home? In Church? In the child's peer group? From neighbors?

Answers from participants.

Discussion: All of these make meaningful contributions to the development of conscience. Each has its input, and each has its timetable, i.e., when it has the greatest impact on conscience formation. No doubt the largest input, that which has the **longest**, the **earliest**, and the **most organizing** input, comes from the child's own home. There, it

is from the child's relationships with the members of her/his family of origin. It is for this reason, that addressing the development of conscience in Workshops to optimize parenting is warranted and here undertaken. These Workshops concern themselves solely with what parents can do to optimize their children's conscience formation.

To be sure, religious teachings, peer group experiences, school rules, regulations and what children learn, neighborhood goings-on, also make more or less substantial contributions to conscience formation. However, they come into play in the development of conscience at a quite later date, are not as central as one's family in early and even in later life, which makes them less powerful as determiners of an individual's conscience development. We shall touch on these in Workshop # 5, "Developmental Stages of Conscience Formation".

Our focus in these Workshops, of course, is on **what parents can do** to optimize their child's development.

Question: Sticking then to family life, what are **the earliest contributors** (i.e., experiences and what they bring) to the child's conscience formation? There are a number of them.

Answers from workshop participants. Elicit examples.

Discussion: Yes, there are a number of major contributors to conscience formation that play their part from the beginning of life. Let's list them and then let's take them up and talk about them one at a time. Here are some:

1. **The internalization of parental dictates.** This is the process of buying into what our parents tell us what we can and what we cannot do.
2. **Identifications** with our most valued caregivers, our parents and perhaps one or two other very valued others, including siblings.
3. **Limit-setting and battles of wills.** Limit-setting, that big bug-a-boo of child rearing, is a major workshop for the child's learning what she/he can and cannot do. Battles of wills invariably result from parental limit setting. And battles of wills lead to a major arena and opportunity where parents can influence the character of a child's conscience formation. We'll talk about what we mean, why and how these influence conscience formation.
4. **Toilet training** is also an important developmental task and opportunity for the child's learning what he can do, cannot do, must do, must not do, etc.

So far, we've talked about factors that help a child learn what he/she can and cannot do, must and must not do. This is at a comprehension level children understand well, that some things are **good** and some are **bad**. But a **sense of morality** is more than knowing what one can and cannot do, what is good and bad. A sense of morality has to include knowing what is **right and wrong**, what is **decent and reasonable** and what is neither of these, what is **uplifting and hope-rendering** for family and society and what is **hurtful and destructive** to these.

This shift in the development of a sense of morality from perceiving things as good and bad to perceiving wishes and behaviors as right and wrong occurs especially under the influence of a remarkable human experience: **experiencing love and hate toward the same person(s)**. This we call **ambivalence**.

Ambivalence has a complex early development. During the first six years,

ambivalence can usefully be thought of as evolving in two basic conflicts of ambivalence. This, we'll explain later.

Let's take them up one at a time and look at **when these impact on the child** toward developing conscience.

In this, Workshop #1, we shall talk about the internalization of parental dictates, identifications, and toilet training. After talking about the development of the Ideal Self in Workshop #2, in Workshop #3 we'll talk about limit-setting and battles of wills, and about ambivalence.

Question: What is the earliest evidence one sees in children's behaviors of beginning **internalization of parental dictates** and **when** do these first appear and continue to impact on conscience formation?

Answers from workshop participants. Elicit examples they have to share.

Discussion: The earliest elements of this contributor to conscience formation become visible in children's behaviors during the last quarter of the first year of life. They are readily visible in the less than one year old's behavioral responses to the parent's (or other caregiver) telling the infant to not do something the infant is in the process of doing. Observing the infant closely, one can see that the infant gradually learns that a particular action is not allowed; the child's behavior gives evidence that he/she is **internalizing the mother's dictate**. (Instructor: give example of a toddler's step by step going from doing something the mother then prohibits to somewhat resentfully but acceptingly not doing it in spite of the inner pressure to do so.)

Except with toddlers who are very compliant from the very beginning of life--due to their genetic make-up--in most normal children, **a number of repetitions are always needed** in order for the toddler to gradually internalize the message.

With this we see the beginnings of the child's developing within his or her own mind the concept that something is not allowed. Eventually this will become based on the acceptance of the parent's loving intentions toward her or his child. During the end of the first year, only the very beginnings of such internalized rules develop.

Thus one of the earliest and most important factors that give rise to conscience formation is **the internalization of parental dictates**. Such internalization is especially prominent during the first 6 years of life, but where there are good parent-child relationships, internalization of parental dictates will continue even into mid adolescence (15 to 18 years of age).

(Talk about the quality of parent-child relationship here, etc.)

Question: What about **identification** as a contributor to the beginnings of conscience development? Have you seen your young one act like Mom or Dad in the context of setting limits or stating a prohibition with the dog, for instance?

Answers from workshop participants.

Discussion: Side by side with being guided by the parental dictates they internalize, the way children behave (the way we all behave), the way they feel about what they should do and should not do also comes from **identifications** they make with their parents. The

young child, especially so before the age of 6 years and even into early adolescence, wants to be like, act like, the parents the child loves and admires.

Identification with those we are reared by includes especially, but not always, taking into ourselves our parents' **standards of believing and behaving**. Thus, for instance, the **prejudices and biases** children hear and see at home and in their social community often, though not always by any means, become part of their own biases and prejudices. Although these identifications will be seriously challenged during adolescence--when youth needs to find his/her own sense of peer determined identity--, identifications with the parents of childhood continue to be more or less powerful even for life.

In the very young child, in association with identifying with the mother that grows out of giving up the experience of oneness with her¹, equally important and parallel identifications occur with the father who helps draw the child out of the oneness with mother.

Question: How, do you think, does **toilet training** contribute to the development of conscience? What have you seen in your own children that would make you think this?
Answers from workshop participants.

Discussion: **Toilet training** makes a significant contribution to the development of conscience by its focus on the toddler learning to comply with a higher-than-before level of parental demand and expectation.

Here's an issue to think about. In some cultures toilet training is undertaken very early, even from the end of the first year of life on. At this time, complying with parental dictates is just beginning and basically consists of learning the most basic "Do's" and "Don'ts". At this age, when Mom says "Don't do this!", it means right here and now. It does not have the greater conscience developing capability of **the child's deciding when and where** the "Do's" and "Don'ts" will be applied. Toilet training really requires that the toddler make this *when* and *where* decision: "It's now I need to go to potty" or, "I don't need to go to potty now." After all, *when* it is time to comply with the demand that he/she go to the toilet can really only be decided by the toddler; it's his/her bodily needs that call the shots.

In addition, there are other important psychological factors that play a part in toilet training. The child has to let go of certain "body parts" which at certain times in development may cause children anxiety. It is not uncommon for children to have the bizarre thought "What other body parts am I going to be expected to let go of?" or, "If I sit on the potty a lot of things inside me are going to fall out", etc.

All in all, developmentalists have found that it is especially when toilet training is undertaken during the child's third year of life that the great benefits of toilet training for

¹ Instructor: this idea needs a brief explanatory statement of Separation-Individuation theory. It will serve Workshop instructors well to become well enough acquainted with and be comfortable in stating in a few sentences the basic developmental models we use including Spitz and Bowlby's Attachment theory, Freud's Psychosexual theory, Erikson's Psychosocial theory, Mahler's Separation-Individuation theory, Parens' Aggression

theory, etc. as these are enormously useful child rearing guides for both instructors and parents.

conscience formation are gotten. The toddler by now is able to weigh *when and where* the "Do's" and "Don'ts" need to be put into effect. Thus toilet training makes demands on the child to comply with expected behaviors that are standard in the child's environment, and that make special demands that the child give up some of her/his own wishes and preferences for *what* to do, *when* to do it, and *where*.

Toilet training too occurs step by step and brings with it the internalization of parental wishes, demands, rules of conduct, and goals for the child. Because toilet training brings with it discipline that pertains to the child's own earliest bodily experiences, toilet training makes an important contribution to internalizing how the child is expected to responsibly take care of her/his own body and health.

Group discussions

1. Regarding Beginning Conscience Formation

In order to properly evaluate the establishment of the conscience proper in a 1--3 year old one must **look for evidence of the internalization of parental dictates**. For example, consider the following questions as you observe your child:

1. Does your toddler comply immediately, after 1 repetition, or are more repetitions needed to get him to do what mother tells him to do? (Instructor: be sure parents know that repetitions are needed to get the average normal toddler to comply with Mother's dictate.)
2. Does your toddler easily accept that there are things that he/she is not allowed to do?
3. Does your toddler easily learn --i.e., internalize--what he can and what he cannot do?
4. Does making a demand on your toddler lead to battles of wills? Often? Rarely? Are these battles of wills light, moderate, or heavy weight? We'll talk more about these in Workshop #3.

Identification will also contribute to the development of the conscience proper. Consider the following questions:

1. Do you see in your toddler's behaviors (vocal, expressions of feelings, gestures, or other) things you yourself do? (These are not just imitations; they often are beginning identifications with things Mother does.)
2. Do you see behaviors suggestive of identification with Father?
3. Do you see behaviors in the toddler that are like an older sibling's? Or behaviors that are like a favorite and frequently used substitute caregiver?

Regarding **toilet training** (if it has begun), consider the following questions:

1. To what degree does your toddler accept the demand that he tell Mom or Dad when he needs to go potty?
2. How old was the toddler when toilet training was started?

3. Is your toddler making it easy to become toilet trained? Is it that he/she is taking initiative or just that he/she complies easily?

2. Regarding how the parent helps the toddler in conscience formation

In looking at what and how you, as parent, try to optimize your toddler's

internalization of parental dictates, look for the following qualities of what you are doing, especially for the emotional tone of your efforts. Parents will have to bravely observe their own behaviors to answer the following questions:

1. How does Mom make her demands on her toddler? Is Mom pleasant or unpleasant? Clear or not so clear? With loving firmness or pleads? With thought about what this could mean to the toddler (empathy) or not thinking it's important to wonder that? The way Mom would like to be talked to if she were the toddler or does Mom forget to think about this? Etc.

2. Does Mom expect compliance immediately, after 1 repetition, or after more repetitions? How does Mom feel? And how does she react?

3. How does Dad make demands on his toddler? (Same criteria as above.)

4. Does Dad expect compliance immediately, after 1 repetition, or after more repetitions? How does Dad feel and react?

5. Do Mom and Dad think their toddler is learning what he is not allowed to do? Are they pleased? Disappointed?

Regarding **identifications** that the toddler is making with his/her parents:

1. What are Mom's reactions? When the toddler does something Mom feels good about doing (e.g., comforting)? When the toddler does things Mom does not feel so good about (e.g., yell or use foul words)?

2. What are Dad's reactions? When the toddler does something Dad feels good about doing (e.g., carrying Dad's hammer or briefcase)? When the toddler does things Dad does not feel so good about (e.g., yell or use foul words)?

If **toilet training** has begun, how did the parent get it started?

1. What did the parent do?

2. What was the quality of what and how this was done?

3. What did the parent do and how did she/he get his/her toddler to accept the demand that the child tell Mom or Dad when he/she needs to go potty?

Other major contributors to the development of conscience will be taken up in Workshop #3 and Workshop #4. Before continuing this exploration of the earliest contributors to conscience formation, in Workshop #2 we must take up that other major part of conscience formation, the development of **The Ideal Self and Self Esteem.**

WORKSHOP # 2

THE DEVELOPMENT OF CONSCIENCE -- Part II: *THE IDEAL SELF AND SELF-ESTEEM*

Question: What do we mean by the term "Ideal Self?"

Answers from workshop participants.

Discussion: **The Ideal Self** refers to that part of conscience that holds up the image of how the child would view himself most ideally. This ideal self image includes the abilities and powers the child would have as well as the standards of behavior by which the child would find himself to be the most admirable and valued. These, of course, become measures of how the child wishes to be and to live. The Ideal Self holds all the features of the person the child wishes to become. This part of conscience then is quite different from but closely related to that of the "conscience proper" which holds up the standards for morality, for what to do, how to conduct one's life according to what is right and wrong.

The construction of the Ideal Self has a great deal to do with the child's image of the parent whom the child admires and upon whom the child feels totally dependent. This is because the degree to which the loved one is idealized will influence the degree to which the idealized self will be constructed.

To better understand this concept, think of the fact that we all have mental images of who we are. We also all have mental images of who we really **want and hope to be**, an **ideal image** of ourselves. This is our **Ideal Self**; it is **a mental representation** we hold up to ourselves as a guide for how we are to behave and what we are to do. The closer we get to this ideal model of ourselves, the better our feelings about ourselves, the better our **self-esteem**. And the greater the distance between our Ideal Self and the way we perceive ourselves today, here and now, the lower our self-esteem.

Question: How does that work? What is the relationship between the child's Ideal Self and his self-esteem?

Answers from workshop participants.

Discussion: There is a crucial relationship here. It is that **the more the child approaches being like, behaving like his Ideal Self is supposed to, the better the child's self esteem**. The more the child does **not** behave like his Ideal Self holds up to him, the more the child feels **shame** and then the **lower** his self-esteem.

Question: How does the Ideal Self influence the development of Conscience?

Answers from workshop participants.

Discussion: As we said in Workshop #1, the child's conscience originates, in large part, from his/her relationships with his/her parents, how the parents behave and the standards

by which they live. Due to the processes of internalization and identification (discussed in Workshop #1) their images, behaviors, dictates, and living standards are taken into the child's mind and made a part of the child's personality. They importantly give shape to the ideal forms of self the child constructs within his/her own psyche. Later, whether the parents are present or not, the ideal images and standards are able to exist within the child's psyche "on their own", acquiring much stability over time.

With its largest beginnings within the family, the Self Image like the Conscience Proper, also gradually become additionally influenced by the peer group (especially in adolescence and young adulthood), by religious teachings, school, and society.

By becoming a set of idealized standards for the child's activities and behaviors, the Ideal Self contributes to the Conscience becoming more or less demanding. **If the demands are too high**, indeed unachievable, the child's self goals will be unreachable and his/her self-esteem may always be too low. **If the demands are not high enough**, the child's goals too easily achievable, the challenge will be insufficient and no self-esteem will be generated; here too then, self-esteem is likely to be low. Thus, the standards and demands made by the Ideal Self **have to be reasonably achievable but also high enough** to make sufficient demands on the self for achievement. The child has to feel her/his goals are worthwhile.

Question: Can we make more clear how this aspect of conscience differs from the Conscience Proper?

Answers from workshop participants.

Discussion: The (psychodynamic-theory based) way we explain it is this:

1. **the Ideal Self** holds up the standards that guide us in our behaviors, in what we do and the way we function, and in how we present ourselves for the world to see.

The closer we see ourselves act and function to that ideal self, **the better our self-esteem**. The more distant our behaviors and functioning from that ideal self, **the more the feeling of shame and the lower our self-esteem**.

2. **The Conscience Proper** holds up to us what is right and wrong. It holds the dictates of behavior so well known from our religious liturgies: "Thou shalt not kill. Etc." It holds our **sense of morality**, our moral code, what each of us determines is right to do and wrong to do.

The conscience proper is especially linked with our feelings of **guilt**. The most central human experience in which guilt is activated in us is when we wish to hurt someone we love, when we wish to or actually destroy someone or something we value. (We'll talk about this especially in Workshop #4.)

Guilt too is linked with our self-esteem. **The more we feel guilt, the lower our self-esteem**.

Reminder from Workshop #1: Before age 3 years, or thereabout, the conscience formation, both Conscience Proper and Ideal Self, were determined primarily by the fear of loss of love and of punishment. The child learns what the parent thinks is "good" and "bad" and accepts the parents' dictates in order to earn their approval. Fear of parental disapproval (felt as loss of love) and punishment are the principal motivators in the less than 3 year-old child's acceptance and internalization of parental dictates. What is "bad" is whatever we think or do that might cause us to lose our parents' love or to be punished.

The danger sets in only if and when the parents discover the bad act or thought.

From around the age of 3 years the child begins to develop internalized standards of conscience that are no longer based just on what is "good" and "bad" but are based on what is "right" and "wrong", on a more complex and elevated sense of morality. "Good and bad" morality is linked to the Talion Principle: "an eye for an eye; a tooth for a tooth". This development at about 3 years of age is especially fostered by developments we shall talk about in Workshop #4.

Question: How does the child develop a mental image of himself?

Answers from workshop participants. What have they observed in their own children?

Discussion: This development depends on a number of factors. First of all, the child comes into the world with **inborn givens**, which make up the child's **temperament**, that shape his/her self-experience from the very beginnings of life. For instance, her/his general state of comfort, the built-in functioning of his/her physiology (bodily systems like digestion, muscular system, allergies, etc.), her/his reactivities (rapid, slow, etc.), her/his thresholds of irritability, his/her ability to organize experience, etc., all these make important contributions to how the child experiences her/himself.

These inborn givens then in combination with the **experiences** the child has, especially in his/her family relationships, will organize in the child's mind into images she has of herself. Where the child's family relationships are good, the normal child's physical and emotional needs will most likely be sufficiently met as a result of which the child will feel good about herself and feel valued. Out of such inner feeling of sufficient gratification and comfort grows a feeling of a self that is comfortable, that feels sufficiently at ease, and sufficiently valued. Where the child's experiences are predominantly too frustrating and poor, so too will the inner feelings such experiences generate enter into that child's self image formation.

Question: Do you think that the image the child forms of himself **develops** over time? Or, does it develop once and for all just at the beginning of life? Or does it develop only when one is an adult?

Answers from workshop participants using examples from their own experiences with children and their observations.

Discussion: We assume from much research and clinical experience that the forming of an ideal way to be is not at all a static process. It begins from the start of life and continues to change and develop over time as new experiences and new identifications occur.

For instance, by the end of year one, the child has developed some sense of himself, some elements of a self image, and if well cared for, some stabilizing sense of being worthy of good care and nurture. These make for the foundation of a positive mental self image with good self-esteem and make an important contribution to the child's ability and wish to relate well to others from the end of the first year of life on.

During the second and third years, these feelings of self develop further and begin to organize and coalesce into a more complex and capable inner sense of oneself. One can see the child's expectation of comfort when he needs comfort, of care when he needs

care, of a sense of being a "me" and of things being "mine", verbalized especially during the latter half of the second year. This sense of self now becomes not only better organized and cohesive but also capable of more specific feelings, ideas, wishes, and even goals. A more and more complex mental image of the self is taking shape, components of which are modeled on the many ways the child experiences life, especially in his/her family, with parents and siblings (if such are there).

The toddler develops a cluster of self images representative in the toddler's mind of the varied experiences he is having over time. He has a self image of being a boy, a son, perhaps a sibling, an active child, or a shy child, etc. Each of these has an image of the "best I could be", an ideal version. It's the ideal versions of these that coalesce into the ideal self image formation. All of these factors influence the development within his mind of the way he would most like to be. This ideal self image begins to hold up goals for the child's self development, goals of conduct and of achievement.

Question: What are the major contributors that become organized into the child's self esteem from the second and third years of life on?

Answers from workshop participants.

Discussion: There are three major contributors.

1. The first has to do with **self valuing**, a sense of inner value which every child is born with. The degree to which this inborn normal sense of self value (also called "primary narcissism") is reasonably protected by the way parents care for their child, to that degree it is a major contributor to the basic sense of self value. The degree to which this feeling of self valuing stabilizes in the child directly results from the way the child is valued and treated by his or her parents. This also determines the development of basic trust during the first year.

2. The second major contributor toward the quality of the child's self esteem is tied to the first one. It is the quality of the relationships we have with our primary caregivers, in particular our mother and father. Being valued and loved by those we value and love brings with it a remarkable degree of well-being. This is especially so for the child during the first three years of life when the basic core of self esteem, the basic self image, and the basic ideal self image begin to organize in the child's mind.

3. The third major contributor to self esteem arises from the quality of the developing sense of autonomy, of competence, of effectiveness which the child begins to develop during the second and third years of life. Each accomplishment, each new skill the child masters, each well done thing the child achieves--and the greater the effort needed the greater the feeling of achievement--, each conveys to the child a sense of inner valuing that arises from the feeling of successful autonomy. This is in stark contrast to what comes with failures. Failures bring the opposite feeling, the feeling of shame, of being inept and incapable.

Question: What does the child feel when she/he experiences **shame**?

Answers from workshop participants. What do the participants feel when they have felt shame? (Instructor: this is an opportunity to highlight the value of empathy in child rearing.)

Discussion: **Shame** is a very painful feeling of distress which always arises when one feels disappointed in oneself. One has not lived up to one's expectations. It often arises from experiences of failure. But it also often arises when we disappoint those we value and those we love. This excruciating feeling brings with it the feeling of not being good enough, not lovable and not deserving of being valued or appreciated. Shame is felt when the child feels he/she is not living up to her/his ideal self image.

This painful feeling begins to be experienced by children during the second year, from about 18 months of age on. Shame directly erodes self esteem.

Parents and other child tenders need to be aware that humiliating the child causes damage and that it will compound the damage the feeling of shame itself already may have created. It is important to not intentionally shame and humiliate the child. Usually, intentionally shaming children does more harm than good and is not a most effective nor a desirable way to help a child learn how to do something well. By contrast, respectfully and lovingly expecting the child to do better, to try harder, and encouraging a toddler's efforts to learn and applaud his/her real successes optimizes learning and encourages the child to correct mistakes and overcome failures.

Question: What does the child feel when he/she experiences **guilt**?

Answers from workshop participants. Have they felt guilt?

Discussion: The earliest form of **guilt** is associated with feeling that we have done something wrong. The activity that we feel was wrong may be **an actual act**, a behavior, or it may be only in our mind, that is, it may be **a fantasy or a wish**. Because we feel what we **did or thought** was/is wrong, we fear loss of love and/or punishment and/or even injury.

In its earliest forms, children 1 and 2 years of age usually feel guilt when their parents discover the guilty act or wish and then administer punishment of some form. At this early stage of conscience development the child may not feel guilty if the undesirable act was not discovered. Also, in its earliest form, guilt is not as steadfast as it will become and the young child can readily be talked out of feeling guilty by the parent.

As guilt further develops around age 3-4 years, the child is progressively internalizing the parental standards of conscience and important inner stirrings we shall talk about in Workshop #4 lead to the child's increasingly organizing a sense of morality, of right and wrong, and with it an ability to feel guilt profoundly. From here on, the child experiences pressure from these internal standards; now the child feels guilty even if the act was not discovered or punished. Such weighty guilt feelings come from the child's own internal disapproval of his/her wish or act measured against his/her own moral standards. In addition now, feelings of guilt are not only more weighty, they are also more tenacious, more difficult to undo, and last much longer. Nor, now, is it easy for parents to talk their child out of feeling guilty.

In the Workshop #4 especially we shall talk in more detail about specific feelings and wishes that the child typically experiences which cause much guilt. For now let us say that guilt is felt when we want to hurt or feel hate toward someone we love. Such feelings of guilt begin from about 18 months of age on, emerging when quite normal children experience a substantial amount of hostility toward parents they love dearly.

Question: How do shame and guilt influence the child's developing Ideal Self?

Answers from participants.

Discussion: The ability to feel shame and guilt is personally, adaptively, and socially very important. As painful feelings they help the child determine that she/he will not do things, and eventually will not act on thoughts, that bring about these painful feelings. They help the child envision him/herself as a person who does not do things that bring on these feelings. And one sees young children struggle to live by such determinations.

Normal development, adaptation and social living require that we develop the ability to feel these painful feelings. And when developed to a reasonable degree, they can guide us well. But it is also important to not stimulate **too much** guilt and shame in a child. This is likely to lead the child to develop a too severe conscience with too lofty Ideal Self expectations which will lead to persistent feelings of unworthiness and unmodifiable low self-esteem.

Question: What is the role of **identification** in Ideal Self formation?"

Answers from workshop participants.

Discussion: As we talked about in Workshop #1, **identification** refers to the important process whereby the child wishes to and learns to behave, to do and not to do, through behaving like mother and father do.

It is well for parents and other valuable caregivers to know that they are modeling behaviors, attitudes and values for the child: the child will identify with her/his parents and therewith behave as the parents do. In this then, the way the parents are and behave, by identification will be adopted by the child as part of his/her Ideal Self image. It is important for parents to know that the child's identifications contribute most importantly to the complex self image that is taking shape within the young child's psyche (mind).

Question: What role does **internalization** play in Ideal Self formation?

Answers from workshop participants.

Discussion: In very much the same way as identification, **internalization of parental dictates** brings the "parent into the self" by the child's taking into his/her mind the parents' attitudes, the parents' verbalized "do's" and "don'ts" of everyday life. Though the words are internalized, it is especially the **quality** of the experience that the child perceives himself/herself to have with the parents which becomes internalized and which will then color the child's experience with the world. In this way then, internalization of the parents' verbalized "Do's and Don'ts" makes a major contribution to the child's Ideal Self formation.

But as all parents know, it is not just what parents **tell** their children to do that becomes internalized. It is not just the parents' dictates. It is especially, by identification, what the parents **do, how they behave**, that gets taken into the child's ways of being. In this way, identification and internalization work hand in hand in contributing to the stuff of which the young child's Ideal Self gets made.

Group Discussion

Consider the following questions and discuss them in small groups in order to allow useful dialogue among participants.

1. What can a parent do to see to it that their toddler's basic sense of self valuing (primary narcissism) remains reasonably intact? Have any of them seen a toddler's primary narcissism being torn down? (This happens when children are physically or emotionally abused such as by insulting remarks as "You really are a nasty kid!" Or, "You sure are stupid!" Or, the child is beaten for having broken a glass, etc.)

2. What about the quality of their toddler's relationships in the home? What have the parents done to establish the quality of their relationships with their toddlers?

3. Have the participants observed that the better their toddler's developing sense of autonomy, of competence, of effectiveness, the better his/her self-esteem?

Discuss examples of this and ways that the family did or did not encourage this development.

4. How do the participants feel about genuinely felt positive responsiveness and shows of affection to their children? Do they fear that this will spoil the child? When do they respond affectionately to their child? When do they withhold such response? How does the child react, etc.?

Discuss "spoiling": give a definition, what causes it, how to handle it, etc.

How do you distinguish spoiling from shows of genuine feelings of love and appreciation?

5. During limit setting experiences with the child, how does the parent show the child that he/she is still loved and cherished, but that the behavior itself is not being approved of?

Practice various scenarios illustrating this point. (It is critical that the child feels loved by those that he/she loves--even in the context of troublesome parent-child interactions.)

6. Do the participants support their child's efforts to do things well, to do things by themselves? Are the children complimented when they do things well and/or by themselves? What if the child has not done the task well? How do they react?

Practice various scenarios illustrating this point.

Review salient points of workshop.

WORKSHOP # 3

THE DEVELOPMENT OF CONSCIENCE -- Part III: *AMBIVALENCE, ITS ROLE IN CONSCIENCE FORMATION*

Instructor's Introduction:

Another major contributor to conscience formation comes from the experience of wanting to hurt, and even in moments of high intensity of wanting to destroy someone the child values and loves. Of course, in most young children this wish to destroy is a very short-lived wish; usually it comes in a flash, and when the rage the child feels subsides that wish subsides too. As we said in Workshop #1, this wish to hurt someone we value, to feel hate toward someone we love is called **ambivalence**.

In Workshop #1 we've talked about factors that help a child learn what he/she can and cannot do, must and must not do. This is at the basic level children understand well, that some things are **good** and some are **bad**. But a **sense of morality** is more than knowing what one can and cannot do, what is good and bad. A sense of morality has to include knowing what is **right and wrong**, what is **decent and reasonable** and what is neither of these, what is **uplifting and hope-rendering** for family and society and what is **hurtful and destructive** to these.

This shift in the development of a sense of morality from perceiving things as good and bad to perceiving wishes and behaviors as right and wrong occurs especially under the influence of this remarkable and unavoidable human experience: **experiencing love and hate toward the same person(s)**, experiencing **ambivalence**.

Question: Have you seen instances in your toddler when you have felt your toddler wants to hurt you? Have you at times felt your young child hates you?

Answers from participants. Gently urge for examples.

Discussion: No doubt you have at times responsibly, when needed, made demands, set limits, or in one way or another deprived your child of what the child wants. With this, you have no doubt found that your child reacts with anger, even with hostility toward you. Many normal toddlers even have rage reactions when limits are set.

In fact, setting limits is by far the most common and frequent parent child interaction that generates hostile feelings in the child toward his/her parents. It unavoidably stirs up feelings of hostility toward the parent the toddler loves. It produces ambivalence in the child. And, this **ambivalence is the principal producer of guilt**. Feeling guilt is the mark of the child's having a **conscience reaction**. Therefore, when the child feels guilt it means that he/she has developed a substantial internal structuring of conscience.

As we noted in Workshop #2, guilt is felt when the child feels he has done something "wrong". Its central dynamic is the child's feeling hate toward someone he

loves or wanting to cause harm to someone valued. This begins at home and gradually becomes generalized to society. Guilt, therefore, is socially valuable. It inhibits our wishes to harm others. But even more than that, guilt is personally valuable. It protects us against doing things that will undermine our self esteem and makes us fear the world we live in.

Question: Can one feel too little or too much guilt?

Answers from participants. Examples.

Discussion: Yes, one can feel **too little guilt**. But in trying to assess if someone is feeling too little guilt, one has to know how old the child is. We have emphasized that conscience **develops**. The six month old cannot yet feel guilt. That ability is not yet developed. Given our assumption of the key guilt producing dynamic, namely, hating someone we love produces guilt, or ambivalence produces guilt, guilt begins to develop when the toddler is able to feel ambivalence, at earliest from about 12 to 18 months of age. But from then on, one should begin to see reactions of ill-feeling in a child when he hurts Mother, Father, or a sibling. Too little a reaction of ill-feeling may generalize to being untroubled when harm others, harming others then comes too easily and becomes socially risky.

Equally troubling is feeling **too much guilt**. Too much guilt is the cause of many neurotic problems in people. It can lead to unreasonable self-punishment, inhibitions of success, under-achievements, depression, suicide, and more. Thus inducing the development of too much guilt in children produces a serious handicap to their healthy development..

For this and other reasons, the way parents set limits has important implications. (Instructor: You will have to determine whether or not Workshop #5 from the set of *Workshops on Aggression, Setting Limits Constructively -- Protecting Healthy Assertiveness*, ought to be considered for these participants. If it should, it will require an additional Workshop session.)

Question: Here are a couple of very tough questions: Do you think it is possible to rear children so that **they never get angry with or feel hostility and hate toward their Moms or Dads?** Do you think it is possible for good, responsible parents to rear their children in such a way as to never get angry, and even to feel hostile toward the children they love?

Answers from participants. Try to get their views on this.

Discussion: It is impossible to rear children in such a way that they never feel hostility and even hate toward the parents they love. Here's why.

Ambivalence has a complex early development that can usefully be thought of as evolving in the course of the child's experiencing two basic conflicts of ambivalence. Let's talk about these now.

The first conflict of ambivalence, which every child experiences to a greater or lesser degree, emerges when the child's marvelous thrust to autonomy leads him to want to do things which the responsible parent feels could hurt the child, someone else or harm something valuable.

Many years of child observation leads us to say that 10 month olds are not just drawn by curiosity to explore things. They are driven from within, by an inner push to understand and gain mastery over themselves and the universe into which they were born. This inner push, we say is driven by non-destructive aggression, and is what is visible in the child's behaviors as the child's **thrust to autonomy**, the inner thrust to become a self with powers to initiate a plan, put it into action and do what is required to reach a goal. In short then, the child is driven to explore and gain some degree of mastery over the unknown.

But Mother and Father, loving their child, are driven to protect the young child who means so much to them. When the child puts himself, others, or valued things at risk, responsible parents will step in and protect the child by telling her she is not allowed to do this or that. This is absolutely necessary. Children need to learn what is not safe or not reasonable for them to do.

Oh, oh. But doesn't that create a problem? Indeed it does! This is the basic dynamic that underlies all **battles of wills** between parents and child. This creates many problems for both child and parents. But regarding the child's conscience formation, what matters is this.

1. The battles of wills are experienced by both child and parent as an **inter-personal conflict**, a conflict **between two people**.

2. But the child (and usually the parent too) is burdened by more than having a conflict with his Mom or Dad. He also now feels angry, if not outright hostile toward the Mom/Dad he loves. He feels an **intra-psychic conflict**, a conflict **within himself**. The conflict is a **conflict due to ambivalence**: he wants to hurt the Mom/Dad he loves! This is a conflict within himself that arises out of his relationship with one other person at a time, his Mom or his Dad. Each such conflict is a two-some, or a **dyadic** conflict.

This is **the first conflict of ambivalence** that every child begins to experience to a greater or lesser degree from about the end of the first year of life on. It is in this way that even in the best of parent-child relationships, it is unavoidable that children get angry and even hostile and feel hate toward the parents they love. It is also here that most good parents come to feel anger, even hostility toward the children they love. They too feel ambivalence toward the child they love, and with it they feel guilt.

We shall take up the other major normal conflict of ambivalence, **the second conflict of ambivalence** in Workshop #4.

(Instructor: again note here how crucial it is for parents to learn to set limits constructively, i.e., to handle what induces and causes battles of wills constructively.)

Question: What **role do parents have** in securing the healthy beginnings of conscience formation in their child?

Answers from workshop participants using examples from their own experiences with their children.

Discussion: Parents play a vital role in their child's conscience formation because the quality of the relationships the child forms with them especially importantly influences the quality of the child's beginning conscience development. The better and more stable the feelings of love, respect, and efforts to understand the child on the part of the parents, the greater the chances that the child's feelings toward the parents will be ones of love,

respect, and the child too will make efforts to understand what and why the parent is doing what she/he is doing. With this, the better the chances that a responsible and reasonable conscience will begin to be formed, and with this the better the child's self esteem.

Or, the greater the feelings of hostility and hate mutually felt between child and parents, the lesser the respect and consideration in interactions, the more will the child feel hostile toward Mother and Father. With this, the greater will be the ambivalence (the mix of love and hate feelings) the child feels and the more does the child take this hostility into his conscience. Intense hostility within the child then leads to harshness within the conscience that is being formed, the harsher the earliest self-recriminations, the harsher the hate toward the self, and the lower the self-esteem. The equally critical risk is that if the hate the child feels becomes too large and the love feelings too weak, the less the actual development of conscience within the child, the less the development of a responsible sense of morality.

Thus, parents have the task along with the child, of securing the development of a **reasonable conscience**, one that is neither too weak nor too rigid, too unconcerned nor too punitive, neither too lax in expectations nor too (unreasonably) demanding.

Question: How can parents do this; what **parental attitudes** will best secure the development of a reasonable conscience within their child?

Answers from workshop participants.

Discussion: When the child has not followed a rule, for example, the reaction of the primary caregivers, Mother and Father especially, will profoundly influence the child's own reaction to his or her own behavior. (Instructor: point to the fact that again we come back to the issue of setting limit constructively.) If mother or father is too harsh, the child is very likely to internalize this reaction into his or her budding conscience. If the parent is too lax, that attitude too is very likely to be internalized.

It is not just the words of the mother's dictates that the child internalizes into what will become part of the child's conscience. It is the entire experience, or scene, as the child perceives it to be, with all the feelings the child has; this is what becomes internalized into the child's conscience.

Thus, the more positive the emotional quality of these experiences, the more the parents' limits are set with feelings of **reasonableness** and with **loving firmness** when needed, the more lovingly firm and reasonable, the feelings that become part of the "Do's" and "Don'ts", of the child's conscience. The more hostile and hateful the feelings of these experiences, the more hostile the feelings that enter into the formation of the conscience.

Question: How does having a healthy conscience or an unhealthy (too harsh, too lax, etc.) conscience **affect the quality of life?**

Answers from workshop participants.

Discussion: First, we all need a conscience to live responsibly, by acceptable principles in Society. Without this, human beings would be unable to cooperate reasonably together and life as we know it would be much more chaotic and lawless than it already is.

A healthy conscience guides us, indeed protects us against doing things we should not do, such as do violence to others and to ourselves. As we said before, too harsh a conscience will make us too critical not only of ourselves but also of others, is very likely to make us feel depressed and feel "evil", make us feel unlovable, interfere with our working well and reach the reasonable attainment of our goals; it may even lead to suicide.

Question: Does a **healthy attachment** by the child to his/her parents, part and parcel of positive child-parent relationships, contribute to the child's conscience formation?

Answers from workshop participants.

Discussion: Absolutely! It bears repeating that the quality of the child's relationships importantly influences the quality of the beginnings of conscience that develop. The key factor in **positively** internalizing the dictates of the parents and in the gradual identification of the child with the parent is the degree to which the person who prohibits or disapproves is positively emotionally valued by the child. When these dictates are made by someone whom the child values and loves most, the firmer and more secure their internalization will be.

On the other hand, children who are not sufficiently or are too negatively attached to at least one caregiver, be it a mother, father, or someone else, may develop a conscience only minimally or not at all. Such children will then not be governed by a social moral code of behavior and will not be motivated to comply with demands, rules, and laws of school and society. From these children come most of our criminals.

The same holds true for children who are excessively hurt during these early years, who then develop insufficient feelings of love for others associated with large loads of hate toward others. As a result, they develop a conscience that condones and make directing hate feelings toward others feel reasonable and deserved. In this way, children who are abused by those that they are naturally prepared to love, their own parents, are likely to develop a conscience that condones hating and destroying others. And, it is well known now that about 50% of these children will in turn become abusing parents.

Question: Even though we have not yet covered all major areas of conscience formation, we can already ask: What, then, is **the main arena** in which a child's conscience becomes formed?

Answers from workshop participants.

Discussion: Conscience develops, gradually, predominantly through the child's interactions with her/his parents. The type of conscience a child develops comes predominantly from two sources, or two aspects of the same source: (1) the degree to which he/ she is emotionally attached to his parents; (2) the quality of these crucial attachments. Let's make sure we're on the same wave length by discussing these briefly.

1. The **degree of attachment:** although infants are born with a strong built-in need and immediate readiness to attach (to form an emotional "bond"), **they need the parents to respond actively** with love, nurture, comforting, and all those things that are a parent's responsibilities. If parents are unable to respond actively enough, the **degree** to

which that attachment develops **is most likely to be less stable and strong** than is best for both child and parent. Then, feeling not cared for enough by those the child most depends on, the child may well develop **a sense of not caring enough** for others. This "**caring for others**" is at the core of a good sense of conscience.

2. The **quality of attachments**: there are two crucial factors that give quality to attachment: (a) the **security** in that attachment, and (b) the quality given to it by how much the child is **loved versus hated** by the parent, by how **ambivalent** the parents feel toward their child. The less the child feels secure in his/her attachments, the more he/she is likely to feel anxiety, fear, resentment, and all that goes toward creating hostility and hate in that child.

As we have emphasized, this hostility and hate will enter into the quality of his/her conscience and he/she will develop a **hostile conscience** and a **harsh but weak sense of morality**.

Question: Are there any inborn (genetic) factors that contribute to how a conscience will form?

Answers from workshop participants.

Discussion: Absolutely. A number of inborn factors will contribute to how the conscience will form, whether readily or with difficulty. For instance, children born with greater sensitivities will be more responsive to how others feel and as a result will be more quickly aware of and responsive to what their parents feel, expect, say and do. As time goes by, this will also apply to how peers feel and react.

Another factor, for instance, is that the infant who is born with the strong inner need "to have or do what he wants when he wants" will have greater difficulty complying with what the parents demand and expect and is likely to develop an internalized conflict over compliance--which will bring with it an insufficient ability to comply reasonably with the demands of school and society including peer relations, the law, etc. The "Do's" and "Don'ts" may be insufficiently predictable or too rigid.

Group Discussions

1. Regarding the Child's Experience of Ambivalence

In order to evaluate the progress of conscience formation in your child, consider the following:

- (1) Does your toddler show much intense hostility or hate toward Mom?
- (2) Does your toddler show much intense hostility or hate toward Dad?
- (3) When your toddler has had a battle of wills with Mom or Dad, have you seen any signs of remorse (guilt)? (Look for sadness, wanting to be comforted, trying to make up, versus staying angry for quite a while after, long periods of pouting, not trying to make up, etc.)

2. Regarding How the Parent Helps the Child Deal with Feelings of Ambivalence

(1) How does Mom react to her toddler showing moments of intense hostility or hate toward her?

(2) How does Dad react to his toddler showing moments of intense hostility or hate toward him?

(3) After a battle of wills, how do Mom or Dad react or respond to any signs of remorse (guilt) in their toddler?

Do they try to comfort?

Do they try to help their toddler make up?

Do the Mom and Dad have the ability to forgive, or do they stay angry for quite a while after or have long periods of not talking to their toddler, not trying to make up, etc?

Role-plays and Group Discussion

Consider the following scenarios. Bear in mind:

How can you, the participants, effect a positive development in your toddler's ability to learn what is acceptable and unacceptable behavior?

Consider and discuss if your toddlers are able to sort out what is "right" from what is "wrong". (The ability to learn moral distinctions occurs at a later stage of development, between ages 3 to 6 years.)

1. The internalization of parental dictates such as the verbal command "Don't touch the stove!" Workshop participants supply examples from their everyday experiences and practice helpfully guiding the child.

2. Using instances of **battles of wills** or simply of **limit setting** with their toddlers. Workshop participants supply examples from their everyday experiences and practice constructive methods of limit setting and how to help the toddler learn what he may and may not do.

3. Discuss positive ways to help the child in the major task of **toilet training**.

4. Discuss growth-enhancing ways to handle feelings of hostility and hate from the toddler toward Mom or Dad.

Group Discussion

1. Can a parent be "too strict?" How do you think being too strict would affect the child and his/her growing conscience?

2. Can a parent be "too easy?" How might that affect a child and his/her growing conscience?

3. What would happen to a child's conscience formation if the parent changes his/her mind all the time (what is right today is wrong tomorrow)?

Conclusion: Healthy conscience formation is much facilitated when the parents expect their toddlers to comply with reasonable dictates, reasonable "Do's" and "Don'ts", clear explanations of what is allowed and what is not, firm-enough and loving limit setting and readiness to talk with the child, being consistent in their own behavior, and being moderate but sufficient in their privilege withdrawal (punishment.)

WORKSHOP # 4

THE DEVELOPMENT OF CONSCIENCE -- Part IV: *"THE FAMILY ROMANCE" AND ITS INFLUENCE ON CONSCIENCE FORMATION*

Instructor's Introduction, Part 1:

As we have said, like all aspects of human personality formation, conscience formation develops over time. During the first 3 years substantial elements of conscience develop within the child's psyche. We detailed two major points pertaining to conscience formation in Workshops #1, #2, and #3,

1. That the conscience can be usefully considered to consist of 2 parts
 - a. The conscience proper (Workshop #1), and
 - b. The ideal self (Workshop #2). And, we also said
2. That during the first 3 years, both parts of conscience are especially developed by means of
 - a. The internalization of parental dictates (Workshop #1),
 - b. Identifications (Workshop #1),
 - c. Toilet training (Workshop #1),
 - d. Limit setting and battles of wills (Workshop #3), and especially by
 - e. Ambivalence (to hate and/or to wish to harm someone we love, in Workshop #3).

In Workshop #3 we said that **ambivalence is a key experiential factor** that leads to that most remarkable development within the conscience, the recognition and knowledge of **the keystone of morality**, to recognize and know **what in behavior is right and what is wrong**. We noted that the shift within the child's budding conscience of being guided by "what is good and bad"--which is based on the Talion principle, "an eye for an eye; a tooth for a tooth"--to "what is right and wrong" is a large leap into a new level in the sense of morality.¹

In Workshop #3 we said that **ambivalence is the principle producer of guilt** in us and that **guilt is a conscience reaction**. Indeed, psychodynamic thinking is that guilt is one of the two major feelings that tells us that a conscience is being formed; the other such feeling is shame.

In Workshop #3 we also said that one can usefully follow (and conceptualize) the development of ambivalence in the course of two normal basic conflicts, conflicts

¹ One major difference between the Talion principle law and the higher level morality is that the Talion principle is unforgiving; there is no room for explanation, reasoning, atonement and pardon. Advanced morality and social law while acknowledging the Talion principle do not stop there. They allow explanation, reasoning, atonement, and pardon.

essentially due to the ambivalence they generate in normal children. And we spoke of these as **two conflicts of ambivalence**.

The first conflict of ambivalence we said arises out of the **normal unavoidable** battles of wills that develop in all parent-child relationships, that these battles of wills are driven by the child's marvelous **thrust to autonomy** which runs into conflict with the responsible, loving parent's need to protect and socialize the very young child.

(Instructor: use examples, briefly, e.g., toddler reaching for your hot cup of coffee, or your child taking Tommy's truck.) These battles of wills begin from the end of the first year of life and continue well into adolescence. Each of these is in essence a conflict between the child and one parent (although it may be with both parents as one). We say then that it is a **dyadic** conflict.

In this Workshop we shall talk about the crucial **second conflict of ambivalence**.

Instructor, field any questions at this point of what has been said so far.

Instructor's Introduction, Part 2:

Between the ages of 3 to 6 years the child's conscience organizes and coalesces into an internal agency of the mind that now increasingly determines the child's conduct and behavior. During the 3 to 6 year period it becomes organized, as we said, at a more importantly advanced level especially under the impact of the experience of ambivalence, and it stabilizes at this new organized level during the 6 to 10 year phase. It is generally not until the 3 to 6 years period that the child begins to develop a conscience that has an authority that arises from within the self. With this, as we said, the child makes her/his own determinations of what is right and what is wrong, the cornerstone of a self-determining sense of morality.

Question: What is the difference between a child's understanding his/her behaviors to be "good/bad" as compared to being "right/wrong"?

Answers from participants.

Discussion: When young children do things for which they fear they will be punished by Mom or Dad, they are operating by the Talion principle. They believe that what they are doing is "bad". They may fear loss of love by Mom or Dad or getting a time out or losing a TV privilege, or much worse. By contrast when they stop themselves from doing something because they fear they will be punished by their parents, they are being "good" and feel they deserve approval from the parents. **Behavior that is "good/bad" is determined by the anticipation of approval/punishment by an *outside* authority.**

Behavior that is determined to be "right/wrong" is determined by a much more complex and now internal mental process. It is determined by

1. an **empathic principle**: "How would I feel if this were done to me?"
2. a **judgment**, more than a fear: "It's not nice, or proper, or desirable to do this". Or, "Nice kids don't do this!"
3. This judgment **comes from *within* the child** her/himself.
4. This judgment comes into play now whether the child **actually did** or

simply wished to do what is deemed by the child to be wrong. Now the **thought**, the **wish to do** (what is deemed to be wrong) has nearly as much power as the actual deed.

5. The fear of punishment now comes not from outside the self, as from the parents, but **comes from *within* the child him/herself**.

Question: Can workshop participants provide examples of these various levels of conscience formation in their own children?

Answers from participants.

Discussion: Instructor: look for examples of young children operating by the principle that certain behaviors are "good/bad" in contrast to behaviors that are "right/wrong".

This may not be so easy.

Question: How come this development occurs now? What factors contribute to this development?

Answers from participants. Any ideas?

Discussion: Two genetically programmed factors play major roles in this conscience development: (1) brain maturation that dramatically increases cognitive functioning, and (2) the emergence of what we are calling "the family romance". Let's take them up now, one at a time.

1. Infant research, especially spear-headed during the 1950s and 1960s by Jean Piaget, the Swiss Psychologist, has found that with entry into the third year of life, children's **thinking abilities develop dramatically**. With this, children now develop the ability to tell a story, to act out in play a story with so much more detail than before, which leads to children now play **with** one another rather than **in parallel**, side by side. With this ability, comes the further development of that crucial adaptive function: **fantasy formation**. "If I can imagine what might happen if I jump out the window--I'd probably splatter all over the ground--I don't need to do it to find out what the consequences of doing so would be!" Fantasy formation can be life saving. It is at the center of the development of **imagination**, that essential tool for creative thinking.

Question: Give some examples of collaborative play in children. What themes are most commonly played out? (Playing "house" is one of the earliest, with family play themes). Do they see evidence here of the enlargement of the toddler's thinking abilities?

Answers from participants.

Discussion: (Instructor: look for the themes that come up in the participants' examples and comment to the fact that they invariably pertain to important everyday life experiences young children have. We assume, given our experiences, that themes of home life will come up in examples of children's play. Instructors can then go into the second genetically programmed factor that contributes to conscience formation at this age.)

2. We said that the second genetically programmed factor that contributes to conscience formation at this age is **the child's family romance**.

Question: Any idea what we mean by "the child's family romance?"

Answers from participants. Any have three or four year olds? Among these, has anyone's child said he/she is going to marry Mom/Dad?

Discussion: For reasons we shall explain in a moment, it is very normal for 3 to 5 year olds, and even older children to say that when they grow up they will marry Mom or Dad. This statement tells us that normal children have thoughts and fantasies that emerge around this age, of someday marrying the parent of the other sex. This is what we mean by the normal child's "family romance". (Instructor: where you think it will not create too much anxiety, you can say that this is what Sigmund Freud called the Oedipus Complex.)

But before we explain what makes this emerge at this time, another question.

Question: Has anyone with a three or four year old child seen a recent interest in genitals, their own and others? Or the young child touching his/her own genitals with greater persistence and frequency than before? Does anyone worry about her/his child "masturbating?"

Answers by participants. (Instructor: gentle encouragement may be needed. No pressure.) Instructor's examples may be useful if there are no volunteers from among participants.

Discussion: Here's the second genetically programmed factor in question:

Observational research of normal children between the ages of 1 to 4 years³ leads many mental health professionals to assume that a specific maturation occurs in the normal child at about 2 to 2 1/2 years of age that has to do with this increased concern about genitals, their own and those of others. Mental health people speak of it as a "differentiation" in the child's sexual development and sexual identity formation.

Just as we all can see that there is a biogenetically-driven "differentiation" or maturation of sexuality that is programmed to occur at puberty which leads to the remarkable physical changes we see in 10 to 13 year olds and thrusts them into adolescence, so too do we assume that there is such a maturation during the third year of life. While it is not as visible anatomically as it is at puberty, **it is observable in normal children's behaviors.**

Key among the sexual development behaviors we see are not only the concerns, pre-occupations, and anxieties of 2 to 6 year olds with regard to their own and others' genitals, but we also see the stuff that makes for "the family romance".

Here's what gives rise to and what we mean by the child's "family romance"

³

1. Erikson, E. H. (1950). *Childhood and Society*. New York: Norton.
2. Parens, H., Pollock, L., Stern, J. & Kramer, S. (1976). On the Girl's Entry Into the Oedipus Complex. *J. Amer. Psychoanalytic Assn.*, 24(5):79-107.
3. Roiphe, H, and Galenson, E. (1981). *Infantile Origins of Sexual Identity*. New York: International Universities Press.
4. Parens, H. (1990). On the girl's psychosexual development: Reconsiderations suggested from direct observation. *J. Amer. Psychoanal. Assn.*, 38:743-772. See also

Stoller, R. J. (1968). *Sex and Gender*. New York: Science House.

:

We see from the 2 year old's attention to his/her own genitals, as well as those of others, that there is more **awareness** of these and most likely more **physical sensations** in those body parts that occur at this time. It is, we assume, due to a **biological maturation of the child's sexuality**, an **infantile form** we say, of the young child's normally developing sexuality.

But this **biological** maturation also brings with it **psychological** meanings. The biological maturation brings with it sensations and feelings. What feelings, you might wonder? Well, **sexual feelings!**

Question: What did you say, sexual feelings? Have you seen any evidence of sexual feelings in your 3 to 6 year olds?

Answers from participants. (Instructor: go gently. Parents are made very anxious by these thoughts. Many will deny behaviors in which such feelings are evident even when they occur right in front of their eyes.)

Discussion: What are sexual feelings most a part of? While they have an independent source within the person, that is, they arise out of our brain-genital areas connections, they are inherently and ultimately part of those other remarkable human feelings "that make the world go round" as they say, **feelings of love**.

So, we are saying that 2 to 6 year olds become capable of feeling sexual feelings, of these feelings having psychological meaning, and that the child will be driven from within to "attach" or "direct" these sexual feelings toward special "others". Given the biological origins and purpose of the sexual drive--the preservation of the species!--, the sexual feelings that arise from the sexual drive are in origin, **inherently directed toward "another" or "others"**.

Well, toward whom do you suppose is the 2 year old child most likely to direct these sexual feelings? Since they are part and parcel of what we call love--remember the song "What is this thing called love?"--to whom will they most become directed and attached? We say, to those to whom the child already is attached, the ones the child already loves affectionately! Toward Mom and Dad, of course! Given the predominant biologically based nature of sexual feelings and observation of children documents this fact: that little girls attach these feelings mostly toward the fathers they love, and little boys do so toward their mothers. This is what gave rise to the 3 year old girl's "fluttering her eye-lashes and saying to her father 'Will you take me to the movies and dancing?'" (Parens et al., 1976).and the 3 year old boy's telling his mother he wishes Daddy would **not** come home for dinner tonight!

This is the beginning of what we call the normal "child's family romance".

Question: Does any of this sound familiar to any of you? Have any of you run into such behaviors in your own children?

Answers from participants. (Instructor: if you don't have examples, see the examples we use in Unit 3 *Textbook*, under Sexual-reproductive development, of *Parenting for Emotional Growth: A Curriculum . . .*)

Discussion: Many things follow from these behaviors in normal children. But here we want to focus on what all this means with regard to conscience formation.

Question: What bearing does the 2 to 6 year old's having "infantile sexual love feelings" for the parent of the other sex have on conscience formation?

Answers from participants.

Discussion: Are "infantile sexual love feelings" real? Do young children really feel these to a meaningful degree? These questions are answered by a large group of research and clinical mental health professionals with a firm "Yes". In fact, although there are many who consider this view with skepticism, the seriousness of "infantile sexuality" has now been asserted and amply documented since the early 1900s.

Can the 2 to 6 year old's love wishes be gratified? Can Mother say to her 3 year old, "Ok, honey, when you get big, I'll marry you"? Of course not. But the fact is that it is seldom necessary for Mother to say that. In fact, many children may say a few times that when they grow up they'll marry Mom or Dad, but then, they stop doing so. What stops them?

Commonly young children come to feel angry that they are not taken seriously by so important a person as his mother or as her father. In addition, being quite young and still unable to reason as they someday will, 3-4 year olds often feel much jealousy toward the parent of the same sex. This is because they can see that the parent whose special attentions they want, continues to gratify the parent of the same sex, as the child would like to be gratified. One little girl insisted that Father buy her exactly the same dress he had just bought Mother. Many people are skeptical that this happens to young children. The fact is, however, that many psychodynamic clinicians, and others (including writers and philosophers), find much evidence in support of this explanation. To continue with it, here is what follows.

Feeling jealous of Mom, the little girl begins to have serious feelings of hate toward her. But the 3-4 year-old girl also has strong love feelings and admiration for this same mother! What a dilemma! And, the 3-4 year-old boy, feeling jealous of his father, begins to have serious feelings of hate for him. But he also has strong love feelings and admiration for his father. Thus, the child now experiences **the second conflict of ambivalence**. This conflict of hating someone the child loves is based in a triangular relationship, in a **triadic** relationship. The little boy adores his mother while linked with this he hates the father he loves. The little girl adores her father while linked with this she hates the mother she loves dearly.

Question: Well, what does all this mess have to do with conscience formation, with what we say is a large step into morality?

Answers from participants.

Discussion: This ambivalence now creates an awful dilemma for the young child.

Three year-old Jane at snacks joined a group of peers in talking about whom they are going to marry. The toddlers had initiated this discussion themselves. Jane said she is going to marry her Daddy. After snacks, the toddlers came back into the observation room where the mothers sat. One of the observers who had been in the snack room

innocently enough but not very wisely asked Jane to tell her Mom who she said she is going to marry. Jane's facial expression suddenly sombered. She froze. She just could not speak. As many a child therapist would assume, we inferred that Jane had suddenly become aware of the implications of her wish to marry her mother's husband! Pertinent to this problem is that fact that Jane and Mother, who had a very good relationship since Jane's birth, now seemed to have many disagreeable times together. There were many more conflicts between them than ever before. Jane at times outright taunted her mother by defying Mother and refusing to comply with what Mother told her to do or to not do. Jane showed ample evidence of feelings of ambivalence toward her dear mother.

What we learned to assume happened now is this. Jane felt large hostile feelings toward the mother she loved. She said at one time that she wanted Daddy to take her camping and did not want the rest of the family to come along. There were moments, they did not last long, when she wanted to be rid of her mother and her siblings. But such thoughts, such wishes, made her feel very bad. How does any one of us feel when we want to be rid of someone we love? Invariably we feel very bad. This very bad feeling is **guilt**. Among the factors that make us feel guilty, none is more powerful than wanting to harm or destroy someone we love deeply, like one's mother or father.

The fact is that this feeling of guilt is not only powerful but it is **unavoidable** because **it comes from *within* the 3-4 year old child's own mind**. The child does not need anyone to say to her/him, "It's terrible that you want to hurt your mother/father!" The child comes to this conclusion on her/his own. In fact, it is futile to tell the child otherwise. From within his/her own mind, the child becomes aware of: "It is very wrong for me to want to hurt the father I love! Nice boys don't want to hurt their fathers." And the girl thinks the same to herself about her mother. In fact, these thoughts and wishes are experienced by the child as so onerous, so unacceptable to the child him/herself, that most children repress these wishes and set themselves the task of gradually resolving them, and make them no longer have such wishes.

But the gains this seemingly awful conflict brings are quite remarkable. And the most remarkable of the gains is that this large reaction of guilt brings about the organization within the child's mind of an agency that tells the child what is right and what is wrong in human relations. It organizes the child's conscience at the new level we have been talking about. In this way, **the second conflict of ambivalence makes its enormous contribution to conscience formation**.

Question: But what paralyzed Jane? Why did she become speechless?

Answers from participants.

Discussion: In addition to her own reaction to the wishes she had and feeling that these wishes were dangerous, we assume that Jane also knew that her mother, and even her father, would not approve of them. The child then fears that the parent will withdraw love from the child. In order to protect herself from these wishes, the child **identifies** with her parents' fantasied disapproval through her own disapproval of these wishes and being like the parents in declaring that these wishes are not acceptable, they are wrong.

The child's conscience then takes on the child's images of his/her parents' disapproval. This along with their standards for behavior are taken into and made a part of the child's conscience; it becomes part of the child's personality and gradually whether

the parents are present or not, it is always there functioning in the child.

Question: But what made Jane feel so troubled when actually she had *done* nothing; she had **only had thoughts and wishes?**

Answers from participants.

Discussion: Jane seemed to dread that her mother would know the thoughts she had, she would know her fantasies and wishes. And it is especially at this time that the distinction between **doing** something bad and **wishing** to do it disappears, since nothing we experience can be hidden from the conscience within us--not even our own thoughts!

This is where the notion comes from that a thought, a wish, is equivalent to an act. Of course, they are not in the eyes of the law. Nor are they believed to be equivalent in psychology although some religious teachings hold that they are. But inside our psyches, they feel like the same thing.

For Jane, wishing to be rid of her mother, is what lay behind her dread that mother find out that she wished to marry Daddy. Wishing to destroy someone we value and/or love leads to feelings of guilt and these lead to the establishment of the **conscience proper**, the agency within the self which now becomes capable of approving or disapproving what the self does. This is the morality component of conscience.

The child's long existing love for the parent he or she now experiences as a rival whom the child wishes to be rid of, through the experiences of **empathy and altruism**, and then the fear of retribution by the **loss of love and threat of abandonment by the parent**, are major determiners of the child's setting up a conscience.

The normal, well-cared for child's reaction to these transgressive wishes is usually intense, can be harsh, and even ruthless. The result can be the development of a substantially harsh conscience.

Instructors field any questions at this point again.

Question: So then, ambivalence, hating or wanting to harm someone one also loves, creates a miserable internal conflict for the child--and for the parent too. But you say that it also is a major contributor to conscience formation. Are you sure it might not be better to just find ways of avoiding our children's developing ambivalent feelings toward us?

Answers from participants.

Discussion: It just can't be avoided. Here are 2 major reasons:

1. Of course, when young children are emotionally/physically abused, it will lay the ground for hate toward the parents. But even in children who are not abused emotionally or physically, **battles of wills** are the first largest **normal** generator of ambivalence children experience. Even in children who are well-cared for. In fact, can responsible parents, parents who take very good care of their children avoid all battles of wills? (Instructor: some examples here may be helpful.)

The answer is that **responsible child rearing unavoidably brings with it battles of wills**. The child's genetic dispositions (that give rise to the child's specific temperament) will make these more or less intense, frequent and difficult to resolve.

2. All normal children reared within a family, be it with one or two parent(s), will experience his/her sexual feelings to follow the path forged by the child's affectionate

love feelings and will therefore, have sexual feelings for his/her parent(s). Every child then experiences his or her own fantasied and wished for **family romance**. This too unavoidably brings with it, the second conflict of ambivalence. This is so even in families where there is only one parent. Even then, there usually is someone who stands in as Mother's "mate". (Instructor: be prepared to explain this further.)

Question: Well then, how can we best deal with ambivalence in our children so that it troubles them least and at the same time helps them develop a good conscience?

Answers from participants.

Discussion: Whether there is only one parent or two, from the vantage point of what experience contributes to it, the development of conscience is mostly determined by the **quality** of the child's relationship to his/her primary caregivers.

Let's start with the influence of qualitatively **negative** or **hostile** relatedness. Theorists of conscience formation have proposed that the degree to which the child hates those the child needs for survival, the degree to which hostile destructiveness (intense feelings of hate and hostility) have been generated within the child toward needed caregivers is a large determiner of how harsh the child's conscience will become. We especially find this in children who are insufficiently well cared for and in whom a substantial degree of hostility has accumulated.

Given that conscience formation during the first 6 years period is strongly dependent on stably feeling love for those one transiently hates and wishes to destroy, children whose relationships with their parents have been especially hurtful, rejecting and predominantly hostile, such children's assessment of right and wrong will be distorted by feelings of excessive hostility.

Without a good-enough attachment to (feeling valued by and valuing) the primary caregiver, when the child hates and wishes to destroy the caregiver, the child may feel only a very weak, insufficient feeling of guilt. The child will not feel clearly enough from within "This is wrong!"

Furthermore, children who form little or no attachments, who do not value those who try to care for them, will not only fail to experience **reasonable guilt** in reaction to their hate and wishes to destroy, and tend to have insufficiently developed consciences, but will also have the predisposition to becoming antisocial, delinquent individuals.

A conscience can be too weak and it can be too harsh.

Question: Well then, given that ambivalence is unavoidable, and that hostile relatedness will negatively influence conscience formation possibly making it too harsh or too weak, what can the parent(s) do that is most securing of the child's developing a healthy conscience?

Answers from participants. Have participants observed the influence of positive attachments and its opposite?

Discussion: Loving well a parent (or other caregiver) by whom the child feels well loved is essential to and predictive of healthy conscience formation. Well cared for children who are forming stable positive emotional attachments and feel loved and respected will have a strong inner source of containing transient experiences of hostility and even hate

that develop in normal children. We have said that conscience will get a powerful developmental push in reaction to their family romance conflict during the 3 to 6 years period. Hate toward a loved parent is not at all uncommon then; feelings of envy and jealousy do this to us. They makes us hate. Stable love and admiration for the parent will lead the child to challenge the feelings of hate and the wish to hurt the loved parent. The child will, from within the child's own psyche, strongly object, declare undesirable, unacceptable, and *wrong* those feelings of hate and wishes to harm or destroy.

Instructors reiterate: We are describing normal developmental processes which typically occur during the child's first 6 years of life. As adults we often do not remember these feelings consciously although they frequently continue to impact on our actions and emotions. In mental health, these feelings have been said to be "unforgettable and unrememberable."

Parents are best equipped to handle these normal developmental crises with knowledge and ways to promote healthy growth in their children. In this way parents can help their children develop to the best of their potential.

Question: Is the development of the **ideal self**, including self image and self esteem, affected by the wishes and fantasies stirred up by "the child's family romance" and the consequences to which these fantasies may lead?

Answers from participants.

Discussion: The fear of loss of love, the fear of being abandoned, in the boy especially the fear of being bodily harmed in punishment for these wishes, and the feelings of guilt especially, give the child an inner sense of urgency to develop not only standards for what is right and wrong, but also standards for the type of person the child wishes to be. From this aspect of experiencing, standards for the self are further developed in a significant way during the 3 to 6 years period.

In addition, this component of conscience gets a contribution especially from the child's identifications with the loved and idealized parent whom the child experiences as a rival and wishes to replace. As examined in earlier Workshops, by means of identification, these wishes are converted into wanting to be like the idealized person the child wishes to replace.

Invariably, the child who well loves his parents idealizes his parents. Thereby, the child makes these parents more grand than they actually are. Now, the degree to which the loved rival is idealized will influence the degree to which the identifying self-image will be idealized. If the idealization of the rival parent is exaggerated (which may be intensified by guilt), the idealized self may also be exaggerated and be too unattainable. This will create a burden for the child because the child's efforts may fall short of achieving the standards set up in that idealized self over the years. Just as the morality component of conscience can be too harsh or too lax, so too the idealized image of the self can be too great and can be too little.

Like with the balance of love and hate in the structuring of the morality component of conscience, so too will love and hate play a part in the development of standards for the self. In other words, the better, the more reasonable the relationship

between child and parent, the better the child feels loved and loves, the less the intensity of hate (because less hostile destructiveness has accumulated over the first three years of life), the closer the child will feel himself/herself to the idealized self and the more positive will the child's current self esteem be.

Discuss the following Questions:

1. Have the participants observed their 3 to 6 year old children idealizing them and trying to be like them?
2. How have the children fared when they have not been able to receive the same love privileges as the rival parent?
3. Have they noticed their children's feelings: what are they?
4. How have the participants been able to help their children with these painful emotions?

Instructor's Summary and Review

Conscience is an internal mental-emotional system of rules of conduct which we ourselves gradually construct and which exerts internal pressures on us for compliance.

The consequence of not complying sufficiently with these internal rules is that we experience feelings that are painful to us and which of themselves then can dictate our behaviors. The cardinal painful feelings include guilt, shame, and anxiety.

We think of conscience as having two parts: (a) the conscience proper which has to do with the "Do's and Don'ts" by which we eventually guide our own conduct, and (b) the ideal self which has to do with what we hold up to ourselves as our ideal conduct and behavior, our ideal self-image as a total person.

We feel anxiety when our conduct/behavior falls short of either our conscience proper or our ideal self. In addition, we feel guilt when we don't comply sufficiently with our conscience proper; and we feel shame when we fall short of complying with the rules we set up in our ideal self.

The beginnings of conscience proper can be seen normally in the child's behaviors during the last months of the first year of life. The infant will by then begin to learn there are things that he is permitted to do, but most important, that there are things that he is not permitted to do.

The development of conscience proper is a process that evolves in large strides during the 1 to 6 years period. Four factors occur during the 1-3 years period which contribute to this development.

Discuss with workshop participants the four factors:

1. The toddler **internalizes** the dictates of her parents, the do's and don'ts that are part of everyday life within her family.

Review and discuss what is **internalization** and why this occurs.

2. Side by side with the internalization due to learning by conditioning, the child's internalization is influenced by the powerful defense-process of **identification** with her mother and father.

Review and discuss what is **identification** and why this occurs.

Discuss how **limit-setting** and the quality of parent-child relatedness around the limit-setting becomes internalized and influences conscience formation and the quality of the way the child learns to control and guide herself.

3. Discuss how the process of **toilet training** helps the child develop a conscience.

Discuss how through this process the child gradually accepts the demands made on him and learns to discipline himself in order to please the parents he loves and whose approval every normal child needs. (After a time he finds that he, too, has accepted this and now, like his parents, values not only being clean, but values himself better.)

4. Discuss how the experience of **feeling hostility and hate** toward the parent the child loves and values contribute importantly to the development of conscience proper.

Underscore the positive value of emerging **guilt** due to these hostile feelings and how they indicate that conscience is developing.

Emphasize that too much guilt, however, will lead to the child developing a too severe conscience and feelings of unworthiness and low self-esteem.

WORKSHOP # 5

CONSCIENCE FORMATION OVER THE YEARS -- INFANCY THROUGH ADOLESCENCE

Question: By when does a child's conscience get to be strong enough that the child really knows what's right and what's wrong?

Answers from participants.

Discussion: There is no clear line when this occurs. Society as seen in our laws evidently believes that individuals under 18 years of age cannot be judged by the same standards as adults. People under 18 years who violate laws are tried in Juvenile Courts by standards that are not as demanding as they are for adults. Our belief that they should be able to judge what's right and what's wrong seems to be set at this age.

In the field of Mental Health (Psychiatry, Psychology, Social Work, Psychoanalysis, etc.) we assert that, like all mental (emotional-psychological) development, conscience development starts soon after birth and continues well into adulthood. As we have said in the first 4 Workshops, the child's ability to judge something to be right and wrong, as compared to simply being good and bad, evolves: it seems to begin during the 3 to 6 year period and eventually solidifies by about 18 years.

Question: Would it be useful before we go on with conscience development from 6 to 18 or so years to briefly pull together what we've said of it from birth to 6 years?

Answers from participants both in terms of the usefulness of this exercise, and if they agree, to detail some of the early development.

Discussion: A brief review of conscience formation up to the age of 6 years goes like this:

From near the end of the first year of life on, conscience formation mostly consists of (1) children's **internalizing** their parents' "Do's" and "Don'ts".

This is added to by (2) the one-year-old's showing evidence of **identifying** with what the parents do and don't do. For instance, a 12 month old turns to a fussing 10 month old and gently pats her on the back. The gesture and the feelings she conveys are of trying to calm the fussing 10 month old. We have seen the 12 month old's mother do just that to her. At the same time, though not surprisingly, the 12 month old was not yet able to share some of her cookie with the 10 month old.

(3) Another major factor that comes into operation from about 12 months of age on that powerfully inputs into conscience formation is the unavoidable **battle of wills** that plagues every parent-child relationship. It brings with it or arises out of the parent's **limit- setting** which for the child is that most annoying thing parents always seem to be doing, and for the parent is that most miserable of parental tasks! And we said that the central difficulty that comes with these is that each battle of wills brings with it for the child the experience of being angry with someone the child loves and for the mother, that

miserable feeling of being angry with the child she loves. That is then, both child and parent experience that major intrapsychic conflict maker, **ambivalence**. The silver lining in all this though as we explained in Workshop #3, is that this experience of ambivalence, which is unavoidable in all relationships, has **the great asset of contributing to the development of conscience**.

Caution here: if the battles of wills are moderate and the ambivalence it causes is moderate, healthy conscience formation will follow. If the battles of wills are too harsh and/or too frequent, large levels of hostility and hate will be generated, ambivalence will be intense, and too harsh conscience formation is likely to follow.

These are the earliest factors during the earliest months of the child's life when the toddler's social training begins and the setting down of a foundation for conscience development occurs.

Question: What happens to conscience formation in children in whom limit-setting is too harsh?

Answers from participants using their experiences and examples, if any.

Discussion: Where limit-setting has been too harsh and excessive, these children will internalize this type of experience, an experience over-weighted with harshness and hostility/hate. These children will then become burdened by too harsh and excessively demanding internal dictates that are like the parents' and that bring with them feelings of hostility/hate. These feelings of hostility and hate will be felt not only toward others, but once internalized into their budding conscience, will also be directed toward themselves. They will establish overly criticizing and harsh patterns that will give character to the conscience foundation they will build.

Question: What about when the child's behavior during the first 2 1/2 years of life has been insufficiently guided, or insufficiently contained, or supervised inadequately?

Answers from workshop participants. What do they imagine would develop here?

Discussion: This situation is equally problematic. The child whose behavior has been insufficiently, reasonably contained by parental "Do's and Don'ts" during the first 2 1/2 years of life would develop an insufficient cluster of internalized parental dictates. This may lead to the child's failing to develop reasonable standards by which to behave.

Although young children may enjoy being given more than reasonable freedom to do what they want, the chance is large that they will run into trouble by getting hurt too often and/or by getting into too frequent social conflict and be rejected by others, peers and adults.

Question: What other major contributors to conscience formation come up during the third year of life?

Answers from participants.

Discussion: As we said in prior Workshops, two more contributors come into play during the third year: (1) toilet training, and (2) the child's emerging "family romance".

1. In the US there is much recognition that **toilet training** during the third year of

life brings with it major advantages over toilet training during the first and second years of life. This understanding comes to us from much clinical work and research which inform us that physical and psychological developments during the third year of life make it possible for toilet training to be an experience in which the child has much greater control over what he/she can do than before and with it then can assume much **more responsibility**, use **more judgment**, and learn **self control** at a far advanced level than earlier. Toilet training then becomes easier for both child and parent(s), brings with it a greater degree of achievement for the child, builds self confidence, a positive sense of autonomy and makes a major **contribution to conscience formation**.

Question: And what are the major factors in the child's "family romance" that have input into conscience formation? (Instructor: this can be used as an occasion not only for a brief review by participants of the child's "family romance", but especially for some further familiarization with and desensitization against the anxiety talking about the family romance often brings to many parents.)

Let's start with: What very troublesome feelings does the young child experience then?

Answers from workshop participants. Can they remember these feelings in themselves and/or have they observed these reactions in their children?

Discussion: The family romance brings with it feelings of rivalry, of envy, and with these then feelings of hostility and even hate toward the parent of the same sex, all resulting from the child's profound feelings of hurt and rejection by the parent of the other sex. For these painful feelings, the young child blames the parent who does get the gratification the child yearns for, namely, the parent of the same sex as the child.

Question: And what contribution does this make to conscience development in the child?

Answers from workshop participants.

Discussion: What it does is powerful. The hostility and hate the hurt feelings generate in the young child become enormously conflict producing and become a large burden for the child. As a result of the wish to bring harm to the parent of the same sex whom the child also loves deeply, the child develops a deeply felt sense of remorse. From the young child's reaction to her/his wish to destroy the parent the child also loves, deep feelings of guilt, self-accusation, self-hate and self-depreciation set in.

These feelings then bring the young child to set up more or less strict prohibitions against and even serious threats of punishment for transgressions. These reactions during the 2 1/2 to 6 or so year period become organized and structured (become increasingly stable) into the conscience as an **autonomous internal system** which will now govern the child's behavior. Whereas in the first stage of conscience formation, during the first 2 1/2 years of life, the child gradually learns what he/she can do and cannot do, she/he thinks in terms of being "good" or "bad", now during the 3 to 6 or so year period, the child learns what is right from what is wrong, an extremely important increased capability which underlies the development of morality.

Question: Is conscience development done then? Is that it? Or, does conscience development continue? Don't adolescents learn more about what's right and wrong?

Answers from participants.

Discussion: Conscience in fact continues to develop even in young adulthood and may even be modified as an adult continues to develop psychologically-emotionally. Let's proceed stage by stage.

The 6 to 10 years of age period is a major time during which the conscience now organized into an internal "agency", stabilizes, achieving a moderately reliable internal source of standards for behavior pertaining to morality.

Instructors' reminder to the participants:

Remember, we consider it useful to think of conscience as consisting of two major components. The first is the **Conscience Proper**, which is the determiner of what we come to believe to be our "**Do's**" and "**Don'ts**", what we consider to be **right and wrong**, the agency within our minds which governs these crucial aspects of experiencing. It is the part of conscience that has to do with **the sense of morality**.

The second component of conscience is that which holds up the ideal image the child develops for himself, containing the standards of behavior the child idealizes, standards which lead to the child's approving or disapproving of his or her behavior. The closer the child comes to be like this self image, and lives by these idealized standards, the more the child's self-esteem rises. Thus, the feelings the child has about himself/herself are in large part determined by how close to or far from these ideals of being and behaving she/he comes. This component of conscience thus also powerfully co-determines the child's moral behavior.

From the conscience proper, failure to live by internalized standards leads to a feeling of **guilt**. Failure to live by the standards of the ideal self-image, leads to feelings of **shame**. Both contribute jointly to the quality of the child's self-esteem and feelings of inferiority or comfort with the self.

Instructors continue:

During the 6 to 10 year period, the developments achieved during the 3 to 6 year period in conscience formation consolidate and gain a new level of stability. During this time period a major brain development leads to a new level of **cognitive functioning** (thinking at a higher level of organization and comprehension) and with it comes an important **pattern of adaptation and coping** which contributes to conscience stabilization. Some developmentalists have observed that young school-age children tend to get into a lot of ritualistic behaviors and begin to set much stock on playing by rules and setting down regulations in interacting with each other. They are also much more receptive to rules and regulations being set down by home life, by school, and in peer relations. (Psychodynamic professionals speak of this as being socially appropriate obsessive-compulsive behavior.)

This age-appropriate tendency helps the process of organizing and setting in order

within the conscience rules and regulations for social interaction and social conduct. As the child adapts to the many demands made on her/him by school, home and peer relationships, so too the child's internal governance with regard to morality firms up, is further organized and, as an internal agency, it is able to approve or disapprove of the child's behavior, thoughts (fantasies), and feelings.

Question: What about what you've just said here? That is, now we talk about "the school" and "the peer group" or "peer relations". Haven't most kids already been in school? And haven't they all already had friends and playmates? Why are we talking about these just now?

Answers from workshop participants.

Discussion: It is so that most children by now have already been in school and certainly have had playmates and friends. And they even talk about both a good deal. But two factors make their influence less organizing of the child's experience prior to age 6 than they will have during the 6 to 10 years period and thereafter.

1. Even when younger-than-6-year-old children are in preschool and kindergarten, and when they have one or more friends who become quite meaningful to them, or they have a teacher or daycare caregiver who is very meaningful to them, their primary relationships and the center of their emotional universe are their **nuclear family** (Mom, Dad, and siblings or other constant, devoted and emotionally attached caregivers) and **home**.

2. The second factor is the one mentioned above, namely, the brain development that brings with it a new level of cognitive and adaptive functioning. But this brain development also brings with it a new level of **emotional/psychological** development. This development propels the 5 to 6 year old to bring a close to the child's "family romance", to resolve this child's family drama as best as she/he can now. Genetic programming that governs continuing development makes this demand on the child!

Now, by virtue of the 6 year olds' continuing complex emotional developments, **peer relations and school have a new level of impact during the 6 to 10 year period**.

So, what the child has internalized into conscience formation so far has arisen predominantly from the child's experiencing in the family. The character of the morality the child has acquired is then most determined by the **family morality**.

Now, during the 6 to 10 year period influences from relationships outside of the home begin to have a significant impact. They do not yet attain a level which overrides the importance of family relationships, and therefore are not **as** impacting on the child's conscience formation as the relationships in the family. This is especially the case where the child's relationships in the family are of good quality. But these **outside the family sources of experience, school and peer relations** begin to make meaningful contributions to the child's stabilizing conscience formation.

In addition, as those who have 6 to 10 year olds know, now, 6 to 10 year olds may begin to select heroic figures from outside the family, be it individuals admired by them from real life or even from cartoon and film heroes/heroines, who begin to add to the child's idealized self image. Every boy has a "superman" figure he would like to be like. Every girl has some "heroine". This impacts more on the ideal self than on to the development of morality, but it may link to that too, such as "Superman/Superwoman

never does anything wrong". Often these are associated with things the person does (e.g. being a sports figure, teacher, doctor, fireman, policeman etc.) Where the child's relationships are good, these contributions to the self image are not likely to displace those established earlier; but they add a new dimension to the idealized self image.

Question: How come some 6 to 10 year olds refuse to go by the rules set up in school and in peer relations?

Answers from participants.

Discussion: A number of factors can do this.

1. Some children have all along found it more difficult than others to follow instructions and to comply reasonably with their parents' dictates as well as those of preschool teachers. They are more stubborn than others from the very beginning of life--clearly an inborn tendency in them. And they make their own lives and that of their parents more difficult by their resistance to reasonable compliance. Because they tend to get into more battles of wills with their parents than reasonably compliant kids, they tend to accumulate more hostility within themselves and develop more guilt. They are also likely then, as a result of accumulating more hostility and guilt, to develop more severe consciences. (Instructor: you may need to clarify this further.)

2. Children who have poor relationships at home, be they too troubled, or too hostile, or where children are too neglected or abused, may resist internalizing their parents' dictates or they may internalize their parents' dictates the way they experience them, in the spirit of neglect or abuse or hostility, etc.

Question: What are likely consequences regarding conscience formation in children whose relationships at home are too troubled or too hostile?

Answers from workshop participants.

Discussion: Where children's relationships at home are too troubled or too hostile, these will determine the character of the dictates the child will internalize. These internalized dictates affect the sense of morality developed by the child. The relationships at home will also influence the degree to which the child will attempt to form or avoid forming new relationships outside the home, what kind of relationships they will choose to form, and subsequently internalize rules for behavior from these new relationships, even if they are not well developed relationships. The child will do this in an attempt to supply him/her self with the gratification of basic emotional needs.

Depending on the character of the new relationships, children will lessen or intensify their internalized hostile morality standards. For instance, in children who have internalized much hostility within their conscience, those who can be reached emotionally by more benevolent relationships may, be means of internalization and identifications, internalize some more benevolent modification of the dictates that have already been internalized. These children may adopt a degree of morality more beneficial to them and society.

These children will also develop variable degrees of guilt and shame. Bear in mind that guilt and the potential for feeling shame, in moderate doses, are needed for appropriate socialization. Where children have relationships that are so poor that the

children grow to not value or come to mistrust relatedness, they may develop insufficient guilt and may discharge hostility without the containing power of a reasonable degree of guilt (and shame). On the other hand, where children are abused, they will accumulate much internal hostility and then may develop too intense feelings of guilt and shame.

Recall that **guilt**, the result of criticism from within about things the 6 to 10 year old does, thinks, and feels, and **shame**, the result of not living up to one's ideal self image, will be most determining of the child's degree of well-being, the child's self esteem, and with it the child's moods and dispositions. Too much guilt will make the child feel quite bad, will interfere with the child's good self esteem and even ability to work. (It must be borne in mind as a source of bad moods, poor efforts in school, lack of energy in work and in the development of skills.) Too much guilt also may inhibit a child's efforts to form relationships with peers and may be a substantial detriment to the child's healthy adaptation. The same can be said for the child who experiences too intense feelings of shame.

Question: What developments in conscience occur between ages 10-13 (preadolescence)?

Answers from workshop participants.

Discussion: The 10 to 13 year period brings with it a soft loosening of conscience. The stability of conscience achieved during the 6 to 10 year period becomes increasingly challenged by the peer group's ways of behaving. The peer group gains increasingly more importance from preadolescence on. Seeing the peer group's different rules of interaction and conduct, of play and rivalries, from those of family life leads to the child's beginning to question the "Do's " and "Don'ts", what is right and what is wrong that govern family life.

Still, though, during the 10 to 13 year period, the family morality holds the upper hand over the influences of the peer group. In addition, it is important to bear in mind that the play of this enlarging influence by the peer group on the child's existing conscience varies according to the kind of conscience which has developed so far.

In general though, here are some of the developments that occur:

Standards for the self, both in terms of the conscience proper and the ideal self, established during the first 10 years may lose some of their stability during the 10 to 13 year period, due to the increasing need for approval and acceptance from peers. (This factor will become even more important during the adolescent years.) During this 10 to 13 year period, idealization of individuals into heroes and heroines is no longer just linked up with the idealization of the parents. Nor do imagined heroes like Superman/Superwoman have as large a sway as they did even two years before.

People from the enlarging community often become idealized. Teachers, friends parents, older admired peers, movie/TV heroes/heroines, these gain in value. Of course, both the morality component of conscience can be too harsh or too low, and the idealized image of the self can be too great and can be too little.

Like with the play of love and hate in the structuring of the morality component of conscience, so too will love and hate play a part in the development of standards for the self. In essence, the better the relationship between child and parent, the better the child feels loved and loves, the less the intensity of hate (because less hostile destructiveness

has accumulated over the first 10 years of life), the closer the child will feel herself/himself to the idealized self, the better will the child's current self-esteem be.

Question: What developments of conscience occur during adolescence?

Answers from workshop participants.

Discussion: It is especially during adolescence that the child's internalized representations of the parents in their conscience is most tested and revised against the morality--rules of conduct and values--of the peer group. Interestingly, this is so because the largest restructuring of conscience occurs during the 13 to 21 years of age period. This is due to a number of internal psychological factors that support the transformation of the child into the eventual adult. This is what the 10 years of adolescence really are: the bridging period from childhood into adulthood.

One of the most important tasks of adolescent development is the shift in importance of relationships. Where as up to adolescence the nuclear family has been at the center of the child's relational universe, during adulthood, the center of the individual's relational universe has to be the peer group. It's from the peer group that a mate will be selected for the purposes of preserving the species, for having babies. It is during adolescence that this shift of lessening the centrality of the parents and gradually more and more centralizing peer relations must occur. This is one of the factors that leads to the increased importance of peers and outside world others for more or less reconstituting ones rules of conduct, behavior, both in terms of morality and ideal self imaging.

Individuals vary in the extent to which the morality internalized from the peer group will modify or even dislodge the morality earlier internalized from the parent-child relationship. It is likely that where the relationships between child and parents has been good over time, the influence of the peer group in terms of changing the existing internalized morality is least likely to be bring about large changes.

On the other hand, the more hostile the relationships between parent and child from early childhood on, the more likely the eagerness on the part of the individual to acquire new relationships which will be experienced less painfully, and the greater the impact of these new peer relationships on the modifications of conscience during adolescence. However, here too like during the 10 to 13 year period, the influence of new relationships may go either toward improving or toward further depreciating the sense of morality and the ideal self.

Question: Due, in part, to the preadolescent's and adolescent's growing autonomy and differentiation from his/her parents how can the parent best handle the child's experience of hostility and hate toward the parent expressed during this 10-year period of development?

Answers from participants.

Discussion: During this long decade, the child's experience of hostility and hate toward the parent can at times become enormously difficult to withstand.

Like earlier in life, how the parent reacts to such declaration of hostile feelings is critical. The parent who feels so injured that he/she reacts with sharp hostility to the

child is certain to create further hurt in the child with a further intensification of the child's hostile feelings and of guilt. Likewise, the parent who denies what the child says by declaring that the child doesn't mean what he/she said will also create intense feelings of self criticism in the child. This, because the child may feel: "My mother thinks these feelings are so bad, so unacceptable, that she can't even believe that I would feel this toward her!" In both cases the intensity of the child's counter-reaction against himself/herself will be intensified. This will add to the child's own substantial load of disapproval and self recrimination.

Like in earlier years, it is important that the parent takes the child's feelings of hate seriously but try to not feel too hurt, at such moments reminding oneself of and trusting the child's long standing shows of affection and declarations of love. Where the parent is able to empathically (based on understanding the child's feelings) tolerate these, and at an appropriate moment--not in the heat of battle--reassure the child that the love the child also feels will win out over the hate, indeed, is certain to help the child resolve his/her feelings of hostility, rage and hate.

Depreciating the child for (reasonably--i.e., in words but not insults) expressing feelings of hostility and hate, inducing guilt and shame beyond what the child will generate himself/herself, will only intensify the harshness of the child's own conscience and will bring with it undue pain of all kinds--self-criticism, self-depreciation, self-hate, disallowing reasonable pleasures, etc.--for years to come. This will make painful reality even more painful by inducing more than reasonable feelings of shame and guilt in the child, all lowering the child's long-term self-esteem.

Trying to understand the child, to know what the child's behavior means, what is causing it, empathy ("What is my child feeling and why?") in both attempting to understand and determining how to handle the child's behaviors, respect for the child, the use of firm but loving limits, the use of some non-hostile humor, being reasonable and realistic, all can contribute positively to optimizing the child's conscience formation. All these will protect the child against undue injury to his/her self-esteem, self-image, and will secure the development of a responsible sense of morality, of right and wrong.

Question: Do the parents themselves continue to have a significant influence on the preadolescent and adolescent child?

Answers from workshop participants.

Discussion: The influence parents can have during their offspring's adolescence is now more limited than it was before. Those parents who over the years made effort to rear their children in growth-promoting ways, with love, respect, sufficient emotional availability and attention, will benefit from the stronger positive influence they will continue to have now, as they have before.

Parents whose relationships with their children in the course of their development has been poor will have much less leverage in influencing their adolescent's behavior and with it have less influence on the revision of conscience which occurs during this developmental period.

In other words, given the decreasing influence parents have on the development of conscience in their child during adolescence, as with those who have talked and

listened to their children from infancy on, those who have set limits with their children in protective, guiding, respecting and reasonable ways, those who have been emotionally available, loving and respecting of their children from early on in life, they will have a large advantage in continuing to have an input during this era of conscience revision.

Question: Why do these parents have a greater advantage?

Answers from workshop participants.

Discussion: There are two primary reasons:

1. Those earlier internalizations coming from identifications with their parents will have greater stability than will those of parents whose relationships with their children have been laden with hostility and hate and
2. During these times of continuing development when parental influence will decrease and peer influence increases, parents who have a positive relationship with their adolescent will be more readily able to counter the negative influences coming from the peer group which will be impacting, often with much pressure, on their adolescent.

This general principle will apply both in terms of the adolescent's thrust to separate from the parents of childhood in the process of individuation, as well as with regard to the adolescent's efforts at shifting his/her valuation and interest to the adolescent peer in preparation for an eventual relationship to a mate in adulthood.

Question: Will the parents' own behaviors influence the development of conscience and the construction of the ideal-self in their children?

Answers from workshop participants using examples.

Discussion: Parents serve their child and themselves best when they bear in mind that how they themselves behave both in terms of morality and in terms of ideal-self behaviors in their own life activities, become models and are among the strongest contributors to how the child as well as the adolescent behave. By continuing identification with their parents, the parents' behaviors will be adopted by their adolescents even at a time when such identification with the parent is at a minimum, namely during mid and possibly late adolescence. Whatever the adolescent's efforts to separate from the parents, their behavior will be taken into account and will continue to have some degree of impact on their adolescent's character formation.

WORKSHOP # 6

LIMIT-SETTING, PUNISHMENT, AND REPARATION -- HOW THEY INFLUENCE THE DEVELOPMENT OF CONSCIENCE

Question: How do limit-setting, punishment, and reparation influence the development of conscience?

Answers from participants.

Discussion: We've spoken earlier (Workshop #3) about the role of battles of wills, limit-setting and the ambivalence that these commonly bring to conscience formation: i.e., by the part "hating someone we love" plays in the production of guilt and with it of conscience-building self-recriminations and prohibitions. Now let's look at another aspect of limit-setting to conscience formation.

All three, limit-setting, punishment, and reparation are part of the guidelines parents give their children whereby children learn to behave, learn what they can and cannot do, and what's right and wrong.

Let's look at each of these in turn.

Question: How do you think does limit-setting influence conscience formation? That is, how does limit-setting help the child internalize guidelines to live by safely and constructively?

Answers from participants.

Discussion: We set limits on behalf of the young child where the young child has not yet developed the ability to judge what is a safe or unsafe thing to do, a reasonable or unreasonable thing to do, a fair or unfair, etc. thing to do¹. By setting limits with this in mind, we give the child explanations, reasons, and make clear that these limits contain guidelines for how we hope the child will learn to behave and make life better for him/herself. When the child then does not comply with these life-improving guidelines, the child will feel the parents' disapproval. With consistent repetitions of this interactional experience then, the child will internalize not only the guideline but also that parental disapproval which automatically follows on not complying with the guideline. Both then, guideline and disapproval when the guideline is disregarded, when internalized become part of the child's conscience.

Question: Does the way we set limits and the way we disapprove of what our child does affect the kind of conscience she/he develops?

Answers from participants.

Discussion: Some parents believe in being quite strict with their children. Some believe

¹ A Workshop discussing "Setting Limits Constructively" is developed. It is Workshop *Workshops on Conscience and Self Esteem*

#5 in the set *Workshops On Aggression*.

in letting their children pretty well do whatever they want so long as they don't kill themselves. Others believe that setting limits and expressing disapproval depends upon the situation and that no overriding rules should dominate.

We feel that parents would do best if they tailor their limit-setting, for starts, **into a pattern the child will be able to predict.**

Second, the pattern should be tailored to the particular young child. For instance, for a moderately active child, a 4 or 5 step limit-setting to punishment strategy, for high-activity children, a 3 step strategy, and for shy children--who need to be encouraged to be assertive--a 6 or 7 step strategy. In other words, aim to optimize the child's response to limit-setting.

The general rules for limit-setting constructively would be helpful to both parents and child (**Instructor:** see the Workshop "Setting Limits Constructively" referred to in footnote #1). Foremost, (1) don't set limits when they are not needed; (2) set limits with increasing loving-firmness; (3) follow through when the limit is indicated, and retract the limit when you recognize that the limit actually is not needed. And (4) be reasonable and sympathetic in setting limits.

Similarly, in disapproving of the child's behavior, do so to demand a change in behavior, not with the aim of shaming or otherwise hurting your child.

The ways both setting limits and disapproving/approving are done by the parent(s) will become internalized by the child and influence how the child herself/himself will set her/his own limits and self-approve/disapprove.

Question: Can a parent be too strict? How do you think being too strict would affect the child? (Gear answers toward the age child being considered by the group.)

Answers from workshop participants.

Discussion: If the parent is too strict one of two or both things is likely to follow:

1. The young child's natural need to explore, to learn and understand what the world he/she lives in is all about may become discouraged and the thrust to learn may be damaged by it. Clearly the consequences of this can have drastic implications for learning in school and in general.

2. The child is likely to become too anxious about making mistakes, may well feel too ashamed and guilty when he does make one, will fear parental disapproval and punishment, will resent the punishment if he feels it is too harsh, will become too hostile himself, and will develop too strict a conscience himself as he grows older.

Each of these is a very high price to pay!

Question: Can a parent be too easy? How might this affect the child?

Answers from workshop participants.

Discussion: A "too easy" parent is very likely to affect the child significantly too. He/she is likely to have a hard time knowing what he/she can/should and can't/shouldn't do and, in particular with a young child, he/she may get into more trouble than need be simply because her/his conscience guiding function hasn't developed well enough to

guide her/him well enough.

Some children, especially so in adolescence, may come to think that their parents don't care enough about their well-being to uphold rules, standards and regulations for the child/adolescent.

Question: What influence would the parent who constantly changes his/her mind have on the child's developing internalized guidelines for behavior?

Answers from workshop participants.

Discussion: The child doesn't get a clear idea of what is allowed, and what is not allowed. The child may develop the feeling that activities and emotions have no sequence, no rhyme or reason, and may feel that the world is a chaotic place where "anything goes" and anything can happen.

As in everything else, parents help their child internalize clear-enough guidelines when they are clear in their explanations of what is allowed and what is not, when they are firm and reasonable in their limits, understanding of the child's mistakes, and when they take the time to talk with their child about what's going on.

All children need the help of their parents' guidelines while their own consciences are developing. The best help is that which is given in the form of kind, firm, clear limits, and when needed, moderate punishments.

Question: What about punishment? Should children be punished?²

Answers from participants.

Discussion: Parents would give anything to never have to punish their children!

But it doesn't work like that. Unfortunately, even the nicest, most lovable child will at times feel driven to do something the parent will disapprove of, whether it is putting himself at risk (like playing with an electrical outlet), transgressing against another child or sibling (like wanting to play with Tommy's truck when Tommy is playing with it, or shoving his youngest brother who just smashed his block tower for the third time), or breaking Mother's prized vase she'd been told a number of times not to touch. Whatever the child's inborn characteristics (temperament), punishment will sometime be warranted, in fact will be needed.

Question: What makes punishment happen? What drives us to punish our children?

Answers from participants.

Discussion: With good-enough parents, and with good-enough children, **punishment always follows on the failure of our limit-setting**--whether we set limits poorly or the child is resisting complying with the limits.

It's when limit-setting fails that we resort to punishment. This is quite reasonable. When parents set a limit, if the child does not comply with it, it is desirable that clear consequences follow. If the parent has decided that the limit is needed--be it to protect the child, socialize the child, or protect against valued things being damaged, etc.--compliance by the child is in the child's best interest. Later, when a teacher says to the child to do a homework assignment we expect that the child will comply, period! It truly

is in the child's best interest to comply with reasonable limits. But many a very good kid may for one reason or another--good reasons too--hold his/her ground and not comply. The consequence, unless we give up--which is not good for the child--, is punishment.

It is to minimize the need for punishment that it is important to set limits well, reasonably, and constructively (see footnote 1).

Question: How can parents best help conscience development in their children when they feel that punishment is warranted?

Answers from workshop participants.

Discussion: Like reasonable and constructive limit setting, so too being reasonable and constructive in punishment will best help healthy conscience development under those circumstances. **The aim of punishment** should be to emphasize the importance of the rule which has been broken, to convey the expectation of compliance, and to make the child feel responsible for his/her behavior. **The aim of punishment should not be to hurt the child physically or emotionally.** The quality of punishment, the inherent aim of punishment, like with limit-setting, will become internalized and adopted by the conscience; the character of the child's conscience will in substantial part become like the character of the punishing parent.

Question: What is reasonable and constructive punishment?

Answers from participants.

Discussion: Thinking particularly of conscience formation, reasonable, constructive punishments could include **scolding** (with a brief explanation), **taking away a privilege** such as giving the child a time-out or taking away a favorite TV program, or **depriving him/her of a treat** (e.g. a bed-time story.) Questionably reasonable and less constructive punishment is the **inflicting of pain.** Let's look at punishment more closely.

1. We propose that there are three basic forms of punishment:
 - (a) the **expression of disapproval**, i.e., scolding,
 - (b) the **withdrawal of a privilege**, and
 - (c) the **inflicting of pain.**

Even though parents have times of feeling ineffectual in getting the child they love to comply with their dictates, **the most powerful punishment they can effect is disapproval of their child's behavior.** Unfortunately, many a good parent may lose sight of this. Disapproval is so powerful because it makes the child feel the threat of loss of love from the parent the child loves and whose love the child deeply needs.

Similarly, once the child's conscience becomes sufficiently developed, disapproval can eventually also come from the child's own conscience. This is a powerful inner governor of our behavior. We may be able to escape the disapproval of others, but we can't escape disapproval that comes from within ourselves.

Of the other two, the obvious forms of punishment, the withdrawal of privilege is much safer and generally better than the inflicting of pain.

² A Workshop discussing "Punishment" more fully is developed. It is Workshop #6 in

the set *Workshops On Aggression*.

2. Punishment is **never reasonable** with infants less than 1 year of age.
3. The mildest withdrawal of privilege is the "**time out**". The child has to sit or be in some limited space and stay there for a limited number of minutes. This can work very well with children from 18 months to 6 years. Beyond that age it is generally only weakly effective.
4. When withdrawing a privilege, **be reasonable**: for instance, don't take TV away for more than one program at a time. **Use your judgment**: the older the child, the more difficult she is to set limits with, the more you up the punishment, etc. The younger the child, the more shy or timid, the more slowly you move into punishment.

Question: What about inflicting pain to punish? Some Mental Health workers, other professionals, and many parents strongly feel that one should never hit a child. Do you feel that way?

Answers from participants.

Discussion: Hitting children, inflicting pain is **loaded with problems**. Unfortunately, some bright, energetic young children just will not comply with limits even when privilege withdrawal would seem reasonably dosed. Many of these kids tend to not stop until they get a swat on the bottom. **But**, there have to be **strict rules and limits in physical punishment**:

- (a) **Never** use anything other than your **open hand**. A fist is out of order. Belts, sticks, paddles, and all else are out of order too.
- (b) Give **no more than one** swat on the bottom of the less than 8 year old.
- (c) Always swat on the **clothed** bottom. Do not make the child take off her or his pants! A **moderate** swat on the back of a shoulder can work well enough too.
- (d) If you have to physically transport your child to his room, be firm but exert the least force needed.
- (e) Physical modes of punishment too easily run into becoming child abuse and parents should **make all efforts possible to avoid child abuse**. **Child abuse cures nothing; it cripples a lot, both child and parent. And it is the most malignant destroyer of the parent-child relationship.** Child abuse is considered to be so serious that medical people have to report cases of child abuse to government agencies.

Question: Do you think that children are able to appropriately punish themselves? Can they weigh a reasonable and appropriate punishment?

Answers from workshop participants.

Discussion: As the child's conscience is developing, children are unable to have a clear idea as to what might be a fair punishment and what might be a punishment that is too lenient or too severe.

Depending on many factors including what type of conscience has developed thus far, the quality of that conscience (too strict or too lax), the kind of ideal self that the child has created for him/herself, the age of the child and the family that the child lives in, most usually the child is not able to appropriately judge or weigh the degree to which

he/she should punish himself. For instance, it is not unheard of that a 4 year old caught 15 minutes before dinner with his hand in the cookie box, when asked by Mom what he would do if his child did this, might answer: "Cut off his hand!"

As in many other ways, the child needs the parent to guide him or her in meting out the punishment and in helping the child understand what is appropriate and what is not. Some children tend to be too harsh on themselves while others are not strict enough.

A good guide for the parent is to be reasonable and clear as to the type of punishment and why it is being used. And, it is most important for the child and parent to be able to discuss the punishment together once they begin the healing process.

(Instructor: Consider talking about the fact that it is important to not always assume that the damage or injury the child caused was accidental. "Oh, he didn't mean it", when indeed the child did, gives the child no way of repairing an intentional act, and intensifies the guilt it brings.)

Question: What kind of example should the parent try to set for the child when the parent is feeling angry with the child?

Answers from workshop participants.

Discussion: All parents and children get angry at one another at times, but parents can help by being reasonably self-controlled, and by showing the child how he/she can express his/her anger in a reasonable way.

Parents should be ready to "make up", and should be willing to apologize to the child if they have gone too far in the expression of their hostility. These behaviors help preserve the child's self-esteem, and also give the child good models for the development of his/her own ideal-self behaviors.

Question: Is the parent "flawed" or "bad" if he/she feels anger or hostility toward her/his own child and expresses it (in reasonable ways)?

Answers from workshop participants.

Discussion: Absolutely not! When we speak of optimizing the parent-child relationship we do not mean that children and parents should never be angry with nor feel hostility toward each other. Nor should one avoid ever being angry or hide feeling angry with or feeling hostility toward one another. Anger and hostility in love relationships is unavoidable. Furthermore, it is not uncommon for children who dearly love their parents to at times feel even **hate** toward them.

Parents should not suppress feelings of anger, hostility, or even hate at the time that these are experienced. But it is important that these feelings be expressed with caution and reasonably. Parents would do well to not tell their children they hate them, even when they momentarily do. This important topic is discussed in several "Aggression" Workshops.

Question: Do children "need" to be punished when they do not comply with clearly set limits or when they have done something that has on a number of occasions clearly been disallowed?

Answers from workshop participants.

Discussion: Children need to have a clear idea of what they can and cannot do in order to fully know how far they can go with a particular activity or pursuit. Children "need" to have parents set clear limits on their behavior and to clarify where the boundaries are as well as what the consequences are for trespassing or overriding the limit set.

In this way one can say that children need to be punished when they have done something that is clearly disallowed because it further reinforces the rule, and the principle for which it stands, that was violated. Furthermore, it follows through on the punishment that was "forewarned" if the rule was broken. Children tend to feel enormously guilty when they have violated a dearly held family principle; they feel they have done something wrong and reasonable punishment sometimes relieves this guilt. Children are also relieved when they "test" the parent and see that the parent will do what he/she said he/she would, even if it means that the child the parent loves will be angry or even furious with her/him. It is reassuring to the child to see that the parent is not afraid of the child's anger or hostility (even when the child is terrified of his/her own hostility) and will remain the child's parent in "good times and in bad times."

Question: Is punishment effective in developing an inner sense of morality when it is carried out by someone that the child does not love or value?

Answers from workshop participants.

Discussion: In the course of development, prohibitions and punishments by authorities whom the growing child does not hold in high regard, in short for whom he/she does not feel love, are much weaker in leading to the internalization of a sense of what's right and wrong. Such prohibitions and punishment do not increase the developing inner sense of morality. School authorities, law enforcement agencies know only too well how frequently punishment fails to "teach a lesson of morality" even when it is quite harsh. The most powerful factor responsible for its failure, although there are other contributors, is that the person punished does not value, respect, in short "love" the authority administering the punishment.

Question: If a child has transgressed a well established limit, and has been punished, is there anything he/she can do to more fully undo that mistake/failure? Can the child do anything to "repair" the damage he/she has caused to another and him/herself?

Answers from participants.

Discussion: Absolutely. We all make mistakes. Most mistakes to a greater or lesser degree can be undone or repaired; some can be atoned for.

It is crucial to help the child learn to make efforts to repair, to make up, again in reasonable ways for mistakes the child makes. Such efforts to repair contribute enormously not only to optimizing the parent-child relationship but in helping the child learn how to deal with her/his own unavoidable feelings of anger, hostility and hate toward the parents they love and respect.

Children deeply appreciate their parents' making efforts to repair a hurt either parent may have caused his/her child. Unless injuries have occurred too frequently, have been too severe, children's hurts can genuinely be healed by a parent's efforts to repair.

In our years of work with children and parents, we have never seen a child ridicule or reject a parent's sincere efforts to repair. Again, unfortunately this will not work in instances where the parents have too severely traumatized their children.

Question: What can a child be helped to do to "repair" a misdeed?

Answers from participants.

Discussion: Nothing fancy is needed. An apology that **in both words and feelings** sounds genuine is a large first step, and often it is enough. Many a child will say "Sorry!" but do so without sounding very sorry at all. That is not acceptable and the child should be so informed. If a somewhat older child has broken a younger sibling's toy, it may be suggested that he/she pay toward buying his little brother the same toy out of his/her own next birthday gift money (assuming he may get some money gifts). Or she/he can do her/his younger sibling a favor that would genuinely please the younger sibling. We should note that the same applies to a younger sibling breaking something that belongs to his/her older brother or sister.

Question: How is it helpful to the child to allow the child to make up to the parent, to verbally or in some other way have a chance to "make good" after some misdeed?

Answers from workshop participants using examples if warranted.

Discussion: It is very helpful for the child to be able to atone for what he/she has done. This activity helps the child take responsibility for his/her actions and to actively take steps to repair whatever damage or injury was caused. Regardless of what method the child chooses to repair the damage or injury (some children like to make the parent a drawing or to do a chore without being reminded, etc.) it is very important for the parent and child to talk about the event, why it occurred, how it made each other feel, etc.

And, it is also very wise and helpful to support and express appreciation for the child's genuine efforts to repair damage or injury he/she caused, whether intentional or accidental.

In other words, it is very important and helpful to the child to, in some way, make up to the parent or sibling; and again, it will be further beneficial to fully discuss the incident and to reach a better understanding of it together.

Instructors summarize:

As we have discussed in earlier workshops, guilt pertains to the feeling that we have done something wrong according to our own conscience. This feeling originally derives from the child's fear of punishment by the parents if their misdeed was discovered.

With the older child's ability to discern "right from wrong", going beyond the simpler "good from bad", the punishment becomes built into our character so that if we feel we have violated our own standards, we tend to punish ourselves with feelings of anxiety and rage against ourselves to relieve the guilt feelings. (Instructor: you may need to clarify this idea.)

The part of our personality that makes us feel guilty is made up of both our **internal, unacceptable pressures (drives) and wishes** and the **standards imposed from our outside world**, especially by our parents, religious teachings and other authorities.

There are problems with both too strict a conscience and too lax a conscience.

Question: How can parents best help their children develop a **realistic conscience**?

Answers from workshop participants.

Discussion: According to Dr. Leo Madow³, the best way to do this is to first accept responsibility for the act and then, in order to find the best solution to the problem, one must deal with the results in a constructive way.

Group Discussions

Discuss with participants constructive ways as compared to destructive ways

- (1) of punishing,
- (2) of helping children deal with feelings of guilt (e.g. self-torture does not resolve guilt feelings),
- (3) of helping children to repair the results of transgressions.

Discuss the child's ability to appropriately punish self.

Discuss the child's need to atone and make reparations.

Discuss parents' reasonable assessment of their child's ability to know right from wrong and good from bad at particular ages.

Discuss failures in punishment when the child does not value the punisher.

(This topic will be fully explored in Workshop #7.)

Role play various scenarios illustrating how to help children develop a realistic conscience. Get examples from participants.

³ Dr. Leo Madow wrote the book *Guilt: How to Recognize and Cope With It*. Published in 1988 by Jason Aronson Inc.

WORKSHOP # 7

TOWARD OPTIMIZING THE DEVELOPMENT OF MORALITY IN CHILDREN

(Instructor: This Workshop aims to pull things together regarding conscience formation, and to focus on what we think parents most need to do to promote the child's best possible conscience formation.)

Question: What would you say might be the most crucial factors that influence conscience formation?

Answers from participants.

Discussion: All physical and emotional developments depend on two all-determining interacting factors: the child's **inborn givens** (genetic makeup) and the child's **experiences**.

At this time, and most likely for a long time to come, there is little we can do about a child's genes and other inborn personality determining factors. On the other hand, there is much, in fact very much, we can do about a child's experiences.

What most determines, shapes and colors our experiences from birth on, and even before birth, occurs in the environment into which we are born and in which we are reared.

Question: What in the young and growing child's environment would you say most influences **the quality of experiences** the child has?

Answers from participants.

Discussion: Many factors influence the quality of experiences we have, whether we are children or adults. Cultural background, social conditions (e.g., war or peace), economic status, family life, good health or poor health, traumas (e.g., accidents), education, etc.

Among all these factors, Mental Health researchers and clinicians tell us, it is **those who populate the environment in which we live** who most influence the types of experiences we have. And this is even more so with children.

Quite specifically, **the quality of the relationships** the child has most determines the quality of the experiences the child has. Mental Health people have found, and have amply documented, that **the quality of a child's attachment** to the persons who rear the child are heavily determining of the child's personality and ways of adapting to life.

Question: OK, that's for personality development, and even for how kids cope. But what does this have to do with the development of morality?

Answers from participants.

Discussion: Well, in fact, theorists of conscience formation have proposed that this applies perhaps even more so to the development of morality than to other aspects of personality formation. Of all aspects of our personalities, **conscience formation is especially dependent on the kinds of experiences we have within family life.**

For instance, theorists and clinicians assert that the degree to which the child feels unloved, or feels abused, which largely determine the degree to which hostile destructiveness and hate are generated in the child are large determiners of how harsh the conscience will become. And if these hurtful experiences are very intense and frequent, they may lead to the maldevelopment of morality and even to failure of its development.

In this way, then, the child who is insufficiently well cared for and where a substantial degree of hostility has accumulated, the more likely it is that this child will develop a harsh conscience and an intolerant sense of morality. Such a child will be an overly harsh judge of his/her own actions and those of others.

It is also important to note that because conscience formation depends on feeling love for those one at times feels hate for and wishes to destroy, that children whose relationships with their parents have been especially harsh and hurtful, such children's assessment of right and wrong is very likely to be biased by the excessive hostility they feel, and make them merciless judges and harsh punishers of themselves and others.

Question: That's scary. But what about the many kids who are real loose about morality? Teenagers and adults who hurt others, break laws, rob and even murder? What's with their sense of morality?

Answers from participants.

Discussion: That's just as important as some people developing too harsh consciences, people who develop not enough of a sense of morality. In fact, they tend to cause more harm to others than the hyper-moral ones.

Again, the quality of the parent-child relationships is a key factor. Children who form insufficiently secure attachments and have insufficiently positive relationships, who do not value enough those who care for them, may by virtue of the hate they feel tend to develop "unhealthy" consciences. Their consciences may become too harsh or their conscience development may be insufficient. They may then suffer from **insufficient guilt** in reaction to their hate and wishes to destroy, and will then be predisposed to become antisocial, delinquent individuals.

As we said in Workshop #6, following this line of reasoning, prohibitions and punishments by parents for whom the child does not feel love, does not lead to the internalization of right and wrong, and does not increase a healthy sense of morality. Even harsh punishments will fail due to this factor.

Question: Do you think that children who are sufficiently loved, respected and well cared for are likely to develop a healthy conscience and sense of morality?

Answers from participants. Try to get to why they think this might be so.

Discussion: Many Mental Health workers would say, "absolutely!" They will tell you that the prime determiners of whether a conscience develops into an unhealthy (too weak or too harsh) or a healthy conscience are the degree to which the child feels loved and is

loved in balance with the degree to which the child hates and feels hated in her/his primary relationships.

As we have emphasized throughout these Workshops, among the experiences the child has, the importance of the quality of the parent-child relationships in determining personality formations cannot be overstated.

Question: How can responsible parents disapprove of what their child does without hurting the child's healthy conscience formation?

Answers from participants using examples from their experiences.

Discussion: Disapproval of our children's behavior at one time or another is unavoidable even in the "best" of kids. Even the easiest and most reasonably compliant children do things that will warrant disapproval, e.g., hitting a sibling, or playing with an electrical outlet, etc. By the way we disapprove of the child's behavior and/or actions, we will contribute to what the child internalizes as part of his or her own disapproving attitudes toward her/himself and toward others.

Conversely, when approving of the child's behavior, the way we parents express our feelings of approval and of love toward our children, not only heavily influences the way the child will experience herself or himself, but also by virtue of the degree to which we stir love within our child for her/himself, just like with hostility or hate, by these expressions of feelings we help determine the quality of our child's own conscience formation. All these feelings, nonverbal and verbal, are registered within the child's establishing conscience during childhood, especially so during the first 6 years of life.

Question: What happens when a parent feels really intense anger toward the child: how does this affect the child's developing self-esteem and conscience?

Answers from workshop participants. How have they handled strong feelings of anger toward their child?

Discussion: All parents, even excellent parents, will sometimes experience strong feelings of anger toward their children. This does not make them "bad" or irresponsible parents. However, ***the way in which we express our anger*** to the child will make a big difference in the child's experience with the parent, in the child's learning his/her own ways of expressing his/her own feelings of anger, hostility and even hate, and ultimately in terms of the child's own self image. We know that ***hostile feelings can be expressed in constructive ways*** and that this can positively strengthen the child-parent relationship when done well! (Instructor: refer to our Workshops on Aggression #5, #8, and #9 for further in depth discussion of this important topic.)

The challenge to parents, whether in setting limits or in some other way having to oppose the child's wishes, is to do this in growth-promoting ways, in firm and loving rather than hostile limit-setting ways. How this is expressed will influence how the child feels about himself or herself and will make a large contribution to the child's feelings of guilt and shame and the degree to which the child's conscience will become harsh or benevolent.

Question: How can the parent best tolerate and handle the child's experience and expression of hostility and hate toward the parent?

Answers from workshop participants. How do they feel they have handled this most constructively?

Discussion: During the rearing of our children, from their birth on, our own child's expression of hostility or of hate toward us can be extraordinarily difficult for us, their parents, to feel and tolerate. How we, the parents, react to such expressions of feelings, in deed or in words, is very important.

It is important that the parent be able to **empathically tolerate**--that is, **try to understand what is causing the child to feel what she/he feels and react reasonably**--these declarations and reassure the child that although the child and she feel angry with one another *at times*, the love they feel for each other *most of the time* will win out over *the short times* when the child feels anger, hostility and hate toward Mom (or Dad), just as it is when Mom feels angry with her child.

Depreciating or shaming the child for expressing such feelings induces guilt and shame beyond what the child will generate himself/herself. This will tend to intensify the harshness of the child's own conscience which is likely to cause the child undue pain for many years to come. By how the parents' help or make more difficult the child's dealing with these tough to handle feelings, they tend to, respectively lessen or intensify the child's feelings of guilt and shame. In this, then, they can influence for better or for worse the degree to which their child's conscience becomes healthy and guiding as compared to harsh and crippling.

As we discussed in Workshop #4, the ways of handling the child's experience of his/her family romance-derived wishes and feelings also influence the child's conscience formation, especially by how the parents react to and handle the child's expressions of rivalry and jealousy, as well as of hostility and hate.

Shaming the child when the child expresses painful feelings of rivalry, or feelings of hate usually reveals deep seated feelings of past hurts in the parent and unfortunately contributes to undermining the child's self evaluation, and self-esteem. Given the high level of emotional investment the child makes in his or her fantasied family romance the child is vulnerable to being embarrassed, to feeling shame as well as guilt by hurtful or teasing handling of the child's expressions of both family romance thoughts and feelings. Thoughtfulness, respect and love for the child will protect the normally vulnerable 3 to 6 year old against unintended injury at the hands of his or her parents and do so for years to come.

Summing up the parents' handling of the child's expressions of hostility and hate, **understanding what the child's behavior means, what is causing it, consideration and sympathy in determining how to handle the child's hostile behaviors, the use of some warm (non-hostile) humor, being realistic, all can contribute positively to the child's developing a conscience that has a reasonable view of what is right and what is wrong, of demanding responsible conduct in relationships, toward oneself and toward others.**

Regardless of the child's age, helping a child cope constructively with feelings of hostility and hate is critical. If the parent can help the child cope with the hate feelings the child has, that parent will be able to help the child's decreasing degree of guilt and shame and therewith improve well-being and functioning in all spheres of

development.

Addressing questions of hostility, allowing a child to feel and to verbalize these feelings of hostility, all for the purpose of helping a child constructively work through these feelings of hostility, is enormously important.

In families where hostility is rejected as a bad feeling which the child should not have, the child is put at an enormous disadvantage to constructively working through feelings of hostility, resolving the sources which generate it, and therewith decreasing guilt and shame. As said earlier, guilt and shame are strong underminers of well-being, can interfere with a child's evaluation of his/her performance, with a child's efforts to try to learn, to try to form relationships, and more.

Question: We've mentioned guilt and shame a good deal now as we talk about conscience formation, are reactions of guilt and shame "normal" or do they just occur in troubled children and families?

Answers from workshop participants.

Discussion: Experiences of shame and guilt are unavoidable and occur in all children (and adults) and families. This is because experiences of anger, hostility and even hate are unavoidable in children and families. Even the best adjusted person has to deal with normal, everyday experiences of hostility and therewith also of guilt and shame.

During childhood there will be certain instances and developmental periods that will generate more guilt and shame in the child toward his/her parents than at other times. Again, it will be during those periods that bring with them more frequent occasions of anger and hostility toward the parents the children love. For instance, in the normal course of limit-setting the child is very likely to experience varying degrees of hostility and hate toward the limit-setter. It is the manner in which this hate, hostility and then guilt and shame are handled between the child and the parent that will greatly determine how these painful feelings are resolved.

Question: What are the instigators of feelings of hostility and hate and then guilt and shame in the child and, what can the parent do to help the child cope with these?

Answers from workshop participants.

Discussion: All instigators of hostility and hate have the same common factor: it is the experience of **excessive unpleasure**, meaning too much pain (physical or emotional). Excessive unpleasure, excessive emotional pain, of whatever source, generates hostility and hate, and therewith produces guilt.

When parents recognize their child's experience in this way, that the child is actually in pain, they will be better able to reasonably tolerate a child's hostility and hate and consequently they will be better able to help the child talk about what causes the hostility and hate. By talking constructively about these feelings they help diminish their intensity and help the child clarify to himself/herself which experiences are generating the hostility. These experiences with the parent invariably help the child cope with these factors better.

Question: What happens if the parent just criticizes the child for being angry or hostile, such as: "You're just a rotten kid!" or "Nice people don't show when they feel angry; they just keep it in!" or "Nice people don't feel hostile"?

Answers from workshop participants based upon their own experiences.

Discussion: First of all, it's not true that "Nice people don't feel hostile". Parents who are unduly critical of their children's anger, hostility and hate, rob the child of the opportunity to get help from his/her parents on how to deal with these normal feelings, to decrease not only the experience of hostility and hate but also of eroding guilt and shame. Feelings of hostility and hate are best dealt with when they are taken seriously and dealt with **understanding**.

Additionally, parents who are hyper-critical of their children's behaviors, who are insufficiently satisfied with their children's efforts when these efforts are genuine, intensify feelings of hostility, hate as well as guilt and shame.

Question: What can parents do to help their child from developing too much guilt and/or shame?

Answers from workshop participants.

Discussion: As the child gets older, especially during the 4 to 10 or so years period, parents can be protective of the child's developing guilt and shame by helping the child learn to tolerate and accept rules and regulations to which the child should comply not only at home but especially in peer relationships as this need for compliance now surfaces daily. For instance, a visiting peer's stirring up one's child to anger by demanding that certain rules be abided by in a game, may be a good opportunity for a parent to benevolently help a child tolerate the displeasure that often comes with having to abide by established rules and regulations that come with that game. Helping a child tolerate disappointment, losing, can be protective against the development of hostility and even rage, and with these further guilt and shame.

Question: How can the parent best handle instances where the child's behavior or performance is not up to the level parents want or the parent(s) feel criticism of the child's performance and/or behavior are called for?

Answers from workshop participants.

Discussion: Parents can help a child learn to tolerate criticism for insufficiently attained performance, if they do this in a supportive and constructive way. This becomes increasingly important from the beginning of the child's formal education when so many new skills need to be learned.

In order for the parents' demand for better performance to be experienced by the child as helpful (thus constructive), the parent has to make the demand recognizing her/his child's sensitivities, address the criticism in sympathetic tones, even if firmly, with suggestions on how to improve the performance.

Then very important, is to give the child an opportunity to respond to the criticism, to discuss the child's performance with the parent, to let the child complain about the parent's expectations, to express anger in reasonable ways in reaction to the criticism, all these can be very helpful. It is very difficult for anyone of us to be found

wanting in our performance, for someone we admire to tell us we need to do better! We can't expect children to not feel somewhat emotionally wounded by even well intended and well done criticism. It simply hurts our healthy narcissism (pride). This is what invariably makes each of us feel some anger when so criticized.

To prohibit a child from reacting with anger, frustration, disappointment to parental criticism, is to make the child suppress feelings of anger and hostility which can only bring further problems rather than help. Helping the child to express his/her angry feelings in reasonable ways should be part of this difficult undertaking. We say again that it is very important to give the young child an opportunity to talk about things and to have the opportunity to express the feelings he/she has in acceptable ways.

In criticizing one's child, several parental factors contribute very positively to the child's healthy conscience formation. These are the parents' abilities to empathize and to be altruistic. Recall the **definitions**:

Empathy is the ability to perceive what another person may be experiencing and feeling.

Altruism is the ability to put another person's needs and interests before one's own.

Question: How does parental empathy play a special part in "criticizing" one's child constructively?

Answers from participants.

Discussion: By considering what the child will probably feel when criticized by Mother/Father, the parent will automatically approach the child with due consideration for the child's sensitivities, color her/his tone to the child's sensitivities and phrase the criticism accordingly as well. Parents should not fear making reasonable demands for performance and behaviors of their child. It is **how** these are presented to the child that they need to tailor to their child's personality.

Furthermore, the parent who is able to be empathic, who gives evidence of it day in and day out in her/his care of the child, will be a prime model for the development of empathy within the child. This will occur especially by the child's identification with that aspect of the parent's behavior. Of course the child can develop empathy even without this type of identification. However, the child who has the good fortune of having parents who are empathic will have a substantial advantage in this regard.

Question: What role does parental altruism play in the parents' criticizing his/her child?

Answers from workshop participants.

Discussion: Altruism along with considerateness plays a large role in the demands we make of our children. It is reasonable for parents to have goals for their children. In fact, children need their parents to have expectations of them in order to feel they are capable, valuable human beings.

But, aiming as high as one reasonably can, it is important for the parent to yield to the child's reasonable preferences for his/her own life goals. This becomes increasingly meaningful as the child gets older. Applying the principle of altruism here means that the parents needs and interests will yield to the child's needs and interests. And this applies

to the issue of criticizing one's child for his/her interests, goals, preferences.

Of course, we do not mean that parents should be forgiving of behavior that breaks the law, or is destructive of the self, or is inconsiderate of others. We mean, for instance, criticizing a boy who prefers to read a book than to play baseball, or a girl who prefers to play baseball than help Mom bake cookies.

Here as with the child's empathy development, the child's developing the ability to be altruistic is greatly facilitated when his/her parents model altruistic behavior toward him/her on a daily basis.

Discussions:

1. What is "helpful criticism" and "unhelpful criticism"? Give examples.
2. Discuss the principle of criticizing the behavior and not the child!
3. Practice ways to "criticize the behavior and not the child".
4. Use **role plays** of these with examples from participants' life experiences.

Question: What happens to the child's developing abilities to empathize and be altruistic if parents do not encourage and compliment these behaviors in the child?

Answers from workshop participants; can they provide examples?

Discussion: Parents who do not encourage and compliment these behaviors lose the double opportunity to approve of and enhance the invaluable adaptive capabilities of their children. Helping the child with these capacities will help the child develop a more benevolent conscience, one that makes them able to empathize with themselves and be altruistic toward themselves. This last thought may seem puzzling but consider the fact that our conscience acts as our internal policeman/policewoman. If our internal policeman/woman is harsh and only self interested, it will make rigid demands on the child and make the child feel a prisoner to this harsh, inconsiderate agent.

In addition, of course, well developed abilities to empathize and be altruistic will strongly facilitate the child's forming good relationships and increase his/her abilities to work and to learn. These very developments are the ones the child will have as an adult.

It is also worth repeating that complimenting and encouraging the child (only when sincerely meant and not as a false exaggeration) will further optimize the parent-child relationship and that the salutary benefits of this last through the entire lifetime. Many children will continue to develop these capabilities even without parental support but will be advantaged if their parents show evidence of valuing them as well, and indeed, show these qualities in their daily life.

Question: How hard or how soft should parents be as their children develop standards for themselves?

Answers from workshop participants.

Discussion: Parents should be alert to extremes in either direction. Just as aiming too high can be detrimental to the child's well being, one can equally harm the child **at all ages** by expecting too little, by not helping the child build a strong, substantial self image,

or discouraging the child's normal, built-in tendency to do so.

A reasonable balance between pushing too hard and not pushing hard enough is required to be helpful to the child. One of the best ways to achieve this, in addition to one's own thoughtful observations of the child's behavior, is to speak to the child about it. What does the child see for himself/herself in terms of achievement, in terms of what he/she wants to do and wants to become. Encouragement to strive somewhat higher, somewhat farther, can be enormously helpful.

Summary

The development of conscience perhaps more than any other part of the child's psychological-emotional development is most influenced by the **way the parents rear their child**. The development of conscience is thought of by many mental health professionals to be strictly **the product of human social interaction and experience**.

Parents must know that a child's conscience **develops** over time. This will inform them that they cannot expect their children to know right from wrong from the very beginning of life. This sense of morality develops step by step and will not become cohesively organized until the child is about 6 years old. And, much further development of conscience continues through adolescence and even into young adulthood and beyond. During the toddler years, from 1 to 3, the child **begins** to sort out, with the help of his parents (and other meaningful caregivers) what is right, what is wrong, what is acceptable and what is not acceptable behavior.

Parents must also know that if a conscience becomes **too harsh**, imposes too many restrictions, prohibitions, and produces too much guilt, **adaptation will be difficult**. Excessive loads of guilt, too hateful an attitude toward oneself, too rigid restrictions imposed on oneself, will impede the child's healthy emotional development and adaptation. Therefore, parents have the task along with the child, of securing the development of **a reasonable conscience**, one that is neither too weak nor too rigid, too unconcerned nor too punitive, neither too lax in expectations nor too demanding.

It is best that parents react reasonably to the child's own insufficient compliance with demands made by the parents. The reaction of mother and father, especially, will profoundly influence the child's own reaction to his or her own behavior. To repeat, if mother or father is too harsh, the child is inclined to internalize that reaction into his or her budding conscience. If the parent is too lax, that attitude is most likely to be internalized. Enormously important is that **the caregiver's reaction will be much more meaningful to the child when the caregiver is meaningful to the child, such as when it is mother or father, the "other person" of a "primary relationship."** The key factor is the degree to which the person who prohibits or disapproves is **emotionally valued by the child**.

Optional Discussion

1. How do participants encourage conscience-building behavior with their children?

2. Do the participants think their own behaviors are a model for their children? How so, do they think, with respect to conscience formation? Try to get examples from participants.
3. Discuss various conscience-developing activities with children at different ages.

PARENTING FOR EMOTIONAL GROWTH

WORKSHOPS

***ON THE DEVELOPMENT OF
SELF AND HUMAN RELATIONSHIPS***

by

**Henri Parens, M.D. &
Cecily Rose-Itkoff, M.A., M.F.T.**

Acknowledgements

The authors are indebted to Patsy Turrini who not only read and commented on our materials, but especially for proposing the model we used in presenting these materials. "Question asked by Facilitator, Answers by Participants, followed by Discussion containing what the authors' research and clinical experience lead them to believe to be growth-promoting factors", this model was proposed by Turrini. She envisioned these materials to be used at the Mothers' Centers—to which she and her pioneering work gave rise—in the hope of introducing child development optimizing knowledge accumulated during the past century by psychodynamic child researchers and clinicians.

PARENTING FOR EMOTIONAL GROWTH

WORKSHOPS

ON THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

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PARENTING FOR EMOTIONAL GROWTH

WORKSHOPS SERIES

INTRODUCTION

The materials presented in these *Workshops* are derived from *Parenting for Emotional Growth: A Curriculum for Students in Grades K Through 12* (Parens, Scattergood, Duff, and Singletary, 1997). This Curriculum was developed and written in order to formally, educationally prepare our young for the job of parenting, a job which like any other demanding, complex and challenging job requires much preparation, knowledge and skill.

Our aim, in this education for parenting Curriculum, is to spell out principles of how to optimize the mental development and health of every child. We aim to achieve this by securing the most growth-promoting parenting of which each child's parents is capable. The child we have in mind is the human child, the *Homo sapiens* child, whether Chinese, Hispanic, Italian, Lebanese, American, whether Muslim, Protestant, Jew, etc.

Our parenting education work is informed by the work of many international psychodynamic mental health researchers and clinicians. Important among them, Freud proposed in 1939 that parents are the representatives of Society to their children, and that the greatest contribution psychoanalysis would make would lie in the application of what psychoanalysts learn from their clinical work to the rearing of the next generation (Freud, 1933). In 1978 we were much encouraged to pursue our then beginning work in parenting education by a communication from Anna Freud, who when she saw some of our early parenting education materials responded quickly and with enthusiasm to our strategies toward prevention in mental health by means of formal parenting education for school age children. She endorsed our conviction of feasibility and told us that not enough is being done regarding the application of what psychoanalysts have learned toward the rearing of the next generation.

In addition, in the 1970s, Margaret S. Mahler (1978) was convinced that the education of parents would serve to achieve the prevention of major psychological, emotional, and social problems of our time. Like Brandt Steele (see Krugman, 1987), Mahler recognized decades ago that child abuse had become an urgent social problem.

We assert that optimizing the child's mental health, and therewith adaptive abilities, by means of optimizing growth-promoting parenting can be done **no matter what the family circumstances**. Growth-promoting parenting can be achieved whatever the socio-economic conditions or strains, respectful of whatever the ethnic and religious

mores and customs of each family, whether the family is intact or the parents are divorced, whether a single parent family, whether one parent works outside the home or both do, part time or full time, and whether the family avails itself of home substitute care-giving or daycare. None of the variations in all these home and family conditions modifies or makes unique requirements of **the basic principles of growth-promoting parenting**.

Similarly, whatever the child's inborn adaptive abilities and givens, from temperament variations to the wide range of biological givens from normal to dysfunctional and disordered, **the basic principles of growth-promoting parenting** are the same.

Basic principles of growth-promoting parenting can be spelled out better today than ever before. The Twentieth Century, among other things for which it will be remembered, is the era when we achieved the most advanced ever degree of scientific and humanistic knowledge and understanding of how the depth psychology of the human infant evolves into that of the adult, how the infant becomes the adult who adapts to society for good or for bad. Although more is to be learned, what makes for good or troubled mental health and development has been studied and detailed in this century more than in the entire span of the history of civilization. Our Curriculum is constructed to spell out in some detail central principles of development and how to optimize these in order to secure good emotional development and health.

THE GOAL OF GROWTH-PROMOTING PARENTING

Growth-promoting parenting is to *optimize* the child's inborn potential abilities to cope constructively with everything the child experiences whether it comes from his or her **internal** goings-on (e.g., fantasies and interpretations of events) or from his or her **external** environment (e.g., family life, neighborhood conditions, etc.). To optimize her or his own growth-promoting parenting, it is best for every parent to:

First, have **sufficient information on the human child's basic emotional and physical needs**. This is required to have a clear enough view of what will be expected of the parent as well as what to provide the child with over the course of development from infancy through adolescence.

Second, have **sufficient information on the details and dynamics of every child's adaptive and emotional developments** from infancy through adolescence, as well as of those variations that come with the uniqueness of each child. For example, a normal shy child's way of coping differs from those of an assertive-outgoing child. Such information is required to have some reasonable idea of a specific child's age-appropriate abilities and limitations and how to make the best of these.

Third, and perhaps most important, every parent must have **sufficient information on how to optimize**, how to help the child "be as good as he/she can be", in

the child's emotional and adaptive development. Both, a **basic general understanding** of how to optimize development and **individualization** of parenting, or tailoring parenting to each individual child, are needed.

THE MODEL WE USE

The model of human development, functioning, adaptation, and mental health, we use is a **composite** of much cumulative **psychodynamic** knowledge that has emerged from clinical work as well as formalized direct observational and laboratory research during this Twentieth Century. A number of specific areas of the totality that is the child have drawn the interest of individual clinicians and researchers during the 1900s. At times, such special interests have gotten much attention and have even come to be in vogue, to be believed to be more important than what has been known before. In some instances, efforts have even been made to replace well substantiated explanations of important aspects of human development, functioning, and what can optimize or damage these, rather than to add to the existing pool of information about this very complex system, the mental-psychological domain of the human child. We do not believe that any one of the remarkable psychodynamic developmental theories we now have, each addressing a particular aspect of the child's mental life, is more important than the others. We have found that our understanding is increased by availing ourselves of a number of these models as we try as best as we can to optimize each child's adaptive and developmental potentials.

A century of intensive depth-psychological (psychoanalytic, psychodynamic) clinical work with adults and children has taught us that humans are complex psychobiological organisms. Each is a single entity, the sum of a number of crucial sectors of experiencing and of development (i.e., of functioning at sequential levels of developing, coping, and stabilizing into increasingly more complex levels of functioning and of adaptation), which in their totality make up each person's qualitative mental health. Among the most crucial sectors of mental-emotional experiencing and development are those that pertain to one's own internal self, to one's human relationships, one's system of adaptive functions (including one's emotional and cognitive functions), one's evolving sexuality (which secures reproduction and the preservation of the species), one's aggression (which serves adaptation, securing one's mastery of oneself, of the world around and one's goals), and the gradual formation of one's conscience (which includes one's code of conduct and morality) and self-esteem. Just as we have found clinically that sexuality is not "the" most important sector of human experience, nor are the development and the vicissitudes of aggression, nor is the development of conscience and self-esteem, nor will a singular focus on attachment prove "more important than" any of the others. Each is enormously important and makes its unique contributions to our understanding of and our ability to help the total, single developing human being "become as good as she/he can be".

The **composite psychodynamic model** we use is one then, that has been developed piece by piece, has progressively become organized from 1905 to the present

(1997). Even if the pieces are not as fully developed as some of us wish, each has been forged sufficiently both in the research laboratory and in the clinical situation to be usefully applied to effect the promise Freud made to Society in 1933: that the greatest contribution psychoanalysis--which itself has developed enormously in its content and scope since that date--would make would be the application of what we learn from the clinical situation to the rearing of the next generation. We believe we have come to a point where we can propose strategies to do just that. The composite model we have seen gradually evolve over the past 40 years, a model 90 years in the making, is likely to stand for centuries to come, continuing to further evolve as we come to learn more about the child's biology and psychology.

THE WORKSHOPS

Whereas the *Curriculum Parenting for Emotional Growth: A Curriculum . . .* was conceived and developed by Parens, Scattergood, Duff, and Singletary--and a group of collaborating researchers and clinicians--for students in grades K thru 12, the *Workshops* are developed **for child caregivers of all kinds**, be they parents, daycare caregivers and administrators, teachers, etc. The authors of the Curriculum and of the Workshops, as noted above, aim their efforts at the **prevention of experience-derived emotional disorders in children**. As we have documented (Parens, 1988, 1993), we have learned that there is much teachable knowledge that can, and we believe must, be provided to current parents and future parents that will significantly lessen the frequency and intensity of experience derived emotional disorders in children. As we emphasized before, our principal aim is **to promote the development of good mental health and constructive adaptation in our children** by optimizing the way they are reared, by aiming toward their being reared by **growth-promoting parenting**.

These Workshops can be used in a variety of ways, in total or in part, with leeway for individual implementation by the Workshop leaders and participants. And they can be used for caregiver training purposes with many different groups of "students" including parents, daycare workers, teachers (especially early education), Nannies, etc. It is our intention that the Workshop leaders will use their creative skills to optimize the "fit" between any particular workshop and the participants. It is, however, important that the workshop leaders be well trained and sufficiently familiar with the subject matter; for this purpose they may want to refer to the actual *Curriculum--Textbook* and/or *Lesson Plans*--cited above, as well as *Aggression in Our Children* (Parens, Scattergood, Singletary, and Duff, 1987).

The major contents of the Curriculum have been divided into a series of sets of *Workshops* (Parens and Rose-Itkoff, 1997). To date these sets of Workshops are:

- I. *On The Development of Self and Human Relationships,*
- II. *On Handling Aggression Constructively, and*
- III. *On The Development of Conscience and Self Esteem.*

The first two sets of workshops are especially geared toward children from 0-3 years, though these can be extended up in years by participants and instructors; the third set of

workshops spans from infancy through early adolescence. In addition to these 3 sets of Workshops, others to follow include a set on *The Emergence and Handling of Sexuality in Our Children*, a set *On Optimizing Adaptive Abilities and Becoming a Responsible Member of Society*, and a set on *Basics of Early Child Development* (optimizing patterns of feeding, of sleeping, self care and regulation).

In order to be effective, the Workshop Instructors must, of course, be sufficiently familiar with the material presented in the "Discussion" sections of these Workshops. Instructors would be best informed by reading the *Textbook of The Curriculum* (Parens et al, 1997) from which the Workshops contents are drawn. As with any other educational effort, the better knowledgeable with the subject material, the better will they field the questions, address the participants expressed concerns, and integrate participants' concerns and interests and duly emphasize the salient points of each workshop. We would hope that during Workshop sessions all the text materials under the "Discussion" sections are covered during the course of answering the questions proposed. Additional questions by the participants would be most welcome, indeed ought to be sought, and addressed *ad lib* as best as can be by the Workshop Instructor. Likewise, it is highly desirable that additional information be added (via examples, case vignettes, etc.) depending on the participants' grasp of the material, interest, life experiences, etc.

Workshop Instructors may want to add additional role plays, interactive exercises, etc. and/or to spend more time on one area of interest or another. It is important to make these workshops "come to life" to the participants and to encourage active discussion between the workshop participants as well as with the Instructors. It is also important that the workshop Instructors make the materials as applicable to the participants' everyday needs and concerns as possible. For this purpose examples derived from the participants' experiences are most useful.

These workshops are intended for educational purposes and are derived from the comprehensive education Curriculum. They are not intended to be used for formal psychotherapeutic purposes except for Parental Guidance in the course of doing psychotherapeutic work with children and adolescents. This is so even though participants and leaders may, indeed, find that the Workshops materials invariably touch on intimate feelings and memories the parents have of their own childhood and of their own parenting efforts. Nonetheless participants may want to share varying experiences they have had with their children and parenting and, as we said, this should be appropriately encouraged. Workshop Instructors will find, though, that this can take up much time and, therefore, should be weighed against the time allotted for any particular workshop.

Workshop Instructors should bear in mind that parents need special attention and support as they learn how to be effective parents. Empathy (trying to read the parents' feelings), support and respect for parents must be provided during the Workshops as they become more familiar and comfortable with their role as parents who are learning from their children what they need and want. We believe, and say so to the parents, that to be a growth-promoting parent one needs to be "perfect" 75 % of the time. It is normal and

natural to "make mistakes" as a parent; making mistakes within an overall loving, respecting, and sympathetic parent-child relationship need not necessarily hurt the child. In fact, in such a relationship, how the mistake is handled between the child and parent and what kind of dialogue occurs and develops between them can be highly growth-promoting!

Finally it should be said that these workshops are meant to be information-imparting and useful. They are intended to provide parents with much information about normal children and their normal needs that can and should be a part of the parents' knowledge base when interacting with their children. Good, growth-promoting parenting is now well known to be the most powerful means to lessen the frequency and mitigate the intensity of **experience-derived-emotional disorders** in children.

We hope that these materials will be useful in a multitude of settings with vastly differing audiences. **Instructors must be cognizant and respectful of, and attuned and sympathetic to ethnic specific mores and customs** of the Workshops participants, refer to local idioms, proverbs, lullabies, cultural heroes, etc. to illustrate any points further. It is important that Workshop Instructors where possible come from the participants' communities, and that both instructors and participants will come from all walks of life, all socio-economic levels, ethnic groups, from all nationalities. With respect paid to our differences it is our intention that full attention be paid to what we all share in common which is the present and future well-being of our children. Growth-promoting parenting aims to optimize every child's inborn givens, to make every child a reasonable and responsible member of society. With this it aims to achieve a better life and a better world for all children, and it is our job to do all we can to achieve this end.

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Volume 1: The Textbook (7 Modules):

Introductory Unit, pp. 68.

Unit 1 -- 0 to 12 Months: The First Year of Life, pp. 153.

Unit 2 -- 1 to 3 Years: The Toddler Years, pp. 169.

Unit 3 -- 3 to 6 Years: The Preschool Years, pp. 112.

Unit 4 -- 6 to 10 Years: The Elementary School Years, pp. 74.

Unit 5 -- 10 to 13 Years: Pre-puberty, pp. 61.

Unit 6 -- 13 to 20: Adolescence, pp. 107.

Volume 2: The Lesson Plans (7 Modules) [Incomplete]:

Unit 1 for Grades K - 1, pp. 76.

Unit 1 for Grades 4 - 5, pp. 119.

Unit 1 for Grade 9 and up, pp. 108.

Unit 1 Laboratory Manual for Grade 9 and up, pp. 269.

Unit 2 for Grade 2, pp. 110.

Unit 2 for Grade 6, pp. 137.

Unit 2 for Grade 10 and up, pp. 198.

Unit 2 Laboratory Manual for Grade 10 and up, pp. 354.

Unit 3 for Grades 7 - 8, pp. 125

Further Lesson Plan Modules being developed.

**PARENTING FOR EMOTIONAL GROWTH --
WORKSHOPS SERIES**

GUIDELINES FOR WORKSHOP INSTRUCTORS

Introduction

These Workshops are developed for **child caregivers of all kinds**, be they parents, daycare caregivers and administrators, teachers, etc. We emphasize that our principal aim is **to promote the development of good mental health and constructive adaptation in our children** by optimizing the way they are reared, by aiming toward their being reared by **growth-promoting parenting**.

It is important that the Workshop instructors be sufficiently familiar with psychodynamic schools of thought and the contents of the specific Workshops. For better familiarization they most likely will find the Workshops source materials useful. These sources include *Parenting for Emotional Growth: A Curriculum for Students in Grades K Thru 12*¹ (the *Textbook* and/or the *Lesson Plans*) as well as *Aggression in Our Children*². From these come the materials presented in the "Discussion" sections of the Workshops. The better acquainted with these or similar materials, the better they will be able to not only field the participants' questions, but especially to address the participants' child rearing difficulties, concerns and interests, while at the same time emphasizing the salient points of each Workshop.

In the following Section we will suggest a set of guidelines that we hope will prove useful to the Workshop instructors. These guidelines are drawn from our experiences in conducting educational parent-child groups, from our developing *Parenting for Emotional Growth, A Curriculum for Students in Grades K Thru 12*, and most recently from presenting some of our Workshops to a widely diverse population in rural Appalachia. In the Appalachia project, the Workshop instructors Cecily Rose-Itkoff, M.A., M.F.T. and William Singletary, M.D. prepared for this event in

¹ Henri Parens, Elizabeth Scattergood, Andrina Duff and William Singletary (1997). *Parenting for Emotional Growth: A Curriculum for Students in Grades K Thru 12*, A Textbook and Lesson Plans. In-Progress printing by Parenting for Emotional Growth, Inc. Copyright Registration No.: TXu 680-613.

² Henri Parens, Elizabeth Scattergood, William Singletary and Andrina Duff (1987). *Aggression in Our Children: Coping With It Constructively*. New York: Aronson Press, Inc.

collaboration with Henri Parens, M.D.. The guidelines are derived from our shared impressions.

These Workshops can be used in a variety of ways, in total or in part, with flexibility for individual implementation by the Workshop instructors and participants. And they can be used for caregiver training purposes with many different groups of "students". We leave it to the Workshop instructors to find ways to optimize the "fit" of the particular Workshops used and the participants' needs and level of training.

We suggest that it will be helpful to the instructor to bear in mind that these Workshops are **models**; that is, they can be individually tailored to suit the particular audience that is being addressed. For example, while discussing material under the "Discussion" sections additional questions from the participants can be integrated along with examples drawn from their life experiences. Doing this, the Workshops are more likely to spring to life and take on an immediacy that is most responsive and helpful to the participants. The questions from the participants will typically be "experience-near" and the ways by which the instructors respond and engage the participants in a dialogue can further make the material useful and emotionally meaningful to the participants.

As with any educational and communicational effort, the Workshops are most helpful to participants when the instructors "speak" the language of the group and when they sympathize with the everyday and specific dilemmas, hardships, hopes and aspirations of the participants. Materials are always better taken in when participants are encouraged to raise questions, voice opinions, disagreements, etc. and the instructor, at all times, has a receptive stance toward the input of the participants. It is productive when the instructor conveys to the participants that they can all learn from one another and that the instructor is ready to learn from them.

The following guidelines were useful to us and are offered here as suggestions for optimizing the use of the Workshop format with various audiences.

Guidelines

1. As Workshops go, each Workshops Set in this Series is rather large, consisting of about 10 Workshops each. Ideally we would like to see all the Workshops contained in this Series planned over a number of months. Many of you will not be able to present so long a Series except in a long standing parenting educational and/or support setting. Therefore, Workshop selections will need to be made for presentation.

Each is sufficiently integrated to be able to stand on its own; this applies more readily for some Workshops than for others. The Workshop instructors task will be facilitated by learning from the participant-audience prior to Workshop time what concerns, difficulties, interests are most pertinent to them. In this way, the selection of Workshops can be more suitably geared toward your particular audience.

2. The instructor will be best prepared the more familiar he/she is with the Workshop materials. Toward this end, instructors are encouraged to become familiar with the *Parenting for Emotional Growth Curriculum Textbook* and *Lesson Plans*. It may be helpful for instructors to pull out the most important themes and "sub-themes" in each Workshop and to articulate them in the instructors' own information imparting manner. These themes can then be emphasized at various appropriate times during the Workshop and can also be reviewed during the final phase of the Workshop. As in all teaching, the firmer the grasp of the subject matter, the easier the presentation, and the freer will the instructors be to attend to participants' interests and to accommodate to the participants' pace of taking in of the materials.

Workshop instructors can expect that participants may ask questions and raise topics for exploration that tap the instructors' entire range of expertise. Instructors need not be able to answer all questions; it is expected that any instructor might not know a particular answer at the time a question is asked. It is perfectly professional to not know an answer and to say so. Furthermore, if time permits, an answer may be provided at another time after some research by the Instructors.

3. In conducting these Workshops, especially when done directly with caregivers, it is important that the instructors convey a **non-judgmental attitude**, aim to **supplement** knowledge, and **re-enforce the strengths already existing** within the participant group.

4. Information is much better received and assimilated when the participants know that such information and whatever informed suggestions instructors make are derived from **proven child development research complemented by decades' long clinical findings** rather than when they are presented in an authoritarian and dogmatic manner.

5. We all rear our children in highly individualistic and extremely personal ways. This is why there often is disagreement among parents in how to deal with specific child rearing situations. And because we invest emotionally so much in our children and the ways we go about doing so, **we are all very vulnerable to feel hurt by any criticism or disapproval of our parenting efforts**. This is so whether the criticism comes from one's own mother, uncle or neighbor. But it is especially hurtful **when criticism comes from "an authority" in parenting education**. Disapproval by Workshop instructors is painfully felt by participants--and may even lead to withdrawal from the Workshop. For these reasons it is important to not approach any participant, any question, or any discussion from a position of criticism or disapproval. It is always best to be respectful and to accept disagreement. In fact, we welcome disagreement since disagreement, when well addressed, can lead to a greater degree of clarification of points made.

6. We have found over many years of parenting education with persons who are already parents that making suggestions for a better way of handling any given rearing situation than the one proposed by the parent, that such suggestions are better accepted **when they are coupled with discernible parenting positives already seen** in the

particular parent. For instance, "The point you made earlier about (whatever it was) is really on the mark. And, I'd say growth-promoting, to be sure. Here though, you might find it helps your child better to set limits with loving firmness, for this reason (specific reason given)".

7. As mentioned before, these Workshop materials are intended for **educational purposes**. They are to be used to educate the participants about growth-promoting parenting and how to optimize their child's development. Although the contents of these Workshops can be used in a therapeutic setting in the form of Parental Guidance³, these Workshops themselves are not planned to be used for therapeutic purposes and instructors are best advised to use both an educational attitude and their expertise in guiding the discussions.

8. Finding the appropriate **balance between personal disclosure and educational goals** can be a delicate matter, especially where the subject matter is highly personal as it typically is with many of these Workshops. Skillful collaboration between Workshop instructors, where applicable, and a clear understanding of the purpose of the Workshop should be helpful in this regard. It can also be clarifying to the participants if the educational nature of the Workshop is clearly stated while also encouraging their active involvement. The instructor must use his/her best judgment as to whether to and when to introduce things about herself/himself or her/his family.

9. Because the Workshops will likely touch upon personal issues in the participants' lives the Workshop instructor is best advised **to have access to information regarding referrals and follow-up** in order to be further helpful to participants when and if appropriate and requested.

Knowledge of local agencies and services can also be highly useful. For example, while in Appalachia we were asked for specific advice regarding adjunct services for various cases and were fortunately able to turn to the local sponsors of the Conference to supply this valuable information to the participants when asked.

10. Where there are two instructors in any given Workshop, dividing tasks and labor between the two may be most beneficial. For example, one instructor may guide the formal discussions while the other may direct interactive exercises, role plays, etc. One may be better able to address overt specific, clinical issues while the other may be more attentive to nuances and un-addressed topics. Instructors may want to alternate who has the "Instructor" role and who the "Facilitator" role as well as other tasks.

³ *Parental Guidance* is an educational method that can often be highly useful in working with parents of children we see in psychotherapeutic treatments. H. Parens has been teaching this method now for several years to child psychotherapists and psychoanalysts. It is somewhat similar to what S. Fraiberg called *Developmental Guidance* (in *Clinical Studies in Infant Mental Health*. Published in 1980 by Basic Books, New York).

These Workshops, of course, can be lead by one instructor quite well and the Workshops are actually written with this in mind. But, depending on the size of the audience, the task may be quite taxing. A skillful team of instructors who work well together can be quite more productive and less taxing on each instructor.

11. It is invaluable to the success of the Workshop to set a congenial learning atmosphere. All educators know this, of course. How the participants view the instructor will depend, in part, on how the instructor portrays him or herself. The Workshop instructor, of course, must be sensitive to the parent's feelings as well as the child about whom they are talking? One instructor may prefer to introduce herself by her first name when addressing the participants and welcomed them to do the same. This particular point will, naturally, vary from one Workshop instructor to another and may depend upon a number of different factors. Some participants feel more comfortable if the instructor takes a more formal stance that is, in part, denoted by the use of " Dr.", "Ms." or "Mr.". We feel that a professional and helpful stance is always warranted and should not be compromised and that perhaps the use of names can be left up to the preference of both the Workshop instructor and the participants as well as the local custom.

12. While in Appalachia we dressed casually for our work attire but did not dress too informally. In other words, we wanted to dress similarly to the participants (and were told ahead of time that the participants would feel more relaxed with us if we did that) but did not want to convey the impression that we were there to simply take it easy. The seriousness of our work with them was neither diluted nor accentuated by our appearance and we felt that if our choice of attire could further put the participants at ease, we were glad to do that.

13. Being on site away from home, we made ourselves available to the participants throughout the conference. We ate meals with them, socialized with them and even enjoyed some recreational activities together. This of course has to be determined by both invited instructors and participants. When Workshops are conducted in the instructor's home-town, one can make oneself available without participating in out-of-Workshop activities. What is important here is not the actual activities, of course, but the instructor's stance in relation to the participants.

14. How the members of the group interact among one another is a critical variable. Group composition can vary widely depending on size, experience, educational levels, ethnic mix, etc. There may be widely varying audiences (as we had in Appalachia) and there may be more homogenous groupings. It may be very useful to screen the group beforehand, if possible, or at the time of the Workshop, to ascertain the group mix as well as what the group's interests and concerns are and the nature of their experiences (personal, professional, etc.) Where possible, the program coordinator can do this and share the results of this process with the instructor while planning the Workshop event.

We found that some participants wanted to spend more time role-playing and in small discussion groups while others preferred to cover as much of the didactic material

as possible. Some members asked for a private viewing of the audio-visual materials that we had brought with us and reviewed them after the conference had formally ended. Others voiced the opinion that they would have preferred more time spent on actual skills-building methods. Such issues need to be resolved at the discretion of the instructors even at the risk of displeasing some participants.

15. Joining with the group effectively can also be accomplished through non-verbal means. For instance, in Appalachia we arranged the chairs in a semi-circle to facilitate conversation among the participants. We did not sit behind the table set up for us but pulled our chairs out from behind the table and closer to the participants; we used the table as a place on which to put our teaching materials. In these concrete ways we hoped to be more receptive and available to the group.

16. Workshops are much enhanced when they can be made personally meaningful to the participants. An instructor who feels comfortable doing so can occasionally use personal examples from her/his experiences as a parent; doing this seems to increase the positive interaction between the instructor and participants and also illustrates points and concepts in a tangible manner. Many participants appreciate this teaching method and hear and even accept the material better because it informs the participants of the fact that the instructor has experienced being a parent and it gives more reality to the instructor's information. Likewise, anecdotes either from one's personal or professional life can best illustrate certain principles and increase the participants' understanding of the subject matter.

17. Workshops can be made more lively when the instructor feels comfortable illustrating certain child behaviors, as making young child sounds (e.g., types of infant's cries) or demonstrating particular attitudes and gestures. At times the instructor may choose to emphasize a point by such intoning of a sound or acting out an expression or gestures in an illustrative manner; it usually makes the point more dramatically. Although this is not a requirement, participants generally are engaged by and enjoy the instructor's attempts to illustrate dramatically even if they are amateurish! The instructor can also enlist the help of willing volunteers to assist in such illustrations. An important didactic point can be made more clear through the use of illustration and example.

18. Similarly, if the Discussion text can be augmented by inserting a particular point of much relevance to the participants, such should be done and a good illustration may be very useful to do just that. Generally, participants enjoy learning through examples and the sharing of these; the instructor can use his/her judgment to improvise upon this theme.

In such ways further issues may also be added to the discussions as needed. For example, with a particular group committed to the benefits of breast feeding it is wise for the instructor to ask the group if they think that positive feeling experiences can also occur between a parent and a bottle-fed baby. Lively and productive discussion usually follows this question.

19. Workshops, like with any audience, require of the instructor to be attentive to how the group is responding and feeling. For example, if participants appear restless, inattentive, unusually quiet, etc. it is often helpful to check with them to see if the material is making sense, if they would like to review a particular point, etc. It can help to briefly review the point that you are making and then to move to where the group's interest lies at that particular time. Although this point is debatable, we feel that it is most important to make and retain an emotional connection with the group and that the actual didactic content is secondary at those moments.

20. When discussing Workshop issues it may be particularly helpful to the participants if specific ages and developmental markers are indicated. It can help participants register the material better when specific age ranges are denoted. Discussion can also focus on differences between age groups and what a parent can realistically expect at a certain age range in terms of the child's emotional and cognitive development.

21. If instructors are addressing participants who generally face similar difficulties (e.g. raising children in an economically depressed environment) the instructor may find it advantageous to emphasize particular points rather than others. For example, in Appalachia socio-economic factors often came up during the Discussion and expression of the participants' reactions and solutions were encouraged. "What qualities make good parents?" was frequently raised and were these qualities primarily of a material nature, of an emotional nature, or what? That is, we talked frequently about whether buying children toys and giving them many material gifts is the most meaningful way of promoting a positive parent-child relationship or whether those "emotional gifts" of respect, understanding, empathy and love are more mental health promoting and socially adaptive. It is noteworthy that many parents from all socio-economic environments tend to give more weight to the importance of material giving than do mental health professionals. We need to convey to parents the enormous value and power of emotional giving to the child's developing mental health and well-being.

22. Using a blackboard or flip-chart can be useful in emphasizing certain points. Hand-outs are usually welcomed by the participants and can increase their ability to absorb the material through the activities of listening and writing. They are often glad to have something in their hands to bring away from the Workshop and this can further enhance recall.

23. Reviewing the *Curriculum Lesson Plans* (for High School Grades) and choosing various exercises to be either utilized verbally or in writing can be supplemental to the Workshops. This depends on the instructors' preference. In the Appalachia project we chose to use one written exercise from the *Lesson Plans* in an oral manner and found that this was highly effective especially because it was done with dramatic intonation and gesture. This *empathy-enhancing* exercise was used to increase participant appreciation of this crucial parenting ability and optimized the educational potential of this Workshop.

24. Finally, and not the least important, instructors are best advised to use all available methods to convey to the participants their respect for their ideas, life

experiences, innate wisdom, ethnic specificity and local customs. It is critical that participants feel acknowledged and respected by the instructor. There is no place in our work for judgments and criticism.

WORKSHOP # 1

OPTIMIZING THE PARENT-CHILD RELATIONSHIP

Question: What do you think is so important about the relationship you develop with your child?

Answers from workshop participants. Get them to go beyond "It makes you feel good" or such.

Discussion: The quality of the parent-child relationship is one of the most important influences on the **emotional and physical health** of the child. The primary ingredient, the "bricks and cement", in the formation of the parent-child relationship is the child's attachment to the parent and the parent's bonding with the child.

One of the most important factors that influence the quality of the child's attachment has to do with the **quality** of the emotional investment made in the child by the caregiver--that is, the way the parents feel about, react to, and treat the child, no matter what the age of the child. The Parent (or caregiver) must feel sufficient empathy, respect and affection for the child; the child will automatically feel all these then toward the parents.

A child requires being sufficiently valued emotionally, sufficiently touched, related to emotionally, shown signs of affection and love and must attach sufficiently emotionally to one or two particular parents (or other parent-figure) to develop as best as he/she can in all areas of his/her personality and to have the chance to develop optimally and attain his/her inborn developmental potential.

Question: Does the parent need special training and gimmicks to be a good parent?

Answers from workshop participants. Get them to provide examples or workshop leader, provide example(s).

Discussion: No. However, the parent must provide good-enough basic physical care for the child and a positive-enough emotional relationship, that is, the parent must rear her/his child lovingly, respectfully--no matter how old--, and in growth-promoting ways (which is what these workshops are about).

Even in the most difficult of external circumstances a child can develop well and grow to be a productive member of society.

Question: What is a positive-enough emotional parent-child relationship?

Answers from workshop participants. Get them to provide examples or workshop leader, provide example(s).

Discussion: A positive-enough emotional relationship is provided when the child is loved, recognized to be an individual, respected and understood both emotionally and intellectually.

As part of addressing this question **discuss attachment** and its importance to constructive personality formation.

Question: What would you consider to be a negative emotional parent-child relationship?

Answers from workshop participants. Get them to provide examples or workshop leader, provide example(s).

Discussion: A relationship in which the child does not feel valued, loved and respected by the parent. The child then does not develop a good feeling of trust in the parent(s) and the parent(s) feels disappointed, overly burdened and frustrated by the child.

Question: What is "good" parenting?

Answers from participants.

Discussion: "Good" parenting means **to optimize**, to make as good as one can, the child's inborn givens, his physical, emotional, cognitive and adaptive development. Good parenting requires a lot of time, thoughtfulness, problem solving abilities, patience, creativity and a sense of humor, tolerance for storms of feelings, and more. Love, respect, consideration, and the ability to empathize (which we'll talk about later) are very important to optimize all these developments.

Question: If there was one overall rule of parenting, what would you think it might be?

Answers from participants.

Discussion: We think a great "Golden Rule of Parenting" is: **Treat you child the way you would like to be treated if you were the child.**

Question: What skills and tools for coping do children get through a positive emotional relationship with their parent(s) (caregivers)?

Answers from group. Ask for examples (and be prepared to give examples).

Discussion: Much clinical experience and now formal studies show that children who have positive emotional relationships, or good attachments, are more likely to develop good adaptive skills and tools. Through positive emotional and verbal interactions with their children, parents directly foster the healthy--as healthy as it can be for any given child-- development of:

1. A healthy, self confident and respecting sense of self.
2. Good basic trust and human relationships.
3. Constructive adaptation to life.

In addition, sufficiently positive relatedness (loving, respectful, considerate) relatedness and attachment

1. Counters the development and accumulation within the personality of excessive hostility;
2. Lessens the hostile side of relating and feeling and fosters good relationships;

3. Promotes the formation of a healthy, reasonable conscience;
4. Fosters healthy nondestructive aggression (assertiveness, goal achievement, etc.) and more.

Question: What can one do to make the parent-child relationship loving and positive-- and when it is so, it is mutually so for both child and parent?

Answers from participants.

Discussion: Most typically, it is the most effective and growth-promoting parenting that will promote a satisfying relationship between parent and child, where the parent tries well to understand her/his child. Understanding the child's basic physical and emotional needs, experiencing at any given moment, and the child's behaviors, being able to empathize with the child including the child's temperament and patterns of development all lead to a more positive relationship between parent and child.

Class Discussion:

1. Why is talking together, including mother/father talking to the child even before the infant learns to talk, so very helpful?
2. Why should parents communicate emotionally and in words even with their infants and toddlers?
3. Why is it useful to put feelings into words?
4. Considering the expression of anger, is it useful to help the young child learn to be able to put these feelings into words rather than express them in actions, like lashing out at someone?
5. Discuss some examples of how to handle a young child being angry with her/his parents:
 - When mother goes out and the toddler experiences (separation) anxiety;
 - When mother is preoccupied or withdrawn from the child;
 - When mother is taking care of a sibling's needs.

Get more examples from the participants.

Discuss the best ways to help the child with these feelings.

Give examples of how a mother/father can talk to the child about his/her anger toward the parent(s).

(The parent will be most helpful if she/he can empathize and sympathize with the child and offer comfort.)

Role Plays

In small groups participants will devise scenes that emphasize the following skills:

Helping parent tolerate and deal constructively with expressions of anger and of hate from the child.

Setting limits on excesses and physical expressions of hostility.

Help the child express full range of emotions in reasonable ways, including without causing harm to him/herself and others.

Interactive Exercises

In groups, what is your immediate reaction when . . . ?

You (as young child) are upset and angry. You turn to your parent for help, comfort, support, encouragement, etc., and you get:

- a. No response: parent is preoccupied or impervious to child's distress.
- b. Defense of other person: parent plays "devil's advocate" and leaves child isolated in his/her reactions and feelings, etc.
- c. Many questions: the parent overwhelms the child with questions barely allowing child to tell the parent what she/he is thinking and feeling.
- d. Advice: the parent "takes over" and ignores the child's input, etc.
- e. Denial of feelings: the parent ignores and/or discounts the child's feelings.
- f. Pity: the parent "feels sorry" for child, disregarding the child's emotions.
- g. Apathy: parent shows no concern or reaction to child.

Class will discuss optimal responses to the examples above.

Discuss the process of **identification** between parent and child.

Wrap-Up: Place emphasis on **reciprocal communication**, including verbalization, between parent and child and how this fosters healthy development in the child.

POSITIVE FEEDING EXPERIENCES

Question: Why are feeding experiences important to the emotional well-being of the infant?

Answers from participants. Can they provide examples? How did they feel during a "positive feeding experience?"

Discussion: The feeding experience is one of the earliest experiences which influences the quality of the infant's beginning attachment to those who care for him and from these the child learns to expect or not to expect being gratified and emotionally nurtured.

What occurs between the infant and caregiver is much more than the physical feeding; a profound emotional interaction is taking place and significantly influences the quality and meaningfulness of the relationship between the infant and caregiver over time. This experience is one of the key experiences that become recorded in the infant's mind and eventually influences his/her feelings about himself and his family and those around him and will most likely have an influence on how he experiences events inside and around himself throughout his lifetime.

Question: What are the key elements that go into the emotional interaction between the infant and caregiver?

Answers from participants with examples.

Discussion: Besides being provided with life-sustaining physical nutrients, the baby feels the mother's (caregiver's) holding, feels physically and emotionally supported, warmed, valued, and comforted by her. The infant also feels what the mother is feeling (her mood, her attitude toward the baby, and attention or preoccupation). And the mother feels not only her pleasure in holding and feeding her baby, she also feels what her baby feels. Each feels what the other is feeling. This facilitates the development of **empathy** in the child and its further stabilization in the parent.

Question: Why do you think then, that as positive as can be feeding experiences are significant?

Answers from participants.

Discussion: Most importantly, because they facilitate good emotional developments of all kinds, they facilitate good mental health.

We should emphasize that even children who have feeding problems can develop a very good attachment to their parents (and other caregivers) and develop very well. But it may be a bit more difficult. For instance, infants who start out with colic--which usually lasts for about the first 3 months of life--can readily develop very good relationships when the parents continue to try as best they can to feed as well as they can, continue to value, try to comfort, love and emotionally engage as positively as they can with their baby.

When the feeding experience for the most part is gratifying, when it is done in the arms of an emotionally tuned-in loving parent, these factors greatly facilitate the formation of a positive emotional attachment between the infant and the nurturing person. The major benefits are that a good emotional attachment to the caregiver contributes centrally to the development of a positive sense of one's self, of basic trust, and to the formation of good human relationships. The development of a positive sense of self leads one to become a person who in turn can be trusted, counted on, and will, then be able to nurture and to give to another. In sum, the total emotional development of the self is influenced by the quality of the emotional attachment between child and parent; this in turn, can be much influenced by the quality of the feeding experience.

Question: Should the mother be the only person who feeds the baby?

Answers from workshop participants. How do other family members get involved? Who is the primary feeder? How does this seem to affect the baby?

Discussion: Generally, the most important relationship in the first year of life is with the mother. We all know that the baby--in most cases--is developed within the mother's own body and that there are bio-genetic as well as psychological dispositions that make mothers more infant-responsive than most fathers. (This issue can be discussed further with consideration and caution [these days]).

It should be clear however, that fathers who really get involved in the care of the

infant from the very beginning of life become enormously important to the infant from the very beginning of life too. The infant is not limited in his ability to attach to just one person. As the attachment between mother and baby stabilize over time and, assuming it is a positive and emotionally gratifying relationship for the two of them, good experiences--including feeding--between baby and father, as well as good experiences between baby and siblings, facilitate and stabilize favorable attachments and the development of positive relationships with them as well as with others. This will also enrich emotional and personality growth.

Group discussion: Discuss various feeding techniques that participants prefer. What are the benefits?

- How does the baby prefer to be fed?
- Have participants developed ways to enjoy feeding the baby?
- Do they ever fear that the baby would become overly attached to the feeding process? How was this handled?

Demonstrate ways to hold baby during feeding that will optimize the positive experience for both baby and mother (caregiver.)

Illustrate ways that might foster negative feelings.

Further discuss participants feelings and thoughts about breast feeding and that it is absolutely possible to have a nurturing relationship without breast feeding.

EMPATHY

Question: What is **empathy**?

Answers from participants.

Discussion: **Empathy is the ability to perceive, to feel, what others seem to be feeling.** Human beings are born with the built-in ability to feel the way others feel. This is due to what we call the "contagion of affects." When you walk into a room where people are laughing, you will feel like laughing too; when you walk in where people are mourning, you too will tend to feel sad. This makes it possible to feel what others are feeling. It is invaluable in our ability to interact with others and it is essential for growth-promoting parenting.

Question: Why is empathy important to child-rearing?

Answers from participants. Try to get examples from them. Have one good example to give.

Discussion: When we know how an infant or a child feels we know better how to interact with that child and what to do to help that child in a growth-promoting way.

The parent's empathic responses--that is, responses that are based on perceiving and feeling what the child is feeling--to their infant's expression of needs increases the

child's comfort and helps him feel valued and good about himself. This begins a pattern of loving, respecting, and responsible relatedness with others.

Question: How can the parent/caregiver know what the baby is feeling before the baby is able to talk?

Answers from participants. Examples.

Discussion: Imagining what the infant and small child is feeling is a crucial step in being able to understand and help the child in growth-promoting ways.

When parents/caregivers imagine what they would feel if they were in the infant's place, they will much more easily learn to understand what the infant is feeling.

Because "feelings are contagious" how you find yourself responding to a child's feelings will give you a clue as to what he/she is feeling. This empathy will enable you to better understand and help your child.

EMPATHY EXERCISE:

1. Look at the child's facial expression--eyes, mouth, cheeks and forehead.
2. Look at the child's posture and movements.
3. Listen to his/her sounds (including moans, sighs, coos, etc.)

Now, imagine yourself feeling the way the child seems to be feeling.

How did the infant's affects make you feel?

Discussion: All people, including infants and small children, have reasons for doing what they do. Try to understand the reasons that account for the child's behavior.

Because "feelings are contagious", how you find yourself responding to a child's feelings will give you a clue as to what he is feeling. Your feelings, that in part come from your empathy, will enable you to understand and help your child.

HOLDING THE BABY

Question: Why does the way(s) we hold the baby matter?

Answers from participants. Urge them to provide examples.

Discussion: Especially during the first few weeks and months of life the infant is completely helpless and depends upon the nurturing environment (the mother) to satisfy all his/her needs. The normal infant is equipped at birth to attach emotionally to the nurturing individuals who attach and invest emotionally in the child. Crying, smiling, clinging, visually following and sucking are all mechanisms that forge the mutual attachment of mother and child. Notice how each of these built-in reactions is directed at "someone". How that "someone" or "other" reacts to the infant is very determining of

how this built-in system of attaching continues to unfold, becomes organized, and develops into a specific type of attachment, from "secure and comfortable" or very good, to "insecure, overly anxious, worrisome", not so good. How one holds the baby is one of the major ways that conveys to the baby how one feels about the baby. And babies feel that to their very bones!

All in all, it is especially according to the degree to which the child is emotionally invested by the parent that the child will reciprocally emotionally attach to that parent. The parent(s) is most advantaged--and so is the baby--when the parent is well capable of empathy, respect, affection for, and values the emotional dialogue, the reciprocity of being with the young child. In fact to put it simply, **the child needs to be sufficiently valued emotionally, sufficiently touched, interacted with emotionally, shown signs of affection and pleasure in the arms of the loving mother (and father).**

Question: Can infants "tell" if they are being held in a loving manner or not?

Answers from participants using examples.

Discussion: Infants can sense a great deal about the care-giving environment through their feeling senses, the sense of touch and of sound, and the affects (the feeling tones) they resonate with. They can feel what the caregiver is feeling. If they feel cared for, taken care of and attended to sufficiently they begin to feel that the care-giving environment is a reliable place where they will have their needs met and be valued. The infant begins to develop a sense of **basic trust** about the world and later about him or herself. (This will be discussed more fully in Workshop 3.)

Question: Do infants and very small children have feelings? We speak of feelings as "affects". How do we know they can have feelings (experience affects)--especially when they have not yet begun to talk?

Answers from participants using examples.

Discussion: Infants and small children automatically express feelings--they are born to do so to insure their survival and well-being. One of the major functions of affects, of expressing feelings is to communicate his experiencing with his/her caregivers.

In addition, infants develop a range of affects (feelings and moods) during the first year and although they can't talk, they express them in various ways. **Body language and non-verbal signals and cues tell us much about how infants feel.**

Parents can and are better equipped to help their infants when they recognize and understand these signals and cues in their own children.

Infants have feelings from the beginning of life, and these continue to develop throughout childhood, becoming more and more complex as time goes by.

Summary: It is very important that we hold the infant in a warm and loving manner. The infant absorbs a great deal through how he/she is handled and this will have an impact upon his/her developing personality. Through each loving interaction at the hands of the caring parent the infant begins to organize his/her experiences with the outside world and develop a sense of himself as a person who is valued, respected and loved.

The emotional interplay of communications--the mutual dialogue between parent and child--begins and starts to develop well before a child is able to speak. This important dialogue occurs in large part through the sense and the quality of touch and of affects.

ATTACHMENT/BONDING

Question: What is a positive emotional parent-child relationship?

Answers from workshop participants with examples.

Discussion: A positive emotional relationship develops when, from birth, the child is emotionally valued, handled with affection and consideration, recognized to be an individual, respected and when efforts are made to understand her/him, emotionally and intellectually.

A positive attachment between child and parent, from early infancy on, is a critical factor in constructive personality formation. Some developmentalists say that, **given the child's inborn (bio-genetic) endowment, the parent-child relationship is the crucible in which the child's personality becomes formed.** (Discuss what this means.)

Question: What do we mean by "attachment"?

Answers from workshop participants using as much description as possible.

Discussion: We use the word **attachment** to describe **the infant's** forming an emotional relationship with his/her particular caregiver(s). Some people loosely use the word "bonding" to mean that. We use the word **bonding** to mean what **the parent** experiences in forming a relationship with the baby.

One of the most important factors that influence child-rearing has to do with the quality of the emotional investment made in the child by the caregiver.

The deeper and positive the emotional investment the parents make in the child and the child makes in her/his relationships, the greater and more optimal the development of the child will be. (We've talked already about the ingredients of what makes for positive relationships.) Once the child has attached well to the parent and the parent has invested well in the child one can expect the infant to have one of the most powerful factors that make for the child's developing as optimally as is possible, assuming that other basic needs (food, shelter, basic comfort, etc.) have been adequately provided for.

Question: How does the attachment process begin?

Answers from workshop participants. When did they first begin to invest emotionally in the infant? When contemplating becoming pregnant? Was it during pregnancy? At birth? When the infant first smiled?

Discussion: The infant is equipped at birth with an instinctual force that serves the

preservation of the species. It is a biological attachment-forming force that arises from within each of us. Some of us speak of this force as an instinctual attachment system; others among us call that force the "libido".

We think that the infant's libido drives the infant to attach to the foremost care-giving person(s), most typically the mother. The helpless crying infant triggers a nurturing response, especially on the part of the human female, although many males respond to it similarly too. This tendency in the human infant to convey nurture needs is a strong attachment inducing mechanism with which every human infant is equipped at birth. Crying, smiling, clinging, visually following and sucking are all mechanisms that forge the mutual attachment of mother and child.

However, for our purposes what is most critical to discuss is the **emotional investment** made in the child by the mother. This emotional investment is the critical component in the attachment/bonding process. It is by her own emotional investment in the child that the mother will support and promote the child's built-in readiness to emotionally invest in her. So, if you eventually want to really be loved by your child, start the loving dialogue even before the baby is born.

Question: Are you saying that the mother has to take an active part in her interaction with her infant to facilitate this process?

Answers from workshop participants using their own examples.

Discussion: Yes, the mother most definitely has to take an active part in forging the attachment and bonding between herself and her infant. She starts quite naturally by loving the infant and making the love readily evident to the infant. She does this by holding the infant tenderly, by responding to the infant's physical needs (for warmth, food, comfort), by showing affection, attention, consideration to her infant.

(This topic will be further addressed in Workshop # 4.)

WORKSHOP # 2

THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

SOME BASIC IDEAS

Discussion: In this section we will briefly review some of the major observations made by several key child development researcher-clinicians. We shall briefly detail and talk about the theories developed by Drs. Rene Spitz, John Bowlby, Erik Erikson, and Margaret Mahler. Each of these researcher-clinicians has made valuable contributions to our understanding of child development. Let's consider each in the order in which they appeared on the research scene.

Dr. Rene Spitz, a Swiss-American Psychiatrist-Psychoanalyst, in the 1940s was among the first--Anna Freud and her group then also began to do this kind of observational research--to start the type of research we ourselves--the authors of these workshops--value so much, namely, research carried out by a professional who was foremost a clinician. He was the first of three persons who made groundbreaking observations on what Bowlby called **attachment**. He proposed that during the period from birth to 6 to 12 or so weeks the infant seems not yet aware of the world outside himself. From about 12 weeks or so on, the infant begins to sense that there is an outside world, and the human face now elicits that remarkable phenomenon, what Spitz called the **social smiling response**. At this time the infant will react rather indiscriminately with such a smile at anyone who comes to him. This **social smile** then is not at first directed specifically to a favorite person. From about 3 months to 6 months then, progressively, the infant begins to show a special attachment to his mother, father, and siblings, by giving them **specific smiling responses**, interestingly quite discriminately now, so that Mother gets the biggest, brightest smile and the rest according to the amount of care they give the baby and how the baby seems to feel about them. (We shall talk about this in more detail in Workshop #4)

Another behavior that gives us evidence of this attachment, Dr. Spitz pointed out, is the **separation anxiety** the infant shows when his mother leaves him, and by his enthusiastic or angry **reunion response** when she returns. This growing attachment to his mother (and father and siblings) helps the infant develop a sense of himself as an individual. Most important is that during this process of forming this attachment, the child feels himself or herself more and more defined, more and more feeling a sense of self. At the same time, this attachment makes separation from Mother difficult before he develops the ability to know and trust that his mother always will return; the child will then exhibit separation anxiety. He will also exhibit anxiety when encountering **strangers**, that is, people the infant has not yet come to know, because they are not among those to whom he is gradually becoming attached. (More detail in Workshop #4).

Like Spitz, **Dr. John Bowlby**, a British Psychiatrist-Psychoanalyst, also a child researcher-clinician, found in the 1950s very much the same enormously important fact; that the child's **attachment** to his mother **and the quality** of that attachment, plays an enormous role in the child's coping, his well-being, and beginning personality formation. Although Drs. Spitz and Bowlby differ in the explanations they give us as to how, that is, by what inborn mechanisms this attachment occurs, the many points on which they agree establishes this fact as one of the most important to occur in the child's early life. It is therefore very helpful for parents to know about this. Because attachment begins from the time an infant is born, it is well for parents to know this **before** their baby is born.

In a parallel way, an equally deep attachment to the father who is involved in the care of the baby unfolds side by side with the relationship with the mother. This also happens as the infant comes to value his siblings. All of these relationships make a powerful contribution to the development of what we all eventually come to feel is our **self**. As Dr. Margaret Mahler detailed (taken up in Workshop #6), **infants have to be well enough attached before they can become healthy separate individuals**.

Another person, who in the late 1950s added richly to our knowledge of child development, is **Erik Erikson**, an American Psychoanalyst, who described the importance of the development of **basic trust**, or its lack, **basic mistrust**. This occurs when an infant gradually learns to really be confident that first his mother, then others in the family are persons he can count on to take care of him in a loving and respecting way. This helps him feel secure, and a sense of trust in not only others but also in himself begins to take place. Then he feels encouraged to do things and learn things, and make relationships with other people, as an individual human being. We will further discuss this critical development in Workshop #3.

Time-wise the latest of these four major contributors, during the 1960s-1970s, **Dr. Margaret Mahler**, a Hungarian-American Psychiatrist-Psychoanalyst, studied infants and young children very closely and developed a model for how the young child forms his/her first relationships and develops the sense that he/she is an individual. She called this developmental process the **Separation-Individuation theory**.

Bird's eye view, the Separation-Individuation theory consists of two preliminary phases, **the normal autistic phase** and **the symbiotic phase**, and these are followed by the **separation-individuation phase** itself. In Dr. Mahler's model of this separation-individuation phase of child development is the time when the infant gradually comes to realize that he and his mother are not as if one unified entity, but that rather, he and Mother are two separate persons. This gradually leads to his developing a sense, a feeling of being an individual who at the same time has a deep sense of having relationships with key persons in his life. This is a very important development that begins in a small way at about six months and is quite well developed by the age of three years.

Because the separation-individuation phase is so complex, Mahler subdivided it into four **subphases**. During these subphases important changes occur in the small child which increase his/her ability to conceive of the separation between him/herself and the mother. The infant, who according to Dr. Mahler's view starts out believing that he and his mother are one, goes through these several stages and eventually ends up with the

realization that they are separate persons who are attached by a strong **emotional** bond, but **not a physical one**.

(Because we will devote Workshop #7 to the Separation-Individuation theory we make only a few comments here.)

Dr. Mahler held that the basic process of separation-individuation occurs during the first 3 years of life. During this time the infant progresses from experiencing the self and mother as one unit, as a twosome (dyad) enclosed as if in a unifying membrane, that gradually evolves into experiencing the self and the mother as two separate distinguishable human beings related to each other in a deeply meaningful emotional relationship.

Dr. Spitz has shown us that the smiling, separation and reunion responses and stranger anxiety are signals that attachment is developing, and along with Dr. Bowlby, emphasized that an emotionally valued (eventually loving) and stable attachment is essential to healthy emotional development.

Dr. Erikson has shown that the development of Basic Trust is necessary for a healthy, positive sense of self. The development of basic trust means the development not only of trust in others but equally of trust in oneself.

Question: How is a sense of self influenced by our developing relationships with other people?

Answers from workshop participants. (**Instructor: caution here!**) Can they, **if they wish**, describe how they felt themselves to have been influenced in their development through their relationships to essential others? How do they feel they have influenced the development of their own children? Or, of their siblings?

Discussion: How one experiences oneself and who one becomes on the one hand, and how we experience and form relationships to others, evolve hand in hand, influencing each equally. **There is a parallel and reciprocal/mutual relation between the development of the self and our relationships to others:** this principle of parallel and reciprocal/mutual development applies in a number of areas of human development and relationships. It also applies to the development of basic trust which means not only that one learns to trust others but equally to trust oneself.

For this reason, mental health professionals have found the development of a healthy emotional life to be dependent on the child's (and adults) relationships to those closest to him or her. For example, mental health professionals tell us that if you feel good about yourself, you feel like reaching out to other people; if you like and respect yourself, you will like and respect other people; if you have found that you can trust your mother to come back whenever she goes away, you will be learning that you yourself are worthy of trust, etc.

Discussion: Picture a ten month old infant who has not been fortunate to grow up in a loving family. He is in a children institution where the over-worked staff has time to do only the basics of feeding and cleaning the babies. Sometimes a tired caregiver will scold the child for having a B.M. in his diapers, although he is too young to be trained. This makes him feel shamed and unwanted. He would like to be talked to and comforted, but

no one has time for that.

Question: What kind of sense of self will that child develop?

Answers from workshop participants. Encourage them to use empathic skills and to imagine how they might feel if they were in that infant's position.

Discussion: He will not be able to develop a healthy sense of self and all that comes with it. Encourage further discussion.

Question: Why?

Answers from workshop participants. (Try to get more than "because of what you just said.")

Discussion: The infant will have not had the basic one-to-one attachment necessary for the development of a healthy self. Encourage further discussion.

Question: What kind of relationships with other people will this child have?

Answers from workshop participants. Encourage them to think this over carefully.

Discussion: We know that the development of the self is intimately and directly influenced by the quality of the child's human relationships and that the experiences that the child has in these early relationships contribute enormously to what his future relationships most likely will be like. Since the institutionalized infant does not have good, trusting, loving relationships, from where will his sense of being valuable, lovable, and trustworthy come from? Since he will feel frustrated in his basic need to feel cared for emotionally, to be held and comforted, he will no doubt experience intense feelings of unpleasure which will then generate hostile destructiveness in him. This alone will make him feel he is unlovable and undeserving of trust! Nor then, will he trust others. And he may well gradually come to not care for others, or even hate others.

HOW CHILDREN BECOME LIKE THEIR PARENTS

Question: What do mental health specialists mean by "identification?"

Answers from workshop participants, if any.

Discussion: One of the principal mechanisms at work in how relationships influence the child's developing personality and character is **identification**.

Identification is a psychic mechanism (it works without our being aware of it) whereby we take into ourselves features of a person who makes a meaningful impression on us and whom we want to be like.

Question: How is this pertinent to child development?

Answers from workshop participants. Have they observed their child identifying with aspects of themselves? How have they responded to their child?

Discussion: It is by means of identification that the child takes into his/her personality the dictates, demands, expectations and characteristics of the caregiver(s) to whom the child is emotionally attached, especially so with regard to Mother, Father, and even siblings. Thus identification profoundly influences the child's developing personality.

According to psychoanalytic developmental theory, a person generally gives up a past relationship to a highly invested (valued) person by identifying with that person. That is to say, a representation of that valued person is **internalized** into the mind by virtue of the many experiences one had with that person. For instance, we **remember** how that person smiled when we said this or that; or how that person cheered us on when we did something good, etc. In this way, over time, we internalize the experiences we had with that person. Once that valued person's image and actions are internalized we have a representation of that person in interaction with us in our brain (mind). When that person is felt to be lost (forever), to not completely lose that person emotionally, we take some part or parts or characteristics of that representation into our own self-representation, the image in our mind of ourselves. Thus, we **identify** with the valued person by taking that part into our own self-image.

This applies to what happens during the separation-individuation phase. In other words, by taking on some aspects of the mother into the child's character the tight dyad the young child experiences can be melted in a gradual progressive manner to allow the child to experience herself/himself as an individual and to experience mother as a separate individual.

Question: When does this process take place?

Answers from workshop participants. Have they noticed this with their children? If so, when?

Discussion: According to Dr. Mahler, this process occurs from about 18 to 36 months, during the later stages of the Separation-Individuation phase. (We shall talk about the separation-individuation process in Workshop #6). For now, let us say that this leads to the child's dissolving the sense of being one with the mother. This dissolution can occur by means of a basic **identification** in both normal boys and girls with the mother and makes an important contribution to the personality of the child.

This process will also occur with children and their fathers if they have been actively engaged with the infant from the beginning.

Psychodynamic clinicians believe that the process of identification takes place throughout the entire lifespan of the individual with those the individual highly invests emotionally. In addition to the genes we inherit from our parents, identification is the key psychic mechanism by which a child becomes a member of his/her specific family, as if bearing the stamp (Freud said) "Made in the Jones family, U.S.A".

Question: Is the process of identification better for children if they have had a positive relationship with the mother?

Answers from workshop participants. How would a positive relationship influence the quality of identification for the child? How would a negative relationship influence the quality of identification for the child?

Discussion: It is always better for the child (and the parent) when there is a positive relationship. The more optimal the human relationships the more optimal the identifications and, consequently, the more optimal will be their influence on the development of the character and personality of the child.

WORKSHOP # 3

BASIC TRUST AND BASIC MISTRUST IN OTHERS AND IN ONESELF

Question: What do we mean by "basic trust vs. basic mistrust?"

Answers from workshop participants. Have they ever heard this term? What do they think it refers to?

Discussion: The concept "basic trust vs. basic mistrust" was developed by Dr. Erik Erikson (and also by Dr. Theresa Benedek). **Basic trust** means that the child develops an inner conviction that the nurturing caregiver will meet his/her needs to a sufficient degree, in other words, that mother (and/or father) will sufficiently protect, nurture and give care. Equally important is that with basic trust (of others) comes the inner feeling **that the infant is deserving** of this trust, that the infant in turn is trustworthy.

This inner "sense of basic trust" as Erikson taught us, describes a crucial quality of inner feeling that an infant acquires about himself/herself and others around him/her. This marvelous inner sense, inner feeling, develops gradually during the first year of life.

Again, crucial is that hand in hand with progressively trusting that mother will give good care, the infant begins to experience a sense of feeling worthy of being cared for, of being worthy of trust, of being valuable and lovable.

Basic mistrust, on the other hand, means that the infant comes to feel that the persons in his/her environment will **not** be sufficiently protecting, nurturing and care-giving. And, it brings with it a sense of **not** being valuable, of not being worthy of love and care.

Question: What happens to the infant's development if he/she does not develop basic trust and develops basic mistrust instead?

Answers from workshop participants. What do they imagine would occur?

Discussion: Basic mistrust, just as the words say, means that the infant comes to feel and believe that people cannot be trusted and that the infant himself/herself should not expect anyone to be thoughtful, considerate or caring about him/her. This creates a basic core in the personality that is negative (i.e., hostile) with the infant's having a negative (hostile) view of others, oneself, and the world. This colors, gives this negative (hostile) quality to personality formation and philosophy of life.

Another way of saying what happens is that without positive emotional nurturance and without the development of basic trust, highly adaptive potential developments fail to occur. These include the development of the capacity to form good relationships, the optimal development of intelligence and of learning, the development of conscience and moral responsibility. In other words, the total range of emotional and personality development is affected in a detrimental way.

Question: How does basic trust (or basic mistrust) develop?

Answers from workshop participants. What have they observed about this development in their own children?

Discussion: It is the quality of the parent's attachment to the child, of the care-giving and of the nurturing that determine whether good basic trust or mistrust develops in the infant. Infants need not only food, clothing and reasonably good hygiene, but they need attention to their basic emotional needs.

To develop basic trust mothers and fathers need to be **sufficiently emotionally available** to his/her infant--for instance, to respond with affection to the infant's emerging signs of what will become affection, to comfort when the infant needs comforting, etc. Every child needs a sufficient amount of his/her parents' **emotional availability**.

A child is not born with an inner sense of trust or mistrust in the self or in the environment. It develops. This development occurs under the influence of repeated experiences that when the infant is in a state of need or feels pain, persons in the environment gratify the need and at the very least try to undo that pain. At some level of experiencing, this kind of feeling and memory will be entered into the child's psyche (mind) and will influence his/her ongoing development.

A major factor that undermines the development of basic trust is when the child's major physical needs or emotional needs are frustrated too much and too often. Occasional inability to meet the infant's basic physical and/or emotional needs are unavoidable, even with the "best of parenting." If this occurs only occasionally and, by contrast, experiences of feeling well cared for, valued, gratified are frequent, basic trust can be well secured in normal children.

It is when frustration, neglect, physical and emotional pain are experienced too frequently that the development of basic trust can be severely thwarted and basic mistrust will develop.

The profound importance of Basic Trust is that the infant learns to be really confident that his mother, his father, and then others in the family are persons he can really count on to take care of him in a loving and respecting way. This helps him feel secure and a sense of self trust also begins to take place. Then, freed from worrying about basic physical and emotional needs, he can more freely respond to his inner need to discover the world into which she/he was born, to do things and learn things, and make relationships with other people, all as an individual.

Question: How does this development affect the child's personality?

Answers from workshop participants.

Discussion: When basic trust is sufficiently established early in life it will establish conditions within the child's psyche that make possible a lifelong sense of inner security and well-being. It creates an inner core of the self that is positive (self respecting and valuing) or negative (hostile toward self, others, and the world). As we said before, a sufficiently good sense of basic trust is necessary not only for the development of good self-esteem, for the development of respect for the self and for others, but also for developing positive, constructive ways of coping in life, of learning, and of developing a healthy, moral conscience.

The sense of being a lovable and trustworthy person has its origins in the experiences of the first year of life. Because it is a development that occurs so early in life, that is forged in the infant's everyday experiences, it becomes deeply rooted. It lies then at the core of the self and colors the foundation of the child's personality.

Question: How can the parent know that basic trust is developing in their infant?

Answers from workshop participants. What indices do they use?

Discussion: An index of developing trust (or mistrust) is the child's giving evidence of developing the "confident expectation" (Dr. Therese Benedek) that the mother will respond positively to the infant's appeals for help and nurture. Although during the first weeks of life such a response seems automatic it does not persist if the mother's voice does not become a reassuring signal that help is coming. When the infant stops fussing on hearing the mother's voice we can infer that the child is learning that comfort and nurturing will follow. From this kind of reaction we can infer that basic trust is emerging.

Also, some very early attachment can be assumed to be forming during favorable conditions in the first weeks of life when the 5-8 week old fussing infant calms when the mother touches the infant even before the infant is picked up.

When one sees the first signs of affection, pleasure and warmth (positive feelings) expressed by the 2-4 month old infant toward the mother and other nurturing persons one can assume the emerging of basic trust. As the 3-6 month old infant gradually selects particular persons who are smiled at preferentially this provides evidence that these individuals have become trusted to nurture, comfort and give care. The moods and the state of the infant both in interaction with these persons and when alone tell us about the inner quality of experiencing the infant is having.

It is very useful for parents to ask themselves if basic trust is developing well. To answer, check the state of the child's well-being. How does the infant look? How does he/she seem to feel?

Although basic trust is not fully organized and does not begin to stabilize until about the middle of the first year of life, one can measure its gradual emergence and development by ascertaining the quality of the child's mood and emotional appearance.

We emphasize the importance of learning to look for how the child may feel "inside." Infants have not yet learned to mask his/her feelings and these show quite openly on the infant's face and in his/her behavior.

Infants have feelings much earlier that we used to think and how they feel from the beginning becomes registered in their psyches. Feelings aren't simply forgotten!

Question: Are there any far-reaching consequences in the development of basic trust?

Answers from workshop participants.

Discussion: We repeat it because it is so important: **the quality of a child's whole future depends on how well trusting relationships are established in infancy.**

The establishment of basic trust has two key parts:

1. The confident expectation that the person you trust will be good to you and will have your best interest in mind.

2. The feeling this person gives you that you are a worthwhile, lovable and valued individual.

Both parts will have a lasting influence and affect the quality of life, quite possibly for the entire lifetime of the individual. It will also affect the quality of parenting that individual will eventually demonstrate.

Question: Can the development of basic trust help prevent emotional disorders from occurring in infancy and childhood?

Answers from workshop participants.

Discussion: Fortunately, very early in life some crippling disorders can be prevented or be remedied easily enough. In some infants, listlessness, sluggishness, poor appetite, failure to thrive, to develop age adequately can be visible from the third or so month of life. As Dr. Rene Spitz and others have demonstrated, in some such infants, these symptoms arise due to the feeling of loss, absence, or neglect in the infant's earliest emotional relationships and with this in failures in beginning to trust. (This needs to be clarified to the participants.)

When an infant looks sickly, is often fussy and crying or appears sad or does not smile for too long periods of time--this infant is in trouble. An infant who by six months of age never smiles at caregivers--especially mother, father, sibs and others who tend to him/her-- is in need of professional help. It is a serious sign of potential, if not existing trouble and its cause needs to be ascertained and remedied.

Not as easily recognized is that an infant who seems to be eating and sleeping well, although he/she may be doing too much of both, during the second half of the first year of life may be **depressed**.

It is important to recognize that from about 6-7 months of age on infants can become seriously depressed and that something can and should be done about it. Such depression can have a detrimental influence on the development of that child for the rest of his/her life.

HOW TO OPTIMIZE BASIC TRUST

Class discussion: Basic Trust arises from the infant and child being **emotionally valued**. Infants need parents to be **sufficiently emotionally available** and to be nurtured when they express the need for it. Being emotionally available and emotionally nurturing is the most important ingredient that facilitates the development of basic trust.

Discussion: What does "emotional nurture" mean? Can some people provide examples? (Being held by mother or father, being paid attention to emotionally, being touched, being talked to in a loving and respecting way--in a way that conveys to baby that he/she is valued by the parent.)

What does "being sufficiently emotionally available" mean?

What does being "reliably present" mean?

Question: How much **time** should a parent stay with the infant?

Answers from workshop participants.

Discussion: Securing basic trust does depend on being reliably present with the baby **enough of the time**. Not only should the parent be **sufficiently** emotionally available, but it should also be **for enough time each day**. The relationship must be experienced for a sufficient amount of time.

Being emotionally available, being reliable, means to be **physically as well as emotionally** present, to convey that mother and/or father will feed, protect and care for the child and it includes that the parent will explain when the parent is going to be absent and therefore will not be available.

Instructors continue: A further step toward securing basic trust is to make efforts to discern and respond to the child's specific needs. One learns to discern what the child's need is at a given time by the quality and the character of the child's communications.

When the parent listens with care to the infant, soon during the first year of life he/she will learn to discriminate, for instance, between the infant's asking for milk as compared to the infant asking for emotional nurture (i.e., for being held or being paid attention to).

It is best for the parent to respond **reasonably**, not like a maid or a slave, to a child's expressions of need (physical needs as for food and emotional needs as for affectionate contact, comforting and cuddling.)

Although it is important for the care-giving parent to respond to the child's expression of need it is also critical that parents recognize that children differ in their ability to wait for gratification. It is in the child's best interest gradually to develop the ability to wait reasonably for gratification. We all have to learn to be able to wait, reasonably, for things we need and want. In helping the child wait for gratification it is important to do so **at a pace that the child can tolerate**--one which the child does not feel as too painful.

Instructor: Help parents (participants) learn to check to see if the infant shows growing evidence that he/she expects that the mother will meet his/her needs.

Is the infant learning that when mother talks to him in response to his expression of hunger that mother will gratify his hunger? The increased ability to wait for a feeding on hearing mother's voice is a strong sign that the child confidently expects and trusts that mother will take care of his needs.

Role Play: Demonstrate various ways to help the child wait for gratification.

Using the empathy exercise steps where needed, help the parent read the infant and child's expressions of discomfort and distress and pace himself/herself accordingly.

Demonstrate ways that the parent can help the child try to make as bearable as possible the delay of gratification.

Discuss the use of limit setting constructively as it pertains to the various role

plays.

Talking about why the parent is frustrating the baby is very useful. Communication cannot begin too early.

Role Play: Demonstrate positive ways to handle necessary absences from the child and the use of substitute caregivers.

Focus on the mother recognizing the problem that this creates for the child and their dealing with it verbally and emotionally.

Emphasize the necessity to **not** just disappear--thought by some mothers to be protective, i.e., that the child infant won't feel the pain of separation! Discuss what effect this has on the child--including the child's being vulnerable to magical thinking, i.e., mother disappears magically, poof!--and how it undermines the development of basic trust.

Summary: There are specific ways that parents can help their infants to develop a stable sense of basic trust.

1. **Learn the infant's language:** by paying close attention, sensitive parents soon learn the infant's signals and can distinguish his cries.

2. **Be a reliable reasonable responder to the infant's PHYSICAL needs:** being irregular in feeding or making the infant wait too long in the severe discomfort he feels when he is hungry, will make him anxious and distrustful. As the infant comes to realize that mother usually or always comes as soon as she reasonably can when he signals hunger, his sense of trust in her grows. This helps him endure the wait, especially if mother will talk to him reassuringly while she is preparing the food.

3. **Respond reliably and reasonably to the infant's EMOTIONAL needs:** sometimes an infant cries because he is longing to be held close. This is **as vital a need** as the need for food. When a child signals this need, picking him up for a while and cuddling him will not spoil him. It tells him that he is a loved and valued person, and that gives him a sense of security and well-being.

4. **Respond appropriately to the signals you hear:** tune into the need your baby is expressing rather than automatically giving food and creating a substitution of food for affection or physical-emotional contact, and with it creating an over-dependence on eating for comforting.

5. **Be trustworthy about comings and goings:** even though the infant may not understand your words, he will understand that you are caring about him when you explain to him why you have to go out and say specifically when you plan to return. Use landmarks the infant will know, such as "Mommy'll be back before Mommy feeds you", or "after your nap", etc. Doing this gradually will assure him that he can count on your return and that you will do what you say you will do.

If you slip out (to avoid his fussing) without explaining, he will become hyper-alert and anxious, never knowing when you will be with him and when not.

6. If it is necessary to thwart the baby, **explain why and let him know that you understand how he/she feels.** It will help him tolerate the frustration as well as teaching appropriate behavior. For example, if mother explains why he is not allowed to snatch

other children's toys. Being firm but kind and understanding will help the child eventually recognize that mother is frustrating him for a good reason, one that is genuinely in his/her best interest. This recognition will take quite some time to develop!

Using the above methods the parent will have learned that tuning in to an infant's signals and responding appropriately and reliably to them, and helping the infant cope with unavoidable frustration will establish a relationship of good basic trust.

WORKSHOP # 4

THE FIRST RELATIONSHIP(S) – HOW ATTACHMENTS FORM

Question: Why doesn't my baby smile at me? She's already 3 weeks old! What am I doing wrong?

Answers from participants.

Discussion: The emergence of smiling, what we call "the social smiling response", does not occur until about 6 weeks to 3 months of age. Here's a brief outline of how Rene Spitz described this development.

Prior to about 6 or so weeks, and infant "smiles" in reaction to bodily sensations such as the feeling of a gas bubble, or a waft of air across his face. It is not, we believe, a pleasure reaction to seeing someone the infant already knows. Although the infant indeed already "knows" the feel of Mother, her smells, her way of holding, we believe that he does not yet know her as a person. What the infant knows he knows because he has learned these things about Mother through simple learning, by conditioning learning.

With the earliest post-birth brain development, at about 6 weeks or so, when the infant sees a face, most commonly the mother's face, face on, it triggers in him a **social smiling response**. This smile now is readily distinguishable from the prior "smiles" in that the mother can activate the social smile by looking at the baby and can stop the smile by simply turning her head away! On and off, like that. It's looking at her or at any other face at this time, that brings the smile on. It is a social interaction, therefore, a "social smile". But now this smile can even be triggered by a simple drawing of a face or by a mask! It really is **non-specific**, any Tom, Dick, and Sara can get this wonderful gift from your baby!

But this changes. From about 6 weeks on to about 6 months of age, gradually, the infant becomes more and more selective. Little by little, the infant learns who is taking care of her/him. Each feeding, the infant stares at Mother's face while she nurses him, for minutes on end. It's as if she/he is taking photograph after photograph, or a movie of Mother's face, or Father's face, etc.--whoever is there soothing, comforting, interacting with, etc. Feeding events, holding events, cooing, playing, diapering events, each adds to the child's learning what this caregiver looks like, feels like, smells like, loves like. And with each even, more and more, **the caregiver(s) becomes invested emotionally by the infant**. Now the smiling response, increasingly becomes **specific**. The social smile now becomes more and more reserved for those who care for the infant, and the infant interacts with. **As this social smiling becomes more and more specific, the infant's attachment becomes more and more organized and specific**. Thus the social smiling response is an indicator of the child's forming a specific attachment.

Now things get more complicated. Whereas at 6 weeks or so the infant smiled at any face he looked at, even at a mask, now he no longer smiles. Quite the contrary. When he sees a mask or a face with which he is not familiar, he may very well suddenly feel anxious! That is **stranger anxiety**. Not only that. But now, every time Mother leaves the room, the infant begins to fuss, and indeed may even start to cry! What a

nuisance! The infant is now experiencing **separation anxiety**.

And wow, how she reacts when Mother comes back into the room! You'd think the sun came out after a scary storm! This is a **reunion reaction**.

Each of these reactions tells us a lot about the infant's beginning to form a love relationship.

Question: What is "separation anxiety?" What causes it?

Answers from workshop participants. Have they ever noticed this before in their infants? How have they dealt with it?

Discussion: **Separation anxiety** and **separation reactions**, as we said, are typically evident when six month olds become aware of mother's leaving the room. This causes them to experience more or less distress. When the reaction is mild, we think of it as a separation reaction. When there is clear evidence of distress it is Separation Anxiety. When the infant experiences anxiety, the infant will appear upset and frightened, and may cry or scream.

The separation reactions arise out of the infant's experiencing Mother's absence as a **loss**. As the attachment to Mother is being formed, his specific smiles are directed to her, and when she leaves him, it feels like a disaster. The best explanation for **what causes separation anxiety** we have to date, is that because the infant's memory (brain function) is not yet well enough developed, he/she **cannot retain a picture of Mother in his/her mind when she is not in his field of vision**; nor can he remember at this age that when she has gone away in the past, she has always returned. Extremely important is that he/she **recognizes her instantly when he/she sees her**, but cannot yet hold a mental picture in his/her memory, so when she is out of sight, he/she feels she is gone forever.

In other words, he can recognize her, he has "**recognitive memory**"; but he cannot yet elicit her image when he does not see her because he is **not** yet capable of "**evocative memory**".

When fathers are involved from birth on or soon thereafter with their infants, very similar separation reactions may occur with them.

Question: Are these abnormal reactions in the child?

Answers from workshop participants.

Discussion: Quite to the contrary. **Separation reactions are a sign that a very important highly desirable development is taking place**. It indicates that the infant is investing emotionally in, is developing **a specific relationship** with the person who is investing emotionally in her/him.

With it, it is also beginning to dawn on the child that he/she and his/her mother are not the same person, and he/she may begin to fear being left and "abandoned." Repeated reassurance will help him develop trust in her returning, and will help build a strong emotional attachment that he/she will be able to rely on. He/she will then be ready to reach out to make relationships with other people. (This will be discussed in greater detail later in this workshop.)

It is important for parents to know that excessively long separations can be very worrisome and painful for children up to three years of age and older. Separations for

days can be quite traumatizing to the infant up through about 3 years of age.

Like the stranger response (discussed next), the separation response has a component of anxiety in it and it is well to bear in mind to protect children against **excessive** anxiety.

Likewise, parents should know that there are periods when the infant is much more vulnerable to separations and experiences separations as more traumatizing than at other periods. For example, the 3 to 12 month old and the 16 to 28 month old generally will find separation more painful than the 1-2 month old or the 34 month old or older child.

Question: What are stranger responses?

Answers from workshop participants. Have they ever noticed this in their children? How have they handled this? What has worked well, what has not?

Discussion: As the infant from three months on gradually forms a specific attachment to mother, father, and other members of the family, he becomes aware of others in the world he/she doesn't know. When others try to pick him/her up he/she recognizes "This is not the one (or one of the ones) to whom I am attached," and the unknown person who is trying to be friendly, frightens him/her, and he/she may cry and cling to Mother (if she is there.) This can be embarrassing if the "stranger" is the child's own grandmother or grandfather!

Stranger anxiety then is a reaction due to feeling "This is **not** my mother (or father, etc.)". We assume that it brings with it the fear of having lost Mother. In this it resembles separation anxiety. It's as if the infant feels, when I am held, it is by my mother, or father, or big sister, etc. Seeing that the face does not match any of these, makes the infant feel as if the known faces (persons) have vanished.

Some children six months of age may stare at, and even gingerly touch the stranger's face as if to ascertain its features or become better acquainted with it. This comes from recognizing that this is not the face of a known person, and it is an effort to come to know the new face. This is a mild **stranger reaction**, and does not create much problem for the infant. Clearly infants have varying levels of stranger reactivity, some being more easily made anxious than others without it particularly meaning that one child is developing less well than another; children just differ in this, as in everything else.

Many a normal 6 month old, on the other hand, will look more or less uncomfortable if someone outside the family looks at or speaks to him/her. The infant may show anxiety, by clinging or crying if the "stranger" tries to pick him/her up. This too is not "bad". It means that attachment is taking place with mother, and other family members, but that others are experienced as strangers. It is most helpful if the parent can respond to the child's stranger reaction by recognizing that this is a sign of attachment to the mother, father, etc. and that the child should **not** be pushed to be friendly to someone he/she experiences as a stranger. Instead, gently reassure him that this person is a friend, and give the child time to get used to the person. Ask the "stranger", including impatient grandfathers, to approach the child slowly and gently.

Note that the **stranger response** is the **complement of the specific social smiling response**. As the infant 3 to 6 months of age begins to form specific attachments to those nurturing him or her, the infant usually reacts to unfamiliar people with some degree of

distress. As we noted, the degree of distress ranges from curiosity to panic or terror at seeing an unknown face. When stranger anxiety is excessive and creates panic states it suggests a problem or sensitivity in attachment and warrants professional attention.

Question: What makes children vary in the quality and intensity of their stranger responses?

Answers from workshop participants using their examples.

Discussion: There are two major reasons:

1. Some very normal children appear to be more shy than others. Shyness, we believe, is due to inborn factors. Shyness leads to heightened stranger responses.
2. The quality of attachment itself may be the cause of intense stranger anxiety reactions. An unstable attachment or a too hostile attachment may intensify anxiety in the face of an unknown person or situation.

Question: Why do separation responses, stranger responses and the specific social smiling responses all emerge become evident at about the same time? (Approximately 5-8 months.)

Answers from workshop participants.

Discussion: Because all three are the product of the same remarkable and crucial development: **the formation of the first relationship(s)**. Using these 3 indices (indicators) we have measures of the development of human emotional attachments the 6 to 10 month old is developing.

Let us briefly review. As we said at the outset, during the first year the infant is beginning to form a memory representation of the person(s) to whom the infant is attaching. This "representation" becomes progressively recorded in his/her brain and mind, in memory. But at the age of 5-8 months this image seems not to be assessable by the infant when the mother is not within his/her visual field. This limited type of memory--"recognitive memory" (Piaget)--indicates that a child will remember a face or event which he has recorded in his brain before, only when the infant can see that face.

In the infant's mind, therefore, when the child sees the mother leave him or her he/she most likely experiences this as a threat that mother will disappear and will be lost to him/her forever. We assume that it is an experience of this kind that triggers the acute reaction of pain that the 6-12 month old child shows in the crying and fussing one sees when mother is about to leave her child, or when he is confronted by a stranger.

Question: What are reunion reactions? What do they indicate?

Answers from workshop participants. Can they provide examples?

Discussion: Just as the words say, a **reunion reaction** is the experience the child has when Mother, say, comes home after having had to go out for a while. Reunion reactions are the complement of the separation reactions; therefore, they too are an index (indicator) of attachment. So, reunion reactions, like the other indicators of attachment, emerge in the child between the 3rd-8th month of age, but these reactions occur later as well.

The reunion reactions also tell us that an attachment is taking place and they tell us something about the quality of attachment. The **behaviors** that we see in these reunion reactions may be either **pleasurable** or **unpleasurable**, or both. If there are **no** reunion reactions during the second half of the first year of life close examination of the other three attachment indicators are required to determine if and what sort of attachments are being formed.

We cannot overemphasize the importance of forming an **emotional** attachment in the first year of life. It is enormously important for the development of the self as an individual, the development of basic trust, the development of relationships to others, the establishment of the individual as a member of his/her own species, the development of total personality and the development of well-being.

Question: What is a "pleasurable" reunion reaction?

Answers from group participants using examples.

Discussion: This is simply a pleasurable, excited response to seeing Mother again. This reaction seems to indicate that the **quality** of attachment between infant and mother is **secure**.

Question: What is an "unpleasurable" reunion reaction?

Answers from workshop participants. Can they discuss how they felt and how they handled this reaction with their child?

Discussion: This reaction is a response of distress or anger, associated with either clinging to mother or ignoring her or even pushing her away.

Although this is an angry or even distressed reunion reaction it equally tells us that the infant **is attached to the mother**, that is, that the infant emotionally values the mother. This type of reaction, however, is complex and may indicate that the attachment is good but the infant is angry that Mother was lost for a time, or it may indicate an **insecure**, or troubled, **attachment**. This insecure attachment indicates that the infant is feeling anxious. The infant will then try to cope with feeling anxious by **avoiding** and withdrawing from the mother or by a variety of other **negative** reactions.

Remember that the early relationships become **the models** for all later relationships.

Question: How can the mother (or other significant caregiver) respond most helpfully to the infant and small child's distressed reunion reaction?

Answers from workshop participants using various examples.

Discussion: When the child has a painful or negative reaction to the parent's return the parent may not recognize it as a positive indication of attachment. However, it is an opportunity to work through the child's feeling angry toward the mother for having to leave. The mother who responds to an unpleasurable (painful and negative emotional) reunion reaction by rejecting the child or by a counter-reaction of being angry is doing herself and the child a great dis-service. This mother is **reinforcing anger** between the two of them, intensifying it rather than lessening the pain of separation in a reasonable

and growth-promoting way.

The parent needs to speak to the young child using words that reveal understanding and permit the child to express hurt and angry feelings. By acting in a conciliatory way, one can get this type of message across to as young a child as 6-8 months of age.

Assignment: Imagine that you are a six month old baby. You recognize your mother as a special person who takes care of you, who beams when she looks at you, keeps you fed, clean and dry, and who makes you feel wonderful when she picks you up and cuddles you.

Write a page describing how you feel, when one day she brings in a strange baby sitter, and then disappears for a whole evening. How do you feel when mother returns?

Question: What is a "clinging reaction?" Why do infants cling?

Answers from workshop participants using examples and describing how they have handled them in their children.

Discussion: There are several reasons why a child needs to cling.

First and foremost though, parents should understand that the child is clinging **for a reason**. And, it is most important to understand that the need for clinging is triggered in a child by an experience of real distress. Understanding this, parents will most likely respond, as is desirable, by comforting and reassuring the child.

To refuse to comfort the child makes the child feel misunderstood, undervalued or insufficiently cared about and lead to the child's eventually feeling uncertain that he/she is loved.

Furthermore, the parent who rejects clinging will intensify the child's need to cling.

Clinging reactions or pleas for comfort and help on the part of the child, are most often due to stress, fear or anxiety. Clinging is a plea for help, for protection or for comforting--foremost it is a plea for help to cope with a feeling or experience that is too difficult to tolerate.

Because clinging is always, except in play, the result of pain, stress, fear or anxiety clinging indicates two things: 1) that an attachment reaction is activated and 2) that a potential trauma is experienced by the child.

Two factors will intensify clinging during the first year:

1. When an actual event that produces pain, stress, fear or anxiety continues un-attenuated over time and

2. When the parent rejects the infant's plea to be held.

What decreases or extinguishes the need to cling is the parents' protecting and emotionally nurturing response that can calm the infant's stress, fear or anxiety.

Question: How can the parent know that the child feels distress before the child is able to speak?

Answers from workshop participants using their own examples.

Discussion: Parents, at all times but especially in this circumstance, by using their empathic abilities can discern how their child is feeling. Prior to the child's having the ability to talk, parents rely on facial and bodily expressions as well as preverbal sounds (crying, whimpering and exclamations of apprehension and fear.) Commonly the young child's clinging when near the parent will be a reliable indicator that the child is in distress and needs comfort.

Question: When do clinging reactions normally occur in the child's development?

Answers from workshop participants. Have they noticed this with their children?

Discussion: Clinging reactions are most common in the first year of life--especially toward the middle and latter half than in the first months of life.

Later on, at about 16-18 months of age new developments within the central nervous system and within the range and details of emotional experiencing now make the child increasingly aware that mother and self are two separate persons. This will cause the toddler to feel anxiety and will cause the need to cling.

During the Rapprochement subphase (to be explored in Workshops #7 and 8) the child experiences a conflict which consists of the inner push or wish to separate and individuate, to become an autonomous individual side by side with experiencing the fear of separation and individuation and the wish to remain one with mother. This basic Rapprochement conflict creates anxiety especially because the child's growing ability to accurately perceive reality makes the child aware that he/she is very small and vulnerable compared to the adults around. This anxiety then may lead the toddler to need to cling.

Question: How can parents best respond to this normal development?

Answers from workshop participants.

Discussion: When parents understand that this is a normal developmental conflict they do not need to respond with alarm and fear. When they realize that this increase in anxiety on their child's part which increases the need to cling is not regression but developmental progress they are then able to experience their child's renewed clinging with much less distress. This understanding also frees up the parent's wishes to comfort and reassure. It is very important for parents to know **why** a child needs to cling. The need to cling, the increase in separation anxiety, stranger anxiety and the use of comforters in the 16-30 month old are all usually due to a normal step in development.

Question: Should parents always gratify the need for clinging in their child?

Answers from workshop participants.

Discussion: Yes, within reason. Children cling for a reason, they do not cling if they do not need the reassurance of being held by the protective parent. Parents have to seriously weigh the consequences of not allowing the troubled child to cling. The need to cling is better gratified than frustrated, to gratify usually does no harm, to frustrate often does. To gratify with feelings of resentment does not work well. If it can be delayed tell the child that you will hold them after you have finished--but then, do it.

Here is an example that may be helpful: Often at bedtime there is a renewed need

for clinging on the part of the small child. This is because the child feels having to go to bed and sleep as a separation. It is important for the mother to respond to this appeal for clinging by understanding that the child is in real distress; and mother should respond by comforting and reassuring the child that Mommy and Daddy will be in the next room or downstairs and are not leaving the baby. It is not usually constructive to just put the child in his crib, saying "There is nothing to be afraid of, so stop crying and go to sleep." You may come to that after having tried to comfort and it hasn't worked; but don't start at this point. If this is the case, mother or father can say something like: "Listen Johnny, I've tried to comfort you and help you get back to sleep, I'm gonna stop now. Mommy's very tired too. There really is nothing to be afraid of. Go to sleep now." Otherwise, to refuse a genuine effort at comforting, the child may indeed stop crying and go to sleep, but it will be with feelings of not being understood, valued, or cared about (and eventually feel uncertain that he is loved.)

HOW WE CAN MAKE IT A GOOD ATTACHMENT

Instructors begin:

The parent is highly advantaged who knows his/her individual child's ways of experiencing each of the attachment indices (indicators) and has an understanding of what causes them. Knowing their child's characteristic ways of experiencing these and understanding their nature makes it much clearer and "easier"--not "easy"--for parents to know how to and what will help the child best.

Specifically, knowing, even being able to predict, what the individual child's responses and reactions to separation are likely to be helps the parent know how to best deal with that separation. At all ages, but especially with the average 5-8 month old, who is at the peak period for the separation reaction, it is important that mothers and fathers be honest about the separation, why, when, and for how long it will take place. It is also in the child's best interest to allow and acknowledge the child's reactions and to deal with these **constructively**, as often as is needed.

Question: How can the mother (parent) be "honest" before the child has learned to talk? What is the use of talking to an infant or small child?

Answers from workshop participants using examples.

Discussion: We really don't know how much of the spoken language children under 1 year understand. **We do know that they understand a great deal of feeling tone, of emotional language.** It is better to err on the side of telling a child what one is going to do, rather than assume the child may not understand. Although it is commonly thought that a child of six months does not understand what is said to him--we have no proof it is so--, it is important to talk with him/her anyway. Children begin to understand at a very early age, and before the words make sense, the tone of the mother's voice conveys many a message, including for instance comfort, to the child.

Here's an example. Mrs. J. accidentally tipped over a container with some food crumbs onto the floor. She turned to her 12 month old son and, without wondering

whether he would understand her nor not simply said, "Iz, get me a broom!". The 12 month old went into the hall closet, opened the unlatched closet door, got out a broom and brought it to his mother. We were surprised. He did not yet speak. But he sure understood the words Mother used!

Likewise, it is extremely useful that parents allow their children to express whatever separation and stranger response feelings the infant and small child has. Parents help their children best who do not disregard the feelings the child expresses, verbally and nonverbally!

Similarly, when the parent returns after a separation it is best again to allow the infant and small child to express whatever feelings he/she has. If these are feelings of anger and/or rejecting the mother, the parent will be most helpful by responding to these in a reasonable way, allowing the infant and small child to have the feelings of anger and to reassure him or her that mother's love will not be withdrawn from the child. No mother or father can protect her or his child from all pain and frustration all the time, but she and he can help the infant and small child deal constructively with these difficult feelings.

Instructors continue: Regarding **self-comforting**:

Although all children from very early on in life will many times need parental comforting, the observant parent will recognize that children make efforts to and find ways **to comfort themselves** even during the first year of life. In one of their first problem-solving and creative acts, children use devices whose value is often misunderstood by many parents. For example, **thumb-sucking, the use of a pacifier** or some other **comforter**--usually a soft toy or favorite blanket--each of these is an attempt by the child to master a state of internal discomfort or tension. When the infant sucks his/her thumb the infant is acting in a self-reliant way and this is most likely one of the first acts of self-care, of mastery, and autonomy.

So, rather than being shameful or even undesirable, these acts are among the child's first efforts to cope on his own, without appealing to Mom for help, in the face of adversity!

We believe that thumb sucking occurs because sucking brings relief, it gives pleasure. The mouth, with all its abilities to feel and taste (with the help of the nose's ability to smell)--all vital sensations--, is vital to life from birth on. As the organ for food intake, it is a source of comfort and it plays a very large part in the child's life. Children turn to the thumb as a substitute for the nipple, for comforting, not for food.

The security blanket or soft toy can become meaningful as a "comforter", as the British call it, when it is part of the mother-child comforting experience.

The thumb and security blanket are means that the infant has devised for reducing tension within the self and ought not to be viewed as a troublemaker! When the infant finds means of reducing tension on his own, she or he is making efforts to problem solve and to adapt to his/her life stresses and strains.

Question: What is the result if parents discourage these forms of self-comforting?

Answers from workshop participants.

Discussion: When parents try to discourage their children from using self-comforting devices, they are in effect interfering with the child's efforts to act self-reliantly and to adapt constructively. It is not in the child's interest for the parent to prevent these efforts. Most children will give up these devices when ready.

Helpful suggestions: (discuss together with workshop participants)

1. Regarding the **smiling responses:**

During the **non-specific smiling phase:** The mother and father can help not only by responding reasonably promptly to the infant's needs, and by talking to and cuddling him, but especially by smiling back warmly whenever he smiles at the parent. Each time the infant gets a smiling loving feed back when he smiles reinforces the smiling response and the good feeling that goes with it. Then, in addition, each time the infant has the experience of being fed and held by his mother and other family members this registers in his mind that he can expect good things from these people, and this will gradually facilitate the formation of a positive attachment.

This continues also during the **specific smiling phase:** The child becomes more and more clear who his mother, father and other family members are, and the smiling increasingly becomes attached to the parent or sibling who smiles warmly, affectionately back. Equally desirable, it for the parent or sibling to be the first to smile, to engage the infant in smiling back. With such events, feelings of attachment become stronger. It is very important that the care of the child be reasonable and reliable, that the person to whom the attachment is being formed be the bringer of good feelings, and the comforter when in distress. Too much pain damages the attachment-forming process.

2. Regarding **Separation Reactions:**

If the mother (and father) tells the infant each time she leaves that she will return and when, this eventually will help the child tolerate absences and develop confidence that Mother can be counted on to tell you where things stand and to come back.

Naturally mothers have to leave their infants at times, and there is no way to spare the child completely from the anxiety separation at this age produces. But several things can help. Again, it is important for a mother to be honest about the separation, to tell the child that she is going away, and that she will be back when it is time to feed him, or put him to bed, etc. Use a time post an infant will have experienced.

A parting hug, and a soft toy to hold may comfort him.

The child may still cry after mother leaves, but the cry will have less distress in it, than if mother slipped out, hoping that he wouldn't notice. Slipping out usually doesn't work, and it leaves the child insecure, never knowing whether or when his mother will suddenly vanish. The honest approach may make a child upset and angry temporarily, but builds trust, as the child gradually comes to know that mother will do what she says.

3. Regarding **Stranger Responses**:

The mother can help by asking the "stranger" (grandparent, baby-sitter, etc.) to give the child time to get used to him/her, and to approach the child in a gentle way. It is important for the "stranger" to wait for a period of time before they hold the child, if the child is showing signs of being uncomfortable. At times it is best to not ask that the child leave his/her mother's arms.

Grandparents also can help by not swooping down on the child, but by going toward him slowly and talking to him/her in a warm, perhaps even playful voice.

4. Regarding **Reunion reactions**:

Reunion reactions should be dealt with as signs that a very important development is taking place. It is important for parents to remember that these responses are signs of attachment, even when the child is showing much anger and fury. Parents can help the child by telling him/her that she knows it was hard for him/her and that she understands that he/she is angry because she went away, and he didn't know for sure that she would come back. She can reassure him that she loves him when she is away just as much as when she is here, and she can remind him that she always does come back to him and the rest of the family. After many repetitions of going and returning, the infant will develop the confidence that this is so. And the confidence and trust will carry over into other interaction and other relationships.

5. Regarding **Clinging**:

Sometimes a child will refuse to be comforted by his father, and will insist on clinging to his mother. This may show one of two things:

(1) That the infant has already begun to assign specific functions to each parent. For instance, "Mother is for comforting when I feel tired and hungry." "Father is for when I feel scared of the dog or when I wanna play."

(2) That the child's attachment to the mother is further along in its development at this point, than it is to the father.

It is important for the mother (and father) to respond to the child's need for clinging by understanding that the child is in real distress, and by comforting and reassuring the child.

Sometimes--make sure it's real--the parent will not be able to let the child cling and will then have to **set limits affectionately and constructively**.

Role plays: using participant examples role play the various scenarios:

How to effectively comfort the child and also set limits constructively.

How to leave the child for a period of time being "open and honest."
How to handle the child's stranger responses with well-meaning but too eager
"strangers."
How to handle negative reunion reactions constructively.

WORKSHOP # 5

FORMING DIFFERENT KINDS OF RELATIONSHIPS

Primary and Secondary Relationships

Question: What's the big deal about "attachment" anyway?! And what's this "bonding" thing?

Answers from participants.

Discussion: The big deal about these two words is that they are very crucial to the well-being of human beings. And, they are so from the very beginning of life.

By **attachment**, we mean **the infant** is developing **an emotional relationship** with **someone**, usually those who care for her/him. Bear in mind that when an infant is born, she/he does not "know" or feel emotionally connected to those around her/him. Even though the baby is inside the mother's uterus, she/he hasn't seen mother's face, he/she doesn't know what mother's like from the outside. She/he sure does know what Mother sounds like though; from inside her uterus the baby heard mother's voice many times and sure knows it by the time he/she comes out of the birth-canal. And, according to research, as soon as he/she's born, the baby very quickly learns what her/his prime caregiver smells like. But the infant does not yet know who her/his mother is, nor father either.

By **bonding**, we mean that **the mother and father** are forming **an emotional relationship with the infant**. Not everyone uses the words this way. Some people use the word bonding to mean both attachment and bonding. It's not that important, so long as we know that we mean when we use the words.

But what makes **attachment** so important is this. A lot of very good clinical experience and research, both clinical and laboratory research, have by now made it very clear that

1. Human attachments are vitally important for healthy emotional development and social adaptation. In fact, they are also vitally important for good physical development--a large number of infants who fail to thrive do so because they do not have good enough emotional attachments.
2. Human emotional relationships are the most powerful experiential container--like the old pharmacist's crucible in which he mixed his drugs--in which, given his specific genes, the developing child's personality and becoming a social being are forged. This and his genes, are what makes every child identifiable as the child of his/her specific family as if carrying the stamp "Made in the Jones family, U.S.A." And,
3. The kind of emotional relationships the infant develops will determine how well or how badly he develops. The better and more positive (loving and respecting) the relationships, the more likely that the child's development and abilities to adapt will be better and more positive; and the worse and more negative (hostile) the relationships, the less the likelihood that the infant will develop emotionally well.

Question: What causes a child to attach?

Answers from participants.

Discussion: Here are some major "more recent" ideas about this. Let's talk about these ideas historically.

Sigmund Freud, a Hungarian born Austrian Neurologist-Psychiatrist-Psychoanalyst, proposed in 1915 that there is a powerful built-in force at play in every human being--he called it "libido"--that makes each of us need love relationships. This in-born force, he said, made us seek and lean upon relationships for our well-being from the very beginning of life. Without an emotional relationship this powerful force within us cannot be normally gratified and we are left in a very bad state of needing something very big and meaningful in our life.

Beginning in the 1930s, **Konrad Lorenz**, a German Ethologist (animal behaviorist) found in his research that geese he worked with since their birth would behave toward him like they did with each other. He came to believe that they had come to form a relationship with him like they had with each other. And, he wondered how could this "attachment" have come about. This sent him and many other researchers then to try to answer this question. They found the answer in what Lorenz called **imprinting**. Lorenz described **imprinting** as an in-born instinctive mechanism that leads the young of all kinds of species to attach to the members of their own species. This kind of relationship formation is very rapid, occurs within minutes, at best hours, from birth, and sticks. Needless to say, it is very important to maintaining the survival of any given species.

John Bowlby, a British Psychiatrist-Psychoanalyst, in the late 1950s proposed that the human infant comes into the world with built-in behaviors that show that the infant is born with a built-in mechanism to "attach" to the infant's prime caregiver(s). These behaviors, crying, smiling, following (visually), sucking, and clinging, all are part of the built-in process to attach. With the important help of **Mary Ainsworth**, Bowlby and she opened the large of field of research known as attachment research. This research strongly upholds the clinical conviction that forming emotional relationships is a critical positive development that has a large influence on the child's emotional-psychological development.

All in all then, there is powerful evidence that the normal infant is born with a built-in need to attach to his/her prime caregivers.

Question: Does the development of basic trust have any connection with the development of attachment?

Answers from workshop participants.

Discussion: As we see the infant begin to develop basic trust we also can see the development of attachment taking place. During the third, fourth and fifth months the child smiles gradually in a specific way at his/her mother and father (and other special caregivers) showing that these individuals are being trusted to give care and comfort. As the preferential smiling develops we can observe that trust is being established.

Earlier, during the first two months of life, there is the beginning of attachment.

Although the infant does not have a clear idea who his/her mother is, he/she gradually becomes aware that her approach brings food or comfort, and he/she will quiet when she touches or speaks to him or her.

Between six and twelve months, the child's specific smiling response shows a clear preference for mother, then father and siblings, as compared with his reactions to persons outside the family. This preferential smiling shows that trust is being established.

Question: What kinds of attachments does the child make?

Answers from workshop participants.

Discussion: Humans form relationships that have variable meaning for them. We think of their developing at least three types of relationships.

Primary relationships are those relationships we form with those to whom we feel closest. In these relationships we invest most emotionally. When such a relationship is lost, it creates a serious feeling of loss, of enormous pain, and requires a mourning process for getting over the loss. We form such relationships with our parents, our children, eventually our mates, and a few other special people in our lives. Those who are lucky enough may have such relationships with their grandparents.

Secondary relationships are those we form with people who come to mean a good deal to us, but quite less so than do our primary family relationships. For instance, good friends, some special people like grandparents, close aunts, uncles, a favorite teacher, a good doctor, etc. They are very important to us, but not in the same way as are those we invest emotionally so profoundly. When we lose a good friend, or a grandparent, it causes us pain. But the pain is much less than when we lose a primary relationship; though we feel sad, mourning is not required to get over the loss.

Tertiary relationships we form with acquaintances, nice neighbors, classmates, etc. We know them, but they play a much less vital part in our personal lives than the other types of relationships.

Despite familial and cultural variations, mother is the central figure of the child's feelings of oneness. This is the product of both emotional and biological factors. Generally, as a result, it is the mother who provides the relationship of greatest importance during the first years. Of course how important the father becomes very much depends on the extent to which father is involved with the baby and what the quality of this involvement is. Brothers and sisters will have an influence on the baby as well depending upon their involvement.

These relationships within the nuclear family are **primary relationships**. Later the child will become acquainted with and fond of people outside the immediate family--with them we will form **secondary relationships**.

Question: What factors influence the quality of attachment that the infant makes?

Answers from workshop participants.

Discussion: The degree to which and the quality of the ways the parents invest emotionally in and engage in the relationship with their child, and, in turn, how the child engages emotionally with and becomes attached to his/her caregivers, these reciprocal engagements are most determining of the quality of the child's attachment. All this, of

course, is profoundly co-determined by the infant's inborn dispositions.

For the parents, then, the way they invest emotionally in the care of their infant is profoundly influential. It is especially the way the infant feels emotionally meaningful and valued by those constant-enough caregivers that influences the quality of attachment. It is what the child means emotionally to them that makes the attachments more or less secure, meaningful and stable.

Question: What is so important about primary attachments and relationships?

Answers from workshop participants.

Discussion: **The infant's attachments to his/her mother and father are probably the most important mental health determining experience the child has not only during the first year of life, but also well beyond.**

Attachment may be growth-promoting or it may be growth-disturbing, depending on the quality of the nurturing environment. In order to form a growth-promoting attachment, the nurturing environment must be sufficiently loving and reasonably responsive to the infant's needs for nurture and affection, as well as for food, shelter and protection.

In general, the attachments we make in subsequent human relationships, the quality and character of these later relationships will be much influenced and even modeled on our earliest original attachments. In addition, the way the child was cared for, was treated, was related to as a child will be essentially the way that future adult will relate to his/her own children.

In addition, the quality of the attachments we make from early childhood on enters into our skills and patterns of coping and into the formation of our self esteem and moral code.

It is within primary relationships that a child feels loved and learns to love, to express and receive love feelings, and to feel and learn how to deal with his unavoidable feelings of hostility and hate in reasonable ways.

Question: What is important about secondary attachments and relationships?

Answers from workshop participants.

Discussion: None of us lives in a world populated only with primary relationships. Many of our important relationships outside the family are secondary in nature. Grandparents, if they live elsewhere and are not frequent visitors, friends, daycare and later other teachers also become important although less so than those we emotionally invest as we do our parents and children. To be sure friends, and later in life, co-workers, etc. are all secondary relationships that are important in our daily life. These remain important for the transient types of attachments we make in life which carry us in critical ways, e.g. teachers and friends.

Children benefit from secondary relationships as they get older even though they do not **need** them like primary ones. Secondary relationships help the 1-3 year old, and older child learn to adapt and socialize. And they gain in importance as the child gets older, particularly during the elementary school years and adolescence.

In this way too, it's important for parents to know that there is a critical difference

in the kind of attachment the infant makes to a substitute caregiver in contrast to the parents themselves. We have at times come across parents who worry terribly that their infant is going to come to love a substitute caregiver more than Mom, or that it will take away from the way the young child loves Mom.

First of all, young children can safely make more than one meaningful relationship at a time without taking away from that with Mom or Dad. And, second, it is very important to recognize that there is a significant difference between the kind of emotional relationships parents make in contrast to the kind of emotional investments and relationships even very committed and devoted teachers, doctors, caregivers, etc. make in the children for whom they transiently care and feel limitedly responsible. The children feel this and develop similarly different, secondary relationships with those persons. One mother put it very well. "I love my neighbors' kids. But I know it's different than it is with my own. If I loved them the way I love my own, it would tear me apart to have to leave them as I can my neighbors' wonderful kids." It's the same with the young child. The young child who leaves a daycare he really likes to go home does not experience separation anxiety as he does when he leaves Mom to go to Daycare.

HOW TO HELP A CHILD DEVELOP GOOD RELATIONSHIPS

Question: What are the major ways in which parents can promote the positive development of the child's attachment to them?

Answers from workshop participants using examples that they have found helpful.

Discussion: Foremost parents can do this by valuing the child, by attaching emotionally to their child and responding affectionately and reasonably to the child's expression of attachment to the parent. As we said earlier, parents make an enormous contribution to the quality of relatedness children develop to them. The more the parent is able to empathize (perceive what the child may be feeling) and to react their infant with consideration, respect and love, the more will the relationship be positive and growth-promoting for the child.

Question: Are you saying that we should put our children above everything else in our lives?

Answers from workshop participants.

Discussion: No. Emphatically, no! In order to optimize the mother-child relationship as well as the father-child relationship, **the needs of each and all persons in a family must be recognized and taken sufficiently into account**, all the needs, but especially so the emotional needs. No one member of a family ought to be more important than the others. It is the need state of each that has to be weighed and considered. It is not always the infant who needs attention most. Parents have to use their judgment about whose needs at any given moment seem to be the ones that have to take priority. It may even be Mom's, or Dad's, or the oldest child. It's not always the baby!

Question: Isn't the relationship with the mother the most important for the child?

Answers from participants.

Discussion: During the first year of life, because of both biological and psychological factors, most agree that the infant's relationship to Mother is crucial.

But fathers can be enormously important too. Much of this, both for the infant, the father, and also the mother depends on how involved the father is in the care of the infant. Where possible, it is important to include father in the parenting of the very young infant, in fact, from before the birth of the child. It will be to the advantage of not only the young child, but also the father and the mother. Where the father is included in the relationship with the child from the start extremely important attachments are made by children and their fathers. The value of this to all three is enormous. For the mother, it means she need not feel overburdened and anxious feeling that she is carrying the load of the care for the infant all on her shoulders only. For the father it means developing a rewarding relationship with his child from the beginning, when it has its greatest impact on the child and gaining his wife's appreciation for his involvement as an added bonus. For the child, it multiplies those he feels valued by, can trust, can count on, many times.

From the 2nd year of life on, even not much-involved fathers take on a meaning equivalent in importance and in value for the child to that of the mother. Now, if the father is not so involved, the child will feel this lack and it will have serious consequences for the father-child relationship. It is especially from the 2nd year of life on that the father begins to be enormously valued by the child and can serve to enrich the child's early development side by side with the continuing important part played by the mother. Siblings also during this time take on a notably important part.

Important for parents to know: the prime tasks of human emotional-psychological development during the first five years of life take place most within the nuclear family. This is so no matter how much time the young child spends in daycare and with other caregivers. The psychological work required of children by the experiences they have in their primary relationships is what most contributes to the development of the child's personality. The more loving, respecting, reasonable the relationships, in meeting the difficulties of daily life, the better the opportunities to master the basic tasks of emotional development and the better the emotional (and physical) growth of the child.

Question: What might happen to the attachment-forming process if too much pain were experienced?

Answers from group participants with examples. Try to get their thoughts on this.

Discussion: For instance, if a mother is unreliable about feeding her infant in reasonable time, the infant will associate much discomfort, even pain, and hostile feelings then in key experiences with Mother. When with her then, even at other times, he would associate in his mind the distress he feels when with Mother who makes him wait too long to be fed. The attachment process does not stop; it continues. But now it becomes colored by these negative feelings: too much frustration, discomfort if not pain, hostile feelings, disappointment, not feeling valued enough, etc. All of these will become part of the relationship.

If a normally reliable mother who had to be out and is late getting home, for

instance because of being held up in traffic, she can feed him as soon as she returns, comfort him, explain (in words) what happened to her that caused her to be late, and he will no doubt recover his confidence in her and in the expectation that this kind of thing is just not likely to happen too often. No mother or father can protect her or his child from all pain and frustration all the time, but she and he can help the infant deal constructively with these feelings.

Note we suggest that mother explain her lateness to her baby. **Although it is commonly thought that a child of 6 months does not understand what is said to him, it is important to talk with him/her anyway. Children begin to understand communications at quite an early age, well before they can talk.** Before the words make sense, the tone of mother's voice conveys comfort to the child. And, children have ideas and grasp ideas well before they can express them in words. In fact, we know that children understand words before they are able to speak them.

Question: Suppose a person had these kinds of very hurtful experiences during the first year of life and others that are more severe (prolonged separation from mother, etc.). Could it be made up for later, when (and if) he/she were reunited with his/her mother?

Answers from workshop participants.

Discussion: **Yes** to a great extent, **if** Mother can be amply and demonstrably loving, sympathetic with his/her pain, responsive to him/her in a positive and timely manner, tolerate his/her initial mistrust of her, and even more, be patient and **never give up** on her infant. No doubt, it would take a **long** time, most likely more time than the average good mother would hope for. And with all this, the child might still have a sense of insecurity for a long time to come.

Review and Discussion:

1. The development of the self is intimately and directly influenced by the quality of the child's human relationships. It is important that the parents secure and protect two parallel developments: (a) that of the self, of the child as an entity with his/her own needs, feelings, thoughts and boundaries; and (b) that of the child's relationship to the parents-- which will pave the way for later relationships with others.

2. Attachment is a model for later relationships. The child's primary relationships in early childhood become the model for all his/her later primary relationships and also influence the quality of his /her later secondary relationships. Through the first attachments, the infant learns how to make relationships with others in his family, then later with peers, and much later with a mate and children.

Further Review and discussion: It is extremely useful to know the developing signs of attachment in infants. The parents can use the indices of attachment to sort out to what degree the infant is forming a sufficient relationship with the parents and with others.

1. **Recognition:** the infant, very early on, shows that he/she recognizes mother's voice, fragrance, her way of holding, of giving food. In a vague way the infant senses

that this is a person who makes him/her feel good.

2. **Non-Specific Smiling Response:** at about 6 - 12 few weeks of age the infant begins to smile, indicating a sense of socializing. These early smiles are non-specific and may even be in response to a picture of a face.

3. **Specific Smiling Response:** This is the first sign of beginning real attachment which begins at about 2 months and stabilizes at about 5 - 6 months.

4. **Stranger response:** A six month old will react uncomfortably to a person from outside the family. This means that attachment is taking place with the mother and other family members and that family-outsiders are not known by the infant.

5. **Separation Anxiety:** Most 6 month olds when aware of mother's leaving will experience distress predominantly because the infant cannot retain in his/her mind the image of the mother who has just left. The infant feels abandoned. (If the mother will tell the infant each time she leaves, that she will return and also tell him/her when, this eventually will help the child tolerate absences and develop confidence that she will always come back.)

6. **Reunion Reactions:** There are two types of reunion reactions which all indicate that the child is attached to the mother. (These were be discussed at length in Workshop #4.)

Again, separation anxiety and stranger anxiety in the 5-6 month old child are not only part of normal development; they are desirable. They indicate that a meaningful degree of attachment to the specific mother and father is progressing normally.

Group discussion: Discuss male and female differences in attachment behavior, if any.
 How does the male child **identify** with the mother?
 How does the female child **identify** with the mother?

WORKSHOP # 6

COMING TO FEEL LIKE A "SELF" AND THAT THERE ARE "OTHERS"

Review the basic principles of attachment and bonding mechanisms that occur between the infant and mother.

Question: How does attachment lead to the child's feel he or she is a person, a "self"? And how does a child come to realize that there are "others"? This second part may sound silly, but we'll talk about what we mean by this.

Answers from participants. (Since separation-individuation has not yet been talked about we can expect that the participants will most likely not have answers to this question.)

Discussion: The newborn is equipped with an inborn ready-to-function attachment-forming system (whether it is driven by a force ["libido"] or by a set of instinctive mechanisms or both). This inborn system serves the preservation of the species and drives the child to attach to his/her caregivers, especially so the mother (and father). Through the mother's (and father's) own emotional investment in the child, the mother (and father) can facilitate and optimize the child's investment in her (and in him).

The helpless crying young infant triggers a nurturing response; crying, smiling, clinging, visually following and sucking are all behaviors (the set of attachment instinctive mechanisms) that forge the mutual attachment of mother and child.

The powerful infant-mother mutual emotional investment in each other continues to be very strong through the first years of the child's life. Dr. Therese Benedek defined this as a **true symbiosis**--in the sense of the concept as it is used in biology. By this Benedek meant, in contrast to the way Margaret Mahler used the term symbiosis, **that mother and infant are mutually dependent on each other, to the benefit of both, for the gratification of very strong individual differing needs.** This brings the mother and her very young infant very close together. Indeed, many mothers experience their children as part of themselves--an extension or possession--which serves to intensify the young mother's attachment to the infant. The child experiences the mother as part of herself/himself as well.

It is equally important for the mother to recognize that her normal child will soon need to start becoming an individual and she will then, depending on her young child's expressed needs, at times have to allow closeness, and at other times, separateness.

Dr. Margaret Mahler focused "only" **on the normal infant's** earliest experiencing with the mother and conceptualized **what she inferred the infant experienced** from what she saw in her theory of **separation-individuation**. She saw behaviors that suggested to her (and her research collaborators) that the infant soon after birth came to experience the mother as a part of the infant himself/herself (see below). This phenomenon, **the infant's experiencing himself as one with mother**, as a dyad, Mahler

called "the normal symbiosis". In Mahler's theory, symbiosis does not pertain to the mother, only to the infant. In this her concept differs importantly from the biological concept by the same name, symbiosis. Perhaps not the wisest label to have given this new concept, but there it is.

Now, the work the child does in the course of the first 3 years of life to resolve the "normal symbiosis" (Mahler's concept) is termed the **separation-individuation process**. It is extremely important for healthy development, first of all, that the child experiences a strong attachment to his/her mother--as if they were one--during the first 2 years of life. It is then equally important that the child gradually modify the quality and degree of closeness: the child moves from a sense of oneness with the mother to an awareness of their physical and psychological/emotional separateness.

As we said in Workshop #2, a major mechanism which allows the child to emotionally, psychologically separate from the mother is through **identification** with the mother.

Review question: What do we mean by "identification" with the mother?

Answers from workshop participants with examples.

Discussion: By taking on some aspects of the mothering person into one's own character the tight dyad can be melted in a gradual, progressive manner to allow the child to experience herself as an individual and experience mother as an individual. Provide examples to illustrate this point.

Question: Are there differences between the way the male child identifies with the mother from the way the female child identifies with the mother?

Answers from workshop participants.

Discussion: During the first two years, no. From 2 or so years of age on, gender-specific identifications do occur. In this there are, of course, differences.

Every boy and every girl identifies with **both** Mother and Father. Boys identify with their mothers quite as much as with their fathers. Girls identify with their fathers quite as much as with their mothers. The distinguishing factor in both boys and girls comes from the large sector of the parent's personality they do identify with distinctively which has to do with each parent's **gender-self**. Especially during the 2 to 6 years period and again in adolescence, boys re-enforce their gender-related identification with their fathers and girls with their mothers.

Discuss how relationships are enormously important throughout the entire life-span. Etc.

Question: What do mean by **the principle of parallel and reciprocal/mutual development?**

Answers from workshop participants, if any.

Discussion: By this we mean that there are parallel and reciprocal/mutual influences

between the development of the self and of our relationships to others: how one experiences oneself and who one becomes on the one hand, and how we experience and form relationships to others, develop hand in hand, influencing each in equal measure. Similarly then, mental health professionals tell us that if you feel good about yourself, you are more likely to feel like reaching out to other people; if you like and respect yourself, you will like and respect other people; if you have found that you can trust your mother to come back whenever she goes away, you will be learning that you yourself are worthy of trust, etc. For this reason mental health professionals have found the development of a healthy emotional life to be dependent on the child's (and adult's) relationships to those closest to him or her.

A look at Dr. Margaret Mahler's Separation-Individuation Theory

Separation-Individuation theory holds that over the course of the first 3 years of life the infant progresses from (1) experiencing the self and the mother **as one unit**, as a twosome (dyad) enclosed as if in a unifying membrane, to (2) to recognizing self and mother **as two separate distinguishable individuals** who are related to each other in a deeply meaningful emotional relationship. The child now generally experiences them as attached by a strong **emotional** bond, but **not a physical one**, nor as if enveloped in a common membrane.

This process of evolving from feeling one with mother--like one entity enveloped in an emotional membrane--to recognizing self and mother as two separate individuals, Mahler found can be helpfully subdivided into several phases and subphases which we will soon discuss.

The development of the sense of self is a gradual development. Although the child may look as if he/she has totally separated from the mother and seems to be a totally independent "person", individuation (becoming a separate person) is not as complete as it often appears. Indeed, during the first three years, the child's reactions to the absence of the mother, the crying during separations, stranger responses and reunion reactions, tell us that the work of individuation and feeling **secure** on one's own is only beginning.

If the parent understands what the child may be experiencing through the course of this normal development she/he will be better able to help the child and optimize her/his healthy development.

Question: Did you ever wonder how a child comes to eventually know that she/he is a person? How have you been able to observe in your infant signs of a growing sense of self?

Answers from workshop participants. Can they provide examples?

Discussion: Let's see what Dr. Mahler said about this. Let's look at and talk about her theory of Separation-Individuation. (See handout: "An outline of Separation-Individuation Theory developed by Margaret S. Mahler, M.D.)

An outline of **Separation-Individuation Theory** – a theory that explains all this.

Age	Name of Phase	Description of Phase
0 - 6 wks*	Normal Pre-symbiotic Phase	The newborn is most aware of what he feels inside himself. He has feelings -- hunger, fullness, cold, warmth, etc. He cannot tell the difference between what is inside and what is outside himself. However, newer research shows that an infant can recognize his mother's voice and smell, and is already beginning to show interest in the world around him, particularly in his caregiver.
1 - 6 mos.	Normal Symbiotic Phase	Slowly he begins to see the difference between himself, and the world outside of himself. He thinks of his mother and himself as being together as in one membrane, as if they were together in an eggshell. He develops a very special attachment to his mother. He molds into her when held, and most of the time at this age seems to like to be held.
6 - 36 mos.	Separation-Individuation Phase	NOTE: This phase consists of four subphases , described below.
6 - 9 mos.	Differentiation Subphase	While still in the symbiotic phase he begins occasionally to turn away from Mother, wanting to do things himself (e.g., he may grab a spoon from her.) However, he still has a strong symbiotic attachment to her. He begins to look more alert, an appearance which led Dr. Mahler to describe this as a "hatched" look, as if he just came out of his symbiotic shell. He vaguely senses that his mother is a different person from himself, and is anxious when she goes away.
9 - 14 mos.	Practicing Subphase	More and more he has a clearer idea of what is inside and what is outside himself. Although separation reactions are still there, they subside somewhat during this period. While still attached to his mother, he gradually becomes very attached to father and others in the family. He finds the "outside of himself" very exciting. He practices his newly acquired skills and capabilities and has a sense of elation doing so a good part of the time.

14 - 24 mos.	Rapprochement Subphase	The child fairly easily separated from mother during the practicing subphase now hovers around her because he is now more clearly aware that they are separate people. This awareness brings about a mood of low-keyedness. There are times when the child is in conflict, one moment wanting to be "a big boy", and the next wanting to be a little baby again, enclosed with the mother in one shell. At such times, he is puzzling to his mother, because he can't seem to make up his mind what he wants to do.
24 - 36 mos.	Toward Self and Object Constancy Subphase	Progressively during the third year, the child knows who he is and who his mother and father are. When they go away he can picture them in his mind, and more importantly, he has within himself the sense of having a mother and a father who care about him, and can be depended upon. Even when he feels troubled, he has an emotional awareness of who he is and that his parents are there for him.

*The ages listed in this table may vary with individual children.

**Dr. Mahler originally labeled this phase the Normal Autistic Phase.

This was later changed by some of her students.

Outline prepared by H. Parens and E. Scattergood.

Further explanation of Separation-Individuation theory

On the average, during the first year of life, the biological unity of the child and mother plus basic psychological and continuing biological factors in the mother give priority to the mother-child relationship over other relationships during the first year of life and often even beyond.

However, while it is essential that the infant form a deep attachment with at least one **constant** person in his/her environment, deep attachments with several other persons (including, of course, the father--depending upon the degree of his emotional involvement with the child) can also exist and these do not detract or weaken the primary relationship the child has with his/her mother. In fact, these other relationships may enhance the development of the child's capacity to have deeply meaningful relationships.

Several points to be emphasized in Separation-Individuation theory:

1. During the **Differentiation Subphase** the six or seven month old child begins to move away a little bit from the mother. He/she is not yet aware that he/she is a separate person from Mother, but this is a first step toward that.

2. During the **Practicing Subphase** (approximately from the seventh month until about one and a half years of age) the child explores his/her world. Crawling and walking helps his/her efforts. **His/her explorations are his/her way of learning what the world he/she was born into is made of and, in fact, are the child's first efforts at being a "student"**. Clearly then, such explorations should be made safe, should be encouraged, and are opportunities for parents to "teach" their young about everything they want to know.

The reasonable parent will typically protect the child's explorations, and will have to limit these when he/she is in danger of hurting himself/herself or another person or thing. This regrettably but very normally will lead to frustration in the child who will protest the limit being imposed. This will often lead to a battle of wills. The child will feel a conflict between the strong need to explore and his/her parent's forbidding. A child will respond angrily, not knowing yet that he/she is in fact being reasonably protected. This is all the harder for the child because he/she finds himself feeling hostility toward the parent he/she loves. This mix of opposing feelings which is called **ambivalence**, creates a conflict of feelings within the child.

People of all ages experience ambivalence. Ambivalence is normal. It is important to help children when they are little to learn to cope with the angry feelings they have. This topic will be more fully developed in Workshop #8.

3. As the child gets further into the Practicing Subphase he/she, without realizing it, is separating more and more from his/her mother, and is doing things as an individual. For example, he/she may get so interested in handling and testing out what she/he can do with a particular toy that she/he forgets her/his mother for several minutes at a time. Then he/she may toddle back to her and touch her, or from a distance he may just look at her, get her smile and go right back to his/her exploratory business. Mahler called this kind of checking with her, **emotional re-fueling**. It's as if mother's smile or hug has

refueled his/her sense of security.

4. During the **Rapprochement Subphase** (from about 16 or 18 months of age until about 24 months of age) the mother and child often encounter difficulties due to the conflicting feelings that the child is experiencing. Whereas the child is able to move about freely and even express him/herself to some degree, the increased awareness of his/her separateness from Mother makes him feel anxious. Panicky feelings when mother leaves him, stranger anxiety, clinging and the use of comforters may reoccur as a means of coping with the anxiety the child feels. (The comforter temporarily can stand in for Mother.)

During this subphase, the child may become fairly moody and may feel a form of sadness Mahler called **low-keyedness**.

Group discussion: discuss low-keyedness and what the child is experiencing.

5. The child now also uses the word "NO!" almost constantly. This "No!" helps him/her feel like a person who can control things; it helps him to feel separate, as **an individual with a will of his/her own** and helps him consolidate his feeling of being a self.

The child also begins to insist that everything is "**mine**". This word refers not only to his/her own toys, but to anyone else's too, or anything else he/she wants. We believe that he/she experiences this seeming "greediness" because he/she feels that he has lost his special kind of closeness to his mother and is displacing his claim that mother is "mine" onto things and is trying to make up for this "loss" by trying to make everything his. (This will be further explored during Workshop #8.)

6. During the last subphase, **On The Way To Self and Object Constancy**, the child now has an increasingly better idea of what his/her own self boundaries are and what others' self boundaries are. She/he feels more secure in her/his knowledge of who she/he is, and that he/she is a separate person from his/her mother. With this, he is also more clear about who his mother and father and other family members and friends are. This realistic view of relationships doesn't happen all at once, and may not be complete by three years of age.

During this period, the child works through the panic of the Rapprochement subphase, accepts the idea of separateness, and talks quite a bit about "Me". He/she develops a still close, loving but more mature relationship with mother, father, and other family members.

We see him/her identifying (wanting to be like) with them, imitating what they do, wanting to be like them, and at times making believe that he/she is Mommy or Daddy. This ability to identify with other people leads to important developments in his/her personality.

HOW TO OPTIMIZE THESE DEVELOPMENTS IN YOUR CHILD

Group discussion: Discuss the Separation-Individuation subphases and offer

suggestions about ways family members can help a child, and responses that will not help.

Helpful Suggestions include:

During the **Differentiation Subphase** allowing the child to crawl when it is safe, showing pleasure in his/her ability to crawl, and pointing out interesting things in the room.

Unhelpful responses include snatching her up while she is crawling off by herself (unless she is headed for danger). So is forcing her to look at another thing when she/he wants to look at something else she/he finds interesting. And so is making him/her anxious by handing her to someone to hold whom she doesn't know.

During the **Practicing subphase**, **helpful activities** would include baby-proofing the house so that explorations can occur in safety, without hurts and breakages that would spoil the learning experience. So is showing and explaining what the child finds while exploring--unless the toddler experiences that as bothersome or intrusive. Supporting and even where needed encouraging the baby to crawl, walk and climb, while protecting him/her from danger can be optimizing. And, of course, offering "emotional refueling" when needed maintains the interest in learning. And also very important is understanding why the toddler is resisting limit setting, trying to explain to him why the limit is set, try to help him accept it and not feel so "stepped on", and lastly to not feel too awful when she/he shows feelings of hostility and help her/him deal with these constructively.

Unhelpful responses include having too many breakables within reach and scolding, frightening or threatening the child when she/he toddles off limits. It is also extremely unhelpful to reject the child because she/he protests mother's limit-setting. And also hurtful is rejecting the child when she/he expresses hostile feelings during a battle of wills, and especially rejecting then the child's appeals for comforting. (Instructor: this may need further elaboration.)

During the **Rapprochement Subphase helpful suggestions** could include having patience, understanding what is happening, comforting the child; encouraging autonomy and self-reliance, but also allowing the child to feel like a baby, not shaming her/his need to be held, or when she/he needs to, the use of her "comforter".

Unhelpful responses include scolding the child, shaming her/him at times when she/he needs to be held and feel like a baby. When punishment is needed, time-outs and privilege withdrawal (not of things needed for health such as food or sleep) are best; spanking can cause more trouble than help.

During the **On The Way To Self and Object Constancy** subphase **helpful suggestions** would include encouraging the child to identify what is herself and what is

part of others, playing make-believe with her and teaching her to do some of the simple things Mother and Father do.

Unhelpful responses could include forcing the child to give up her/his comforter before she/he is ready; not preparing her/him for necessary absences of family members; making fun of her/his efforts to do things grown ups do.

Question: Why is it important to help a child in the Separation-Individuation process?

Answers from workshop participants.

Discussion: A child who gets through this process successfully, with few problems, will be better ready for the next challenges of development.

She will know who she is, will realize that she is loved and valued, and will have a fair amount of confidence that even though she is little and separate from mother, she can do things herself and if she needs help she can turn to her mother.

She will know that even though she is separated from mother, mother is still there for her.

She will have been encouraged in her efforts to learn, and now will be ready to learn new things; she will know that she can control some things, but can also cooperate when her parents say "No."

When she gets angry, she can cope with it, and get back on a loving footing with her parents.

She/he will have taken some very big steps toward becoming self-reliant.

WORKSHOP # 7

THE DEVELOPMENT OF INDIVIDUALITY ALLOWING SUFFICIENT AUTONOMY IN A SAFE ENVIRONMENT

Question: What is "autonomy?"

Answers from participants. This may draw a blank for many participants.

Discussion: **Autonomy** means to initiate (that is, to think of things one wants to do) and to do things oneself, to be driven from within oneself to do what we ourselves do. Its earliest signs which emerge especially from when infants are about 10 months old, look like the infant would be saying: "I can do things!" Autonomy is the core of becoming an individual. So autonomy in a way can mean individuality. We'll use the word autonomy.

The inner push that drives autonomy in each of us is nondestructive aggression. It is nondestructive aggression that fuels the "Thrust to Autonomy"; it is called assertiveness by some theorists.

Question: When does one begin to see it in infants?

Answers from participants; ask for examples of the infant wanting to do things him/herself.

Discussion: The first signs of wanting to do things oneself appear in the first months of life with the infant's first efforts to master his body and the world into which he/she was born. Of course, we then see evidence of nondestructive aggression driving the infant to do these things that serve him/her to master his/her own body, to do things that lead to the infant's developing new adaptive abilities.

Question: What is important about the "thrust to autonomy?"

Answers from participants.

Discussion: The "thrust to autonomy" (Erikson, 1959) is at the core of the infant's becoming a self. The need to become a self is built in; we are born with it. It is as powerful as the need for emotional attachment.

The thrust to autonomy becomes visible in behavior from the middle of the first year and continues through life.

The thrust to autonomy drives the beginnings of learning. The earliest form of learning was called "sensorimotor intelligence" by Jean Piaget (a Swiss psychologist), because the beginnings of intelligence involves our sensory (seeing, hearing, smelling, feeling, etc.) and our motor (muscles and movements) systems. This early inner-driven activity marks the beginning of the push and energy the child will utilize later in school as will the adult in his/her work. This inner pressure and the activity it seems to fuel can be very productive and serve the child's adapting to everyday life, the demands of work and of the environment.

Question: How do we recognize this in our infants?

Answers from participants; ask for examples.

Discussion: Infants show this inner push and pressure during the first year when they want to do something themselves, or reach for something themselves, or even make something happen or work.

From the 4th month of life on this "pressured activity" increases in frequency and in intensity and begins to play an important part in the child's actively interacting with his/her environment, both animate and inanimate.

Some child development specialists propose that this form of nondestructive aggressive pressure fuels the development of locomotor (hands, arms, legs and body movements) and cognitive (thinking, understanding cause and effect, problem solving, etc.) skills and contributes importantly to adaptation.

Question: How can the parent enhance the child's developing and handling of nondestructive aggression?

Answers by participants; ask for examples.

Discussion: The parent can play a critical role in enhancing the child's autonomy and healthy assertiveness by fostering the exploring-learning-achieving efforts the young child makes. The child's assertiveness and autonomy need to be nurtured as well as appropriately directed.

It is important that the parents recognize this constructive form of aggressiveness, of assertiveness, which fuel the child's emerging autonomy from the first months of their child's life on. It is important that the parent recognize this in his/her infant and that this form of healthy assertiveness be protected because it is much needed for healthy adaptation, healthy self-valuation and sense of worth, and it is also of enormous value to the growing infant's developing sensorimotor intelligence.

Question: Doesn't setting limits interfere with the child's developing sense of autonomy?

Answers from participants.

Discussion: It is very important to protect the infant's efforts to appropriately gain mastery over himself/herself and his/her environment but it is equally important to set limits where those efforts may cause harm to the infant, to others or to valued possessions. It makes the child feel safer in his explorations and in his acts of autonomy.

It makes the difficult task of limit-setting easier if parents bear in mind that setting limits when needed will facilitate the development of healthy assertiveness in their child.

Question: How can the parent protect healthy self-assertiveness while also set limits appropriately?

Answers by participants.

Discussion: This is an important question and we will spend an entire workshop on this topic. For now, let's say that because the marvelous thrust to autonomy is the prime producer of "battles of wills" between parent and child it is important that limit-setting be done constructively. Both, the inner thrust to explore, to learn must be protected, and the child's safety and learning to socialize reasonably need to be assured.

Question: What goals might you set yourself to enhance your child's healthy sense of autonomy? What would a well developing sense of autonomy give the child?

Answers from participants.

Discussion: Parents need to help their children over their childhood years to gradually become individuals who can govern themselves and will one day be able to function on their own by being properly assertive, able to initiate and carry on constructive work, and be sufficiently self-reliant while being warmly, lovingly related to another chosen person.

The child needs to be supported and may need to be encouraged to develop his/her ability to cope, to master difficult situations, to continue to explore and derive meaning from his/her environment. All these skills will enable the child to become a productive member of society and to better reach his/her potential due to his/her positive self esteem and self confidence. The beneficial consequences of encouraging healthy autonomy in children are far reaching and have implications throughout the entire lifetime.

The primary goal for parents is to make their child appropriately assertive by providing and supporting certain activities for their child that help him/her explore their world, assert their needs in reasonable ways, develop self mastery, and learn to get along in their environment and with other people.

Question: What happens to the child if this nondestructive aggressive thrust is persistently thwarted and/or frustrated by the environment?

Answers by participants. Ask for examples.

Discussion: If this drive is frequently frustrated the child will experience excessive displeasure because it is, and can increasingly become, a painful experience, producing anger and hostility. It can also cause harm to the child's sense of initiative and basic sense of self as a capable functioning person. It may also result in negative interactions between the child and those who are thwarting him/her, leading to conflicted relationships.

Question: Are there some guidelines that can help parents foster a healthy sense of autonomy in their child?

Answers from participants to start with. Then,

Discussion: We have "Ten Commandments" to help parents with this:

1. Listen to the child when he/she tries to tell you something.
2. If you don't understand, ask him to repeat it so you can answer him/her

properly.

3. Give him/her choices about what to wear and ask him/her to tell you what he likes.
4. Respect her/his wishes, whenever possible (if she doesn't like a vegetable, try another; offer an alternative.)
5. When you have to deny him something he wants, let him know that you understand that it may make him angry with you.
6. Encourage but don't push too hard to do new things.
7. Praise him and show your pleasure when he accomplishes some thing new. Never shame him when he fails.
8. Teach him how to meet and greet new people in a friendly manner and how to play with other children in a positive way.
9. When he does express anger help him to deal with it reasonably, to let Mommy know by signs or words, but, given that these are normal feelings that come from feeling pain, don't make him feel that he is a bad child for having or expressing these feelings.
10. Let him/her always know that you value and respect her/him as a person.

Discussion:

Participants will consider the following questions and will discuss answers in either small groups or in general discussion.

1. Has your child shown non-destructive aggressive behavior so far today?
2. Did she tell you what food she wanted, and did not want for breakfast? (That of course means that she was being reasonably assertive.)
3. Did she/he say what she/he wanted to wear today? (Again, being reasonably assertive.)
4. Was she/he very busy exploring her/his environment, or trying to do somersaults or other physical activity? (Non-destructive aggression--in the service of learning and mastering her/his body.)
5. Did she get into a game with other toddlers on the playground (non-destructive aggression, assertiveness.)
6. Did anyone read her/him a book or did he/she seem to make some interesting discovery? (Exploratory learning--nondestructive aggression.)
7. Did she/he and you get into an argument in which you both said what you felt and thought? (Nondestructive aggression--assertiveness.)
8. Did she/he ask you to take her/him somewhere today? (Assertiveness.)

These are all non-destructive aggressive activities that help your child explore and begin to gain mastery over his/her world.

Instructors, ask students for more examples of nondestructive aggression and will focus upon growth enhancing methods to handle this constructively.

Instructors, discuss specific skills that encourage self-reliance. These skills will include helping children to help themselves and to persist in reaching their goals, providing

information to children which will assist their pursuit of gaining knowledge, encouraging children to find answers to their questions (adults have to hold back from providing answers too readily, asking too many questions, discouraging children from going to sources outside the home, etc.) It is also important to encourage children to strive to reach their potential and to use their persistence, imagination, creativity and courage in order to do so. Adults should be mindful of appearing too pessimistic about this endeavor and allow children the chance to develop themselves to their fullest potential even if it entails some temporary set-backs and frustrations.

HOW TO OPTIMIZE INDIVIDUALITY (AUTONOMY) FROM INFANCY THROUGH AGE THREE

Question: How does the Separation-Individuation process influence the drive to autonomy?

Answers from workshop participants.

Discussion: In brief (because this process was discussed at length in Workshop #6) there are four subphases in the Separation-Individuation process. Here we will touch on the first two subphases only.

1. During the Differentiation subphase (5-9 months) the infant begins to "hatch out" of the experience of oneness with the mother, turning away from her while on her lap and crawling away from mother.

2. During the Practicing subphase (which occurs during the second half of the first year into the second year), the infant becomes a remarkable explorer of his world into which he was born and upright locomotion is a major achievement that enormously facilitates this adaptation. Close observation suggests that the infant experiences a driving inner pressure to explore and master his/her world.

Question: What is the "inner pressure" that drives the young child to try to master himself and his world?

Answers from workshop participants.

Discussion: This inner pressure is a built in force within the growing infant that thrusts the child to be an autonomous, activity-initiating individual. It powerfully serves the development of the young child's sense of self. When under the child's control it shall be his/her "will." Until the child learns how to bring this powerful force under his/her control the child's driven behaviors are, to a substantial degree, involuntary.

Question: Why do you think children experience parental interruptions on their driven behavior as so unpleasurable? Are they just being wild or ornery?

Answers from workshop participants.

Discussion: Parental interruption interferes with the child's **inner pressure to do, to discover and to act**. With this, it interferes with the emerging sense of self as an autonomous, activity initiating individual. This creates an **Autonomy Conflict**.

Although we shall discuss what the autonomy conflict is more extensively in Workshop #8, here is just a word about it.

An **autonomy conflict** is set in motion when

1. The child is driven from within to do something, be it explore or manipulate something; and
2. Mom says "No", hopefully for good reasons. Take for instance, the 12 month old who wants to explore an electrical outlet; Mother, understandably says "You can't touch that, you might get hurt!" But,
3. The 12 month old is driven by this inner pressure to do what he is in the process of doing.
4. A battle of wills develops between Mom and the child. The unpleasure at not being allowed to do what he wants to do makes him feel hostility toward his beloved mother!
5. Caught now between the inner pressure to do what he wants to do and his beloved mother's telling him he can't do that, he becomes conflicted: He wants to do what he wants to do and he wants to listen to the Mommy he loves. What should he do? Most important, is that he feels hostility toward the Mommy he loves.

That is the autonomy conflict.

Question: What can we learn about the Autonomy Conflict that can help us better understand our child's need to explore and master his/her environment?

Answers from workshop participants.

Discussion: The pressure pushing the child to develop a sense of self is propelled by strong internal forces that are inborn. This pressure unavoidably leads to the infant often doing things that the parents finds unacceptable.

The reaction of frustration experienced by the mother's prohibition leads to an experience of unpleasure in the child. Feeling pushed from within to do something that is felt to be a **need** and encountering the valued parent's prohibition, a chain of unpleasure-experiencing reactions is experienced by the child.

Question: Why does the child experience this as unpleasurable?

Answers from group participants.

Discussion: Frustration is experienced due to not being allowed to proceed in compliance with the inner pressure that is driving the child to action. This the child experiences as unpleasurable.

The higher the inner pressure, the higher the "will" to do what the child "needs" to do, the higher the degree of unpleasure experienced, the more will anger be generated in the child. The longer the periods of frustration persists, the more frequently these occur, the higher the level of unpleasure experienced, often to the point of becoming excessively unpleasurable, then the more will the anger intensify and become hostility, and eventually even rage in the child.

The second contributor to the child's distress is that the prohibition that is set up comes from the caregiver to whom the child is attached and values deeply. This now sets up a condition within the infant which the infant experiences as an emotional conflict.

(We will detail various aspects of this emotional conflict in Workshop # 8.)

Question: How can the loving parent handle best this "battles of wills" that emerges during the Autonomy Conflict?

Answers from workshop participants.

Discussion: This conflict will be difficult for both child and parent. However, it is the degree to which the battles of wills is experienced and the frequency with which these occur which is of much importance.

From the child's side, the degree of inborn inner-pressure and drivenness will determine how persistent and pressured the child will be to achieve his/her goals.

Equally important, the mother's own characteristic ways of handling assertiveness and her tolerance for the child's expressions of his/her own "will" significantly determine the character of the battle of wills.

The child's experience of these inner pressures needs to be protected and progressively organized by the child. The necessary guidance and protection can be provided in ways that will enhance the child's ability to be constructively assertive while protecting against the undue production and mobilization of hostility.

Question: How can the parent best do this?

Answers from workshop participants with examples.

Discussion: To do this it is necessary to understand and respect your child's needs for age-appropriate autonomy and opportunities for exploration, while also setting reasonable limits and helping the child master his/her inner pressures.

As in all parenting, **reasonableness** should determine the child's behavior and the parents' setting of limits.

It is vital to let the child do things on his/her own--children really do need age appropriate opportunities to be independent and autonomous. And, when it seems reasonable, children should be allowed to make independent decisions of an age-appropriate nature. (Examples)

It helps too if parents realize that setting limits, which are often needed to protect the child from harm, confronts and stands in the way of the child's strivings for autonomy. Here, too, the child will experience a conflict of Ambivalence (discussed in Workshop # 8.)

Discuss in group setting what is "age-appropriate" for various ages.

Have workshop participants discuss examples from their own experiences.

Discuss in group setting methods of constructive limit-setting.

Use role plays based upon participants examples to illustrate various methods.

Discuss in group setting the negative consequences of expecting too much

cooperation from a young child.

What is the impact on the child?

How does this affect his/her general sense of self and assertiveness?

Discuss in group setting the negative consequences of expecting too little cooperation from a young child.

What are the realistic expectations that a parent should have?

How can they be determined?

Discuss in group setting what is "emotional refueling."

How can this be accomplished at a distance, so to not disturb the child's exploratory activity?

Use role plays to illustrate this point.

WORKSHOP # 8

BASIC CONFLICTS IN THE FIRST THREE YEARS OF LIFE

The following three **intrapsychic conflicts**, are normal more or less unavoidable developmental conflicts which generally appear developmentally in the order listed. However, the time sequence of their emergence can be very brief since the autonomy conflict almost invariably brings with it the first ambivalence conflict. The rapprochement conflict, which also brings with it a conflict due to ambivalence, comes developmentally almost a year later than the autonomy conflict. But since the autonomy conflict continues even into the era of the rapprochement conflict, the three conflicts often overlap, influence and generally intensify each other.

It is critically important that each of these conflicts be successfully enough negotiated and resolved in the context of the parent-child relationship, i.e., by the efforts of both the young child and his/her parents.

Instructors briefly describe the **Autonomy Conflict**. **Key conflict:** How to gratify the inner need "to do things oneself", "to be a self" versus complying with the wishes of Mom/Dad who is highly valued and needed, (and later whose love is needed).

As discussed in great detail in Workshop #7 "The Development of Autonomy", the autonomy conflict typically arises near the end of the first year of life out of and during the earliest battles of wills between child and mother. That is, **the autonomy conflict starts out** as the product of **a conflicted interaction** between the young child and his/her reasonably responsible parent. It starts then as **an interpersonal conflict**.

The autonomy conflict emerges in consequence of the child's inner-driven thrust to autonomy--which drives the child's exploratory activities--being restricted by the loving-responsible parent's prohibitions which are aimed toward protecting the child from harm. Because the less than one-year-old's thrust to autonomy is more or less powerfully driven and felt as a "need to do", the parent's prohibition is experienced as frustrating and therefore, more or less unpleasurable. How strongly the conflict will be experienced depends on the strength of the child's inner-drivenness and other inborn dispositions--e.g., how responsive to parental limits, how malleable the infant is--and the parent's ways of setting limits, i.e., of frustrating her baby.

Anger (if the frustration is felt to be mild) and hostility (if the frustration is felt as "too much") are invariably generated within the child by the (often excessive) unpleasure brought on by the frustration experienced at the hands of the limit-setting caregiver and this leads to more or less strong conflicted feelings. In particular, **the child experiences hostility toward the beloved limit-setting caregiver** (parent). This sets up within the child **an internal conflict of valuing feelings versus hostility feelings toward the same emotionally invested person**. This then creates distress and anxiety within the young child. This conflicted set of inner feelings toward the same highly valued caregiver is

called **ambivalence**.

The battles of wills that occur between child and parent, experienced by the child as an **Autonomy Conflict**, leads then almost invariably to an internal emotional conflict **due to the ambivalence** such battles of wills unavoidably create. This internal conflict due to ambivalence is of large consequence to both the child and the parent and to their relationship.

Instructors briefly describe **Conflict of Ambivalence**. **Key conflict**: to want to harm someone one loves; i.e., a conflict between feelings of valuing (and later, love) versus feelings of hostility (later hate), in short, love versus hate felt toward the same person.

Thus, it is when the parent sets limits on the just about one year old child, that is often needed to protect the child from harm, that this first normal **Conflict of Ambivalence** emerges. Because it creates problems within the child, if too intense, it may in turn lead to problems in the development of autonomy and the sense of self. Thus there is a reciprocal relationship between the autonomy conflict and the first conflict of ambivalence. The more intense the one, the more intense the other.

However, this conflict of ambivalence can also be helpful in the child's learning how to deal constructively with his/her own hostility and in developing a conscience. Because feeling hostility toward someone we value creates anxiety and distress in us, and especially so for the infant who is so attached and dependent on the prime caregivers, this inner conflict will trigger accommodative reactions on the part of the child that will lead, among other developments, to his/her learning how to deal constructively with his/her hostility and this can produce significant healthy growth.

The **Conflict of Ambivalence** then, which the child carries with him or her into the second half of the second year of life may be either intensified or lessened by the battles of wills that emerge between child and parent.

Then, later again, the battles of wills will be either of greater or lesser intensity due to the love feelings or the feelings of hate stirred by the soon to follow **Rapprochement Conflict**. The better emotional quality of the parent-child relationship the less the hostility and hate and the less the ambivalence generated within the child.

Instructors briefly describe the **Rapprochement Conflict**. **Key conflict**: to want to be separate, an individual versus to want to remain one with mother, as if a dyad contained within one symbiotic membrane.

Rapprochement means "to come close together again."

The conflict of ambivalence normally started near the end of year one continues into the Rapprochement Subphase (between 18 to 24 or so months) and receives contributions from two sources:

- 1) from the continuing battles of wills (autonomy conflicts) and
- 2) from the **Rapprochement Conflict** itself.

According to Dr. Margaret Mahler, during the Rapprochement Subphase the child develops a new awareness that mother and self are separate beings. With this awareness comes the child's realization that he/she is small and vulnerable and these lead the child to feel anxiety, low-keyedness, and hostility. Due to the anxiety, a child may now exhibit more clinging behaviors--this clinging is due to a new development and not due to a regression in the child.

This subphase contains a basic conflict--the **Rapprochement Conflict**-- which is caused by two opposing inner strivings: on the one hand the child continues to be thrust by inner developments toward a new level of autonomy (to initiate and to do things oneself), a new need to separate from mother toward becoming a self, an individual while, on the other hand, the new awareness of being small and vulnerable side by side with the painful and frightening feeling of loss of a valuable part of the self, stirs within the child a powerful wish to not grow, to remain one with mother.

Two opposing forces--one pushing toward individuation and becoming a separate self and the other pulling toward remaining one with mother--create within the normal child the **Rapprochement Conflict**.

This basic conflict takes different forms in different children. Some children become aware of this inner experiencing of opposing inner forces little by little, in small doses; others seem to become aware of this conflict all of a sudden, sharply, with full force.

These conflicted polar forces bring with them not only anger but a substantial degree of anxiety. This is especially evident in the re-emergence of separation anxiety, stranger anxiety and often of clinging behaviors. These anxieties are the product of the emotionally attached child's experiencing separation from mother now, again, but at a new psychological organizational level. The separation, stranger and clinging reactions lead to the child's needing to return to the physical closeness with the mother in a manner that seems to govern the child's behaviors.

The **Rapprochement Conflict** produced within the child during the second half of the second year brings with it not only anger and anxiety but also a soft deflation of mood Dr. Mahler called **low-keyedness**. This mood may be produced by the cognitive and emotional recognition that the child is small and vulnerable (being separate from mother), a feeling sharply in contrast with the prior feelings of elation and excitement that came with the discovery of new sensory and motor skills--feelings that prevail during the prior practicing subphase. The child may now return to a comforter or, if the child has not had one, may do so now. These are items which serve the child well in working their way toward tolerating separateness from mother.

Dr. Winnicott helps us understand that the comforter in some way becomes the representative of important aspects of the child's relationship with the mother and that it can often be used as a substitute for the actual presence of the mother. It is therefore a very useful and most often growth-promoting tool which helps the child in the process of becoming a self-reliant individual--one who is learning how to take care of his/her independent emotional needs.

Taking possession of things (especially another child's) is believed to be in reaction to the child's new awareness that mother is not part of himself. This behavior implies the feeling of losing the mother and that the gradual establishment within the child's mind that mother is attached by an **emotional and not physical bond** makes for a

feeling of threat of losing what belongs to the self. This leads to an overreaction ("mine, mine!") of taking possession of anything that draws the child's interest. This, then, is compensatory to the feeling and the dread of losing something that is most valued by the self--the mother.

Battles of wills activated by the child's continuing thrust to autonomy will continue during the Rapprochement Subphase. Interestingly, the **Rapprochement Conflict** and how the child deals with it, can contribute to either further accumulation or, when the toddler learns to deal well with his/her hostility, to a lessening of ambivalence.

The degree to which anxiety is created in the child by the conflict of wanting to be one with mother and, on the other hand, wanting to be separate and individuate from her, the degree to which the anxiety generated brings with it excessive unpleasure (emotional pain), to this degree will hostility and even hate now be generated toward the beloved parent.

The more positive the parent-child relationship to date, the less will hostility be generated at this time. The more burdened the relationship between child and mother with accumulating prior high levels of hostility, the more will the anxiety be heightened during the **Rapprochement Conflict**, and the more then will unpleasure be experienced to excessive degrees. Further levels of hostility will then be generated and added to that which has already been stabilized within the young child.

The better emotional quality of the parent-child relationship the less the hostility and hate and the less the ambivalence generated within the child. The better the **Rapprochement Conflict** is resolved during the Toward The Way To Self and Object Constancy subphase the less will be the residual ambivalence experienced in the parent-child relationship.

The task of resolving the **Rapprochement Conflict** during this subphase becomes complicated by the emergence during the third year of life with the first major differentiation of sexuality. Here boys must selectively disidentify with the femaleness of their mothers (given the basic identification that comes with dissolving the symbiosis) as their masculinity gets its first major differentiation during the third year of life. (Instructor: this might be skipped when talking about the less than two year old. If it is brought up, it most likely will need more detailing.)

Group discussion of these basic conflicts.

Receive questions from workshop participants and encourage discussion.

HOW TO HANDLE THESE CONSTRUCTIVELY

Question: Why should parents understand these normal conflicts in their children?

Answers from workshop participants.

Discussion: When parents understand what is causing the behavior that is occurring in their children, this understanding often guides the parents in handling their child's behaviors and distress in more growth-promoting ways.

For example, the child's anxiety can be less prolonged and made less intense by

the parent's empathetic and sympathetic (and when needed, firm) interventions. Feeling understood, feeling that Mom or Dad is really trying to help constructively, and feeling the parent's sympathetic attitude, all help the child feel less anxious. Additionally, the excessive displeasure that is generated by the anxiety experienced by the child will be less and, therefore, less hostility will be generated within the child. As a consequence, less hostility will be generated toward the parent during the child's normal rapprochement conflict and the existing ambivalence from before will tend to be lessened substantially.

Question: Are there any consequences if parents do not understand these developments in their children?

Answers from workshop participants.

Discussion: A parent's not understanding her/his child is felt by the child as bewildering and terribly frustrating. We all need to feel understood! Furthermore, not understanding what is causing the child's behavior takes away guidelines for how to handle things well. These factors will have negative consequences on the parent-child relationship in general and upon the outcome of the actual conflict in particular. Where parents do not understand the source of anxiety, there is a good chance they will handle the child's anxiety poorly and unsympathetically; this is most likely going to intensify anxiety creating more displeasure (pain), and more hostility will be generated toward the parent. In consequence of this, the ambivalence experienced toward the parent and toward the self will be further intensified and continue to stabilize as part of the child's developing ways of coping and personality.

Not understanding that the child experiences a good deal of anxiety and internal conflict with the dissolution of feelings of oneness, is more likely to rob the parent of the ability to really help the child develop a healthy sense of self. Parents who are not aware of the meaningfulness of this experience may give the child no confirmation of the child's developing understanding and construction of emerging separateness between self and other and some may even ridicule the child. This will further heighten negative reactions within the child and create conflicts between the child and parent.

Question: What do parents need to know about their child's normal conflicts?

Answers from workshop participants.

Discussion: Parents need to know that the degree and the way the child loves the parents is basically the degree and the way the child will love himself/herself- and that the degree to which and the way the child hates the parents is basically the way and the degree to which the child will hate himself/herself.

It is important that parents realize the powerful position they occupy in their child's life and the opportunity that seeing evidence of these normal developmental conflicts give them for helping their child grow successfully and for the parent-child relationship to be optimized.

Question: What can be optimized in the Autonomy Conflict?

Answers from workshop participants.

Discussion: Here the parents have the opportunity to enhance the child's pleasure in his/her autonomy and in learning. This is where school type learning begins. It is important for parents to know that these developments can be undermined and the child's excitement about being himself/herself and the pleasure in and about learning can be damaged. (**Instructor: this is critical.** Emphasize the link between optimizing the development of autonomy and enjoying learning.)

It is very important that parents recognize in the child's behaviors the thrust, the inner push of the child's emerging sense of autonomy and the central part they play in their child's evolving sense of self.

Knowing that the inner pressure which drives the child is at first not fully controllable by the child and is experienced as a need can increase the parent's appreciation of what is going on and make clearer the task of setting limits in a constructive and growth-promoting way. Because the child experiences the inner-drivenness as a need, the development of internal controls over this comes gradually and is significantly helped by the parents' **constructive limit-setting**.

Any interference, any effort to block the thrust of that inner pressure to explore, and to learn leads to an experience of frustration, and if the unpleasure that comes with this frustration is sufficiently high it will at first generate anger and if the unpleasure intensifies or just continues it will generate hostility toward the person who is creating the obstacle to this inner-driven exploration.

Question: What is **constructive limit setting**?

Answers from workshop participants.

Discussion: (Instructor: as you know this is an entire workshop!) Limit setting should not be avoided where it is needed. On the other hand, limits should not be set when they are not absolutely needed. It is when limit setting is excessive or unduly harsh that it can lead to the discouragement of exploration where there could be pleasure and excitement in discovery and learning. Baby proofing the house will reduce unnecessary limit setting and, furthermore, it makes for an environment that is safer to explore so that learning can be more easily facilitated and encouraged.

The development of a sense of autonomy and sense of self enhances learning in general, toward learning what is appropriate and inappropriate behavior, toward the development of self-protective behavior rather than self-harming behavior, etc.

Parents have an opportunity from the end of the first year of life to protect and foster the child's curiosities and interest in the world. We repeat that this is where "school learning" begins--it may well be that enjoying learning at this time of life can be crucial for future learning.

Group discussion:

How should adults handle children's questions?

How can the adult know what the child understands?

When it is ok to limit the child's questions?

When does learning begin? (Reminder for emphasis.)

Practice constructive and destructive ways to handle children's questions and the occasional limit-setting of them.

Question: How can the parent provide good learning experiences for small children?

Answers from workshop participants.

Discussion: Providing such experiences do not require large expenditures of money on toys, etc. Children become interested in all sorts of things besides toys!

Certain parenting activities can contribute to the child's interest in learning. Parents should be careful not to take over, to follow the child's lead and give the child enough opportunity to try and achieve the task himself. If the task is too difficult, help should be offered before the child becomes too frustrated and gives up with the feeling of being incompetent.

Question: How can parents' constructively handle the child's hoarding of toys (which we understand to be a spin-off of the Rapprochement Conflict)?

Answers from workshop participants.

Discussion: It is useful for parents to determine which toys should be shared and which toys should be private. The toys the child deems special should be made private property. In this way, parents can have reasonable expectations of the child.

Question: How can parents' effectively handle low-keyedness?

Answers from workshop participants.

Discussion: This affect needs to be dealt with sympathetically among 16-30 month olds. There is no need to try to do away with this feeling: it is part of learning to deal with the very trying tasks of development. Quiet time with the child--sitting, walking, reading together are all comforting activities that the parent can do with his/her child.

Question: How can the parent deal well with the child's assertive and sometimes obstinate "No!"

Answers from workshop participants with examples.

Discussion: From about 16--24 months of age this very important development occurs during the Rapprochement Subphase where the child feels yet another burst in their highly important developing sense of assertiveness, of self-confirmation manifest in their ability to say "No".

"No" brings to the child a growth-promoting, increasing sense of being a self--of being an individual, an entity.

Because "No" is an invaluable asset to the developing self, parents need to select when to protest the child's "No" and when to accept it, when in fact to derive some pleasure from it. The child's saying "I am a self" which is contained in the "No" can be respected while informing the child that although the child has the right to express his/her feelings, constructive limits (on the child's behalf) still have to be set.

Because the child's sense of self is just emerging it is very important to not be insulting, unduly critical or ridiculing of the child's ability to express his/her individuality.

Group discussion and role plays: Fully explore various methods to handle the child's assertion of self while setting reasonable and constructive limits. Role play various examples from the students' experiences and practice how the parent would explain the rationale for the limit being set.

Question: How can the parent further help the child during the Rapprochement Conflict?

Answers from workshop participants.

Discussion: During the third year of life parents will have continuing opportunities to help the child further work through the normal developmental conflict inherent in the Rapprochement Conflict as the child attempts to grow out of the emotional experiencing of mother and self as one. Understanding the large amount of anxiety and internal conflict that the child experiences during this subphase and knowing that the work of this period of development brings with it **identifications** with the parents should enhance in parents thoughtful and concerned parenting.

Helping the child to constructively work through the Rapprochement Conflict will facilitate and stabilize the child's identifications with the various features of the parents. The more likely it is then that the child will accept these viewpoints, values, philosophies and religious beliefs that govern their specific family.

PARENTING FOR EMOTIONAL GROWTH

WORKSHOPS

***HOW SEX DEVELOPS IN CHILDREN:
FROM BIRTH THRU SIX YEARS --
HANDLING IT CONSTRUCTIVELY***

by

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PARENTING FOR EMOTIONAL GROWTH

WORKSHOPS

HOW SEXUALITY DEVELOPS IN CHILDREN -- HANDLING IT CONSTRUCTIVELY

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PARENTING FOR EMOTIONAL GROWTH

WORKSHOPS SERIES

INTRODUCTION

The materials presented in these *Workshops* are derived from *Parenting for Emotional Growth: A Curriculum for Students in Grades K Through 12* (Parens, Scattergood, Duff, and Singletary, 1997). This Curriculum was developed and written in order to formally, educationally prepare our young for the job of parenting, a job which like any other demanding, complex and challenging job requires much preparation, knowledge and skill.

Our aim, in this education for parenting Curriculum, is to spell out principles of how to optimize the mental development and health of every child. We aim to achieve this by securing the most growth-promoting parenting of which each child's parents is capable. The child we have in mind is the human child, the *Homo sapiens* child, whether Chinese, Hispanic, Italian, Lebanese, American, whether Muslim, Protestant, Jew, etc.

Our parenting education work is informed by the work of many international psychodynamic mental health researchers and clinicians. Important among them, Freud proposed in 1939 that parents are the representatives of Society to their children, and that the greatest contribution psychoanalysis would make would lie in the application of what psychoanalysts learn from their clinical work to the rearing of the next generation (Freud, 1933). In 1978 we were much encouraged to pursue our then beginning work in parenting education by a communication from Anna Freud, who when she saw some of our early parenting education materials responded quickly and with enthusiasm to our strategies toward prevention in mental health by means of formal parenting education for school age children. She endorsed our conviction of feasibility and told us that not enough is being done regarding the application of what psychoanalysts have learned toward the rearing of the next generation.

In addition, in the 1970s, Margaret S. Mahler (1978) was convinced that the education of parents would serve to achieve the prevention of major psychological, emotional, and social problems of our time. Like Brandt Steele (see Krugman, 1987), Mahler recognized decades ago that child abuse had become an urgent social problem.

We assert that optimizing the child's mental health, and therewith adaptive abilities, by means of optimizing growth-promoting parenting can be done **no matter what the family circumstances**. Growth-promoting parenting can be achieved whatever the socio-economic conditions or strains, respectful of whatever the ethnic and religious mores and customs of each family, whether the family is intact or the parents are

divorced, whether a single parent family, whether one parent works outside the home or both do, part time or full time, and whether the family avails itself of home substitute caregiving or daycare. None of the variations in all these home and family conditions modifies or makes unique requirements of **the basic principles of growth-promoting parenting.**

Similarly, whatever the child's inborn adaptive abilities and givens, from temperament variations to the wide range of biological givens from normal to dysfunctional and disordered, **the basic principles of growth-promoting parenting** are the same.

Basic principles of growth-promoting parenting can be spelled out better today than ever before. The Twentieth Century, among other things for which it will be remembered, is the era when we achieved the most advanced ever degree of scientific and humanistic knowledge and understanding of how the depth psychology of the human infant evolves into that of the adult, how the infant becomes the adult who adapts to society for good or for bad. Although more is to be learned, what makes for good or troubled mental health and development has been studied and detailed in this century more than in the entire span of the history of civilization. Our Curriculum is constructed to spell out in some detail central principles of development and how to optimize these in order to secure good emotional development and health.

THE GOAL OF GROWTH-PROMOTING PARENTING

Growth-promoting parenting is to *optimize* the child's inborn potential abilities to cope constructively with everything the child experiences whether it comes from his or her **internal** goings-on (e.g., fantasies and interpretations of events) or from his or her **external** environment (e.g., family life, neighborhood conditions, etc.). To optimize her or his own growth-promoting parenting, it is best for every parent to:

First, have **sufficient information on the human child's basic emotional and physical needs.** This is required to have a clear enough view of what will be expected of the parent as well as what to provide the child with over the course of development from infancy through adolescence.

Second, have **sufficient information on the details and dynamics of every child's adaptive and emotional developments** from infancy through adolescence, as well as of those variations that come with the uniqueness of each child. For example, a normal shy child's way of coping differs from those of an assertive-outgoing child. Such information is required to have some reasonable idea of a specific child's age-appropriate abilities and limitations and how to make the best of these.

Third, and perhaps most important, every parent must have **sufficient information on how to optimize,** how to help the child "be as good as he/she can be", in the child's emotional and adaptive development. Both, **a basic general understanding**

of how to optimize development and **individualization** of parenting, or tailoring parenting to each individual child, are needed.

THE MODEL WE USE

The model of human development, functioning, adaptation, and mental health, we use is a **composite** of much cumulative **psychodynamic** knowledge that has emerged from clinical work as well as formalized direct observational and laboratory research during this Twentieth Century. A number of specific areas of the child's development have drawn the interest of individual clinicians and researchers during the 1900s. At times, such special interests have gotten much attention and have even come to be in vogue, to be believed to be more important than what has been known before. In some instances, efforts have even been made to replace well substantiated explanations of important aspects of human development, functioning, and what can optimize or damage these, rather than to add to the existing pool of information about this very complex system, the mental-psychological domain of the human child. We do not believe that any one of the remarkable psychodynamic developmental theories we now have, each addressing a particular aspect of the child's mental life, is more important than the others. We have found that our understanding is increased by availing ourselves of a number of these models as we try as best as we can to optimize each child's adaptive and developmental potentials.

A century of intensive depth-psychological (psychoanalytic, psychodynamic) clinical work with adults and children has taught us that humans are complex psychobiological organisms. Each is a single entity, the sum of a number of crucial sectors of experiencing and of development (i.e., of functioning at sequential levels of developing, coping, and stabilizing into increasingly more complex levels of functioning and of adaptation), which in their totality make up each person's qualitative mental health. Among the most crucial sectors of mental-emotional experiencing and development are those that pertain to one's own internal self, to one's human relationships, one's system of adaptive functions (including one's emotional and cognitive functions), one's evolving sexuality (which secures reproduction and the preservation of the species), one's aggression (which serves adaptation, securing one's mastery of oneself, of the world around and one's goals), and the gradual formation of one's conscience (which includes one's code of conduct and morality) and self-esteem. Just as we have found clinically that sexuality is not "the" most important sector of human experience, nor are the development and the vicissitudes of aggression, nor is the development of conscience and self-esteem, nor will a singular focus on attachment prove "more important than" any of the others. Each is enormously important and makes its unique contributions to our understanding of and our ability to help the total, single developing human being "become as good as she/he can be".

The **composite psychodynamic model** we use is one then, that has been developed piece by piece, has progressively become organized from 1905 to the present (1998). Even if the pieces are not as fully developed as some of us wish, each has been

forged sufficiently both in the research laboratory and in the clinical situation to be usefully applied to effect the promise Freud made to Society in 1933: that the greatest contribution psychoanalysis--which itself has developed enormously in its content and scope since that date--would make would be the application of what we learn from the clinical situation to the rearing of the next generation. We believe we have come to a point where we can propose strategies to do just that. The composite model we have seen gradually evolve over the past 40 years, a model 90 years in the making, is likely to stand for centuries to come, continuing to further evolve as we come to learn more about the child's biology and psychology.

THE WORKSHOPS

Whereas the Curriculum *Parenting for Emotional Growth: A Curriculum . . .* was conceived and developed by Parens, Scattergood, Duff, and Singletary--and a group of collaborating researchers and clinicians--for students in grades K thru 12, the *Workshops* are developed **for child caregivers of all kinds**, be they parents, daycare caregivers and administrators, teachers, etc. The authors of the Curriculum and of the Workshops, as noted above, aim their efforts at the **prevention of experience-derived emotional disorders in children**. As we have documented (Parens, 1988, 1993), we have learned that there is much teachable knowledge that can, and we believe must, be provided to current parents and future parents that will significantly lessen the frequency and intensity of experience derived emotional disorders in children. As we emphasized before, our principal aim is **to promote the development of good mental health and constructive adaptation in our children** by optimizing the way they are reared, by aiming toward their being reared by **growth-promoting parenting**.

These Workshops can be used in a variety of ways, in total or in part, with leeway for individual implementation by the Workshop instructors and participants. And they can be used for caregiver training purposes with many different groups of "students" including parents, daycare workers, teachers (especially early education), nannies, etc. It is our intention that the Workshop instructors will use their creative skills to optimize the "fit" between any particular Workshop and the participants. It is, however, important that the Workshop instructors be well trained and sufficiently familiar with the subject matter; for this purpose they may want to refer to the actual *Curriculum--Textbook* and/or *Lesson Plans*--cited above, as well as *Aggression in Our Children* (Parens, Scattergood, Singletary, and Duff, 1987).

The major contents of the Curriculum have been divided into a series of sets of *Workshops* (Parens and Rose-Itkoff, 1998). To date these sets of Workshops are:

- I. *On The Development of Self and Human Relationships,*
- II. *On Handling Aggression Constructively, and*
- III. *On The Development of Conscience and Self Esteem.*

The first two sets of Workshops are especially geared toward children from 0-3 years, though these can be improvisingly extended up in years by participants and instructors; the third set of Workshops spans from infancy through early adolescence. In addition to

these 3 sets of Workshops, others to follow include a set on *The Emergence and Handling of Sexuality in Our Children*, a set *On Optimizing Adaptive Abilities and Becoming a Responsible Member of Society*, and a set on *Basics of Early Child Development* (optimizing patterns of feeding, of sleeping, self care and regulation).

In order to be effective, the Workshop instructors must, of course, be sufficiently familiar with the material presented in the "Discussion" sections of these Workshops. Instructors would be best informed by reading the *Textbook of The Curriculum* (Parens et al, 1997) from which the Workshops contents are drawn. As with any other educational effort, the better knowledgeable with the subject material, the better will they field the questions, address the participants' expressed concerns, and integrate participants' concerns and interests and duly emphasize the salient points of each Workshop. We would hope that during Workshop sessions all the text materials under the "Discussion" sections are covered during the course of answering the questions proposed. Additional questions by the participants would be most welcome, indeed ought to be sought, and addressed *ad lib* as best as can by the Workshop instructor. Likewise, it is highly desirable that additional information be added (via examples, case vignettes, etc.) depending on the participants' grasp of the material, interest, life experiences, etc.

Workshop instructors may want to add additional role plays, interactive exercises, etc. and/or to spend more time on one area of interest or another. It is important to make these Workshops "come to life" to the participants and to encourage active discussion between the Workshop participants as well as with the instructors. It is also important that the Workshop instructors make the materials as applicable to the participants' everyday needs and concerns as possible. For this purpose examples derived from the participants' experiences are most useful.

These Workshops are intended for educational purposes and are derived from the comprehensive education Curriculum. They are not intended to be used for formal psychotherapeutic purposes except for Parental Guidance in the course of doing psychotherapeutic work with children and adolescents. This is so even though participants and instructors may, indeed, find that the Workshops materials invariably touch on intimate feelings and memories the parents have of their own childhood and of their own parenting efforts. Nonetheless participants may want to share varying experiences they have had with their children and parenting and, as we said, this should be appropriately encouraged. Workshop instructors will find, though, that this can take up much time and, therefore, should be weighed against the time allotted for any particular Workshop.

Workshop instructors should bear in mind that parents need special attention and support as they learn how to be effective parents. Empathy (trying to read the parents' feelings), support and respect for parents is, of course, highly desirable during the Workshops as parents become more familiar and comfortable with their role as parents who are learning from their children what they need and want. We believe, and say so to the parents, that to be a growth-promoting parent one needs to be "perfect" 75 % of the time. It is normal and natural to "make mistakes" as a parent; making mistakes within an

overall loving, respecting, and sympathetic parent-child relationship need not necessarily hurt the child. In fact, in such a relationship, how the mistake is handled between the child and parent and what kind of dialogue occurs and develops between them can be highly growth-promoting!

Finally it should be said that these Workshops are meant to be information-imparting and useful. They are intended to provide parents with much information about normal children and their normal needs that can and should be a part of the parents' knowledge base when interacting with their children. Good, growth-promoting parenting is now well known to be the most powerful means to lessen the frequency and mitigate the intensity of **experience-derived-emotional disorders** in children.

We hope that these materials will be useful in a multitude of settings with vastly differing audiences. **Instructors must be cognizant and respectful of, and attuned and sympathetic to ethnic specific mores and customs** of the Workshops participants, and could usefully refer to local idioms, proverbs, lullabies, cultural heroes, etc. to illustrate any points further. It is important that Workshop instructors, where possible, come from the participants' communities, and that both instructors and participants will come from all walks of life, all socio-economic levels, ethnic groups and from all nationalities. With respect paid to our differences it is our intention that full attention be paid to what we all share in common which is the present and future well-being of our children. Growth-promoting parenting aims to optimize every child's inborn givens, to make every child a reasonable and responsible member of society. With this it aims to achieve a better life and a better world for all children, and it is our job to do all we can to achieve this end.

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Volume 1: The Textbook (7 Modules):

Introductory Unit, pp. 68.

Unit 1 -- 0 to 12 Months: The First Year of Life, pp. 153.

Unit 2 -- 1 to 3 Years: The Toddler Years, pp. 169.

Unit 3 -- 3 to 6 Years: The Preschool Years, pp. 112.

Unit 4 -- 6 to 10 Years: The Elementary School Years, pp. 74.

Unit 5 -- 10 to 13 Years: Prepuberty, pp. 61.

Unit 6 -- 13 to 20: Adolescence, pp. 107.

Volume 2: The Lesson Plans (7 Modules) [Incomplete]:

Unit 1 for Grades K - 1, pp. 76.

Unit 1 for Grades 4 - 5, pp. 119.

Unit 1 for Grade 9 and up, pp. 108.

Unit 1 Laboratory Manual for Grade 9 and up, pp. 269.

Unit 2 for Grade 2, pp. 110.

Unit 2 for Grade 6, pp. 137.

Unit 2 for Grade 10 and up, pp. 198.

Unit 2 Laboratory Manual for Grade 10 and up, pp. 354.

Unit 3 for Grades 7 - 8, pp. 125

Further Lesson Plan Modules being developed.

**PARENTING FOR EMOTIONAL GROWTH --
WORKSHOPS SERIES**

GUIDELINES FOR WORKSHOP INSTRUCTORS

Introduction

These Workshops are developed for **child caregivers of all kinds**, be they parents, daycare caregivers and administrators, teachers, etc. We emphasize that our principal aim is **to promote the development of good mental health and constructive adaptation in our children** by optimizing the way they are reared, by aiming toward their being reared by **growth-promoting parenting**.

It is important that the Workshop instructors be sufficiently familiar with psychodynamic schools of thought and the contents of the specific Workshops. For better familiarization they most likely will find the Workshops source materials useful. These sources include *Parenting for Emotional Growth: A Curriculum for Students in Grades K Thru 12*¹ (the *Textbook* and/or the *Lesson Plans*) as well as *Aggression in Our Children*². From these come the materials presented in the "Discussion" sections of the Workshops. The better acquainted with these or similar materials, the better they will be able to not only field the participants' questions, but especially to address the participants' child rearing difficulties, concerns and interests, while at the same time emphasizing the salient points of each Workshop.

In the following Section we will suggest a set of guidelines that we hope will prove useful to the Workshop instructors. These guidelines are drawn from our experiences in conducting educational parent-child groups, from our developing *Parenting for Emotional Growth, A Curriculum for Students in Grades K Thru 12*, and most recently from presenting some of our Workshops to a widely diverse population in rural Appalachia. In the Appalachia project, the Workshop instructors Cecily Rose-Itkoff, M.A., M.F.T. and William Singletary, M.D. prepared for this event in

¹ Henri Parens, Elizabeth Scattergood, Andrina Duff and William Singletary (1997). *Parenting for Emotional Growth: A Curriculum for Students in Grades K Thru 12*, A Textbook and Lesson Plans. In-Progress printing by Parenting for Emotional Growth, Inc. Copyright Registration No.: TXu 680-613.

² Henri Parens, Elizabeth Scattergood, William Singletary and Andrina Duff (1987). *Aggression in Our Children: Coping With It Constructively*. New York: Aronson Press, Inc.

collaboration with Henri Parens, M.D. The guidelines are derived from our shared impressions.

These Workshops can be used in a variety of ways, in total or in part, with flexibility for individual implementation by the Workshop instructors and participants. And they can be used for caregiver training purposes with many different groups of "students". We leave it to the Workshop instructors to find ways to optimize the "fit" of the particular Workshops used and the participants' needs and level of training.

We suggest that it will be helpful to the instructor to bear in mind that these Workshops are **models**; that is, they can be individually tailored to suit the particular audience that is being addressed. For example, while discussing material under the "Discussion" sections additional questions from the participants can be integrated along with examples drawn from their life experiences. Doing this, the Workshops are more likely to spring to life and take on an immediacy that is most responsive and helpful to the participants. The questions from the participants will typically be "experience-near" and the ways by which the instructors respond and engage the participants in a dialogue can further make the material useful and emotionally meaningful to the participants.

As with any educational and communicational effort, the Workshops are most helpful to participants when the instructors "speak" the language of the group and when they sympathize with the everyday and specific dilemmas, hardships, hopes and aspirations of the participants. Materials are always better taken in when participants are encouraged to raise questions, voice opinions, disagreements, etc. and the instructor, at all times, has a receptive stance toward the input of the participants. It is productive when the instructor conveys to the participants that they can all learn from one another and that the instructor is ready to learn from them.

The following guidelines were useful to us and are offered here as suggestions for optimizing the use of the Workshop format with various audiences.

Guidelines

1. As Workshops go, each Set of Workshops in this Series is rather large, consisting of about 8-10 Workshops each. Ideally we would like to see all the Workshops contained in this Series planned over a number of months. Many of you will not be able to present so long a Series except in a long standing parenting educational and/or support setting. Therefore, Workshop selections will need to be made for presentation.

Each is sufficiently integrated to be able to stand on its own; this applies more readily for some Workshops than for others. The Workshop instructors' task will be facilitated by learning from the participant-audience prior to Workshop time what concerns, difficulties, interests are most pertinent to them. In this way, the selection of Workshops can be more suitably geared toward your particular audience.

2. The instructor will be best prepared the more familiar he/she is with the Workshop materials. Toward this end, instructors are encouraged to become familiar with the *Parenting for Emotional Growth Curriculum Textbook* and *Lesson Plans*. It may be helpful for instructors to pull out the most important themes and "sub-themes" in each Workshop and to articulate them in the instructors' own information-imparting manner. These themes can then be emphasized at various appropriate times during the Workshop and can also be reviewed during the final phase of the Workshop. As in all teaching, the firmer the grasp of the subject matter, the easier the presentation, and the freer will the instructors be to attend to participants' interests and to accommodate to the participants' pace of taking in of the materials.

Workshop instructors can expect that participants may ask questions and raise topics for exploration that tap the instructors' entire range of expertise. Instructors need not be able to answer all questions; it is expected that any instructor might not know a particular answer at the time a question is asked. It is perfectly professional to not know an answer and to say so. Furthermore, if time permits, an answer may be provided at another time after some research by the instructors.

3. In conducting these Workshops, especially when done directly with caregivers, it is important that the instructors convey a **non-judgmental attitude**, aim to **supplement** knowledge, and **re-enforce the strengths already existing** within the participant group.

4. Information is much better received and assimilated when the participants know that such information and whatever informed suggestions instructors make are derived from **proven child development research complemented by decades' long clinical findings** rather than when they are presented in an authoritarian and dogmatic manner.

5. We all rear our children in highly individualistic and extremely personal ways. This is why there often is disagreement among parents in how to deal with specific child rearing situations. And because we invest emotionally so much in our children and the ways we go about doing so, **we are all very vulnerable to feel hurt by any criticism or disapproval of our parenting efforts**. This is so whether the criticism comes from one's own mother, uncle or neighbor. But it is especially hurtful **when criticism comes from "an authority" in parenting education**. Disapproval by Workshop instructors is painfully felt by participants--and may even lead to withdrawal from the Workshop. For these reasons it is important to not approach any participant, any question, or any discussion from a position of criticism or disapproval. It is always best to be respectful and to accept disagreement. In fact, we welcome disagreement since disagreement, when well addressed, can lead to a greater degree of clarification of points made.

6. We have found over many years of parenting education with persons who are already parents that making suggestions for a better way of handling any given rearing situation than the one proposed by the parent, that such suggestions are better accepted

when they are coupled with discernible parenting positives already seen in the particular parent. For instance, "The point you made earlier about (whatever it was) is really on the mark. And, I'd say growth-promoting, to be sure. Here though, you might find it helps your child better to set limits with loving firmness, for this reason (specific reason given)".

7. As mentioned before, these Workshop materials are intended for **educational purposes**. They are to be used to educate the participants about growth-promoting parenting and how to optimize their child's development. Although the contents of these Workshops can be used in a therapeutic setting in the form of Parental Guidance³, these Workshops themselves are not planned to be used for therapeutic purposes and instructors are best advised to use both an educational attitude and their expertise in guiding the discussions.

8. Finding the appropriate **balance between personal disclosure and educational goals** can be a delicate matter, especially where the subject matter is highly personal as it typically is with many of these Workshops. Skillful collaboration between Workshop instructors, where applicable, and a clear understanding of the purpose of the Workshop should be helpful in this regard. It can also be clarifying to the participants if the educational nature of the Workshop is clearly stated while also encouraging their active involvement. The instructor must use his/her best judgment as to whether and when to introduce things about herself/himself or her/his family.

9. Because the Workshops will likely touch upon personal issues in the participants' lives the Workshop instructor is best advised **to have access to information regarding referrals and follow-up** in order to be further helpful to participants when and if appropriate and requested.

Knowledge of local agencies and services can also be highly useful. For example, while in Appalachia we were asked for specific advice regarding adjunct services for various cases and were fortunately able to turn to the local sponsors of the Conference to supply this valuable information to the participants when asked.

10. Where there are two instructors in any given Workshop, dividing tasks and labor between the two may be most beneficial. For example, one instructor may guide the formal discussions while the other may direct interactive exercises, role plays, etc. One may be better able to address overt specific, clinical issues while the other may be more attentive to nuances and un-addressed topics. Instructors may want to alternate who has the "Instructor" role and who the "Facilitator" role as well as other tasks.

³ *Parental Guidance* is an educational method that can often be highly useful in working with parents of children we see in psychotherapeutic treatments. H. Parens has been teaching this method now for several years to child psychotherapists and psychoanalysts. It is somewhat similar to what S. Fraiberg called *Developmental Guidance* (in *Clinical Studies in Infant Mental Health*. Published in 1980 by Basic Books, New York).

These Workshops, of course, can be lead by one instructor quite well and the Workshops are actually written with this in mind. But, depending on the size of the audience, the task may be quite taxing. A skillful team of instructors who work well together can be quite more productive and less taxing on each instructor.

11. It is invaluable to the success of the Workshop to set a congenial learning atmosphere. All educators know this, of course. How the participants view the instructor will depend, in part, on how the instructor portrays him or herself. One instructor may prefer to introduce herself by her first name when addressing the participants and welcome them to do the same. This particular point will, naturally, vary from one Workshop instructor to another and may depend upon a number of different factors. Some participants feel more comfortable if the instructor takes a more formal stance which is, in part, denoted by the use of " Dr.", "Ms." or "Mr.". We feel that a professional and helpful stance is always warranted and should not be compromised and that perhaps the use of names can be left up to the preference of both the Workshop instructor and the participants as well as the local custom.

12. While in Appalachia we dressed casually for our work attire but did not dress too informally. In other words, we wanted to dress similarly to the participants (and were told ahead of time that the participants would feel more relaxed with us if we did that) but did not want to convey the impression that we were there to simply take it easy. The seriousness of our work with them was neither diluted nor accentuated by our appearance and we felt that if our choice of attire could further put the participants at ease, we were glad to do that.

13. Being on site away from home, we made ourselves available to the participants throughout the conference. We ate meals with them, socialized with them and even enjoyed some recreational activities together. This of course has to be determined by both invited instructors and participants. When Workshops are conducted in the instructor's home town, one can make oneself available without participating in out-of-Workshop activities. What is important here is not the actual activities, of course, but the instructor's stance in relation to the participants.

14. How the members of the group interact among one another is a critical variable. Group composition can vary widely depending on size, experience, educational levels, ethnic mix, etc. There may be widely varying audiences (as we had in Appalachia) and there may be more homogenous groupings. It may be very useful to screen the group beforehand, if possible, or at the time of the Workshop, to ascertain the group mix as well as what the group's interests and concerns are and the nature of their experiences (personal, professional, etc.) Where possible, the program coordinator can do this and share the results of this process with the instructor while planning the Workshop event.

In Appalachia, we found that some participants wanted to spend more time role-playing and in small discussion groups while others preferred to cover as much of the didactic material as possible. Some members asked for a private viewing of the audio-

visual materials that we had brought with us and reviewed them after the conference had formally ended. Others voiced the opinion that they would have preferred more time spent on actual skills-building methods. Such issues need to be resolved at the discretion of the instructors even at the risk of displeasing some participants.

15. Joining with the group effectively can also be accomplished through non-verbal means. For instance, in Appalachia we arranged the chairs in a semi-circle to facilitate conversation among the participants. We did not sit behind the table set up for us but pulled our chairs out from behind the table and closer to the participants; we used the table as a place on which to put our teaching materials. In these concrete ways we hoped to be more receptive and available to the group.

16. Workshops are much enhanced when they can be made personally meaningful to the participants. An instructor who feels comfortable doing so can occasionally use personal examples from her/his experiences as a child, as an aunt or uncle, or as a parent; doing this seems to increase the positive interaction between the instructor and participants and also illustrates points and concepts in a tangible manner. Many participants appreciate this teaching method and hear and even accept the material better because it informs the participants of the fact that the instructor has had pertinent experiences which gives more reality to the instructor's information. Likewise, anecdotes either from one's personal or professional life can best illustrate certain principles and increase the participants' understanding of the subject matter.

17. Workshops can be made more lively when the instructor feels comfortable illustrating certain child behaviors, as making young child sounds (e.g., types of infant's cries) or demonstrating particular attitudes and gestures. At times the instructor may choose to emphasize a point by such intoning of a sound or acting out an expression or gestures in an illustrative manner; it usually makes the point more dramatically. Although this is not a requirement, participants generally are engaged by and enjoy the instructor's attempts to illustrate dramatically even if they are amateurish! The instructor can also enlist the help of willing volunteers to assist in such illustrations. An important didactic point can be made more clear through the use of illustration and example.

18. Similarly, if the Discussion text can be augmented by inserting a particular point of much relevance to the participants, such should be done and a good illustration may be very useful to do just that. Generally, participants enjoy learning through examples and the sharing of these; the instructor can use his/her judgment to improvise upon this theme.

In such ways further issues may also be added to the discussions as needed. For example, with a particular group committed to the benefits of breast feeding it is wise for the instructor to ask the group if they think that positive feeding experiences can also occur between a parent and a bottle-fed baby. Lively and productive discussion usually follows this question.

19. Workshops, like with any audience, require of the instructor to be attentive to

how the group is responding and feeling. For example, if participants appear restless, inattentive, unusually quiet, etc. it is often helpful to check with them to see if the material is making sense, if they would like to review a particular point, etc. It can help to briefly review the point that you are making and then to move to where the group's interest lies at that particular time. Although this point is debatable, we feel that it is most important to make and retain an emotional connection with the group and that the actual didactic content is secondary at those moments.

20. When discussing Workshop issues it may be particularly helpful to the participants if specific ages and developmental markers are indicated. It can help participants register the material better when specific age ranges are denoted. Discussion can also focus on differences between age groups and what a parent can realistically expect at a certain age range in terms of the child's emotional and cognitive development.

21. If instructors are addressing participants who generally face similar difficulties (e.g. raising children in an economically depressed environment) the instructor may find it advantageous to emphasize particular points rather than others. For example, in Appalachia socio-economic factors often came up during the Discussion and expression of the participants' reactions and solutions were encouraged. "What qualities make good parents?" was frequently raised and were these qualities primarily of a material nature, of an emotional nature, or what? That is, we talked frequently about whether buying children toys and giving them many material gifts is the most meaningful way of promoting a positive parent-child relationship or whether those "emotional gifts" of respect, understanding, empathy and love are more mental health promoting and socially adaptive. It is noteworthy that many parents from all socio-economic environments tend to give more weight to the importance of material giving than do mental health professionals. We need to convey to parents the enormous value and power of emotional giving to the child's developing mental health and well-being.

22. Using a blackboard or flip-chart can be useful in emphasizing certain points. Hand-outs are usually welcomed by the participants and can increase their ability to absorb the material through the activities of listening and writing. They are often glad to have something in their hands to bring away from the Workshop and this can further enhance recall.

23. Reviewing the *Curriculum Lesson Plans* (for High School Grades) and choosing various exercises to be either utilized verbally or in writing can be supplemental to the Workshops. This depends on the instructors' preference. In the Appalachia project we chose to use one written exercise from the *Lesson Plans* in an oral manner and found that this was highly effective especially because it was done with dramatic intonation and gesture. This *empathy-enhancing* exercise was used to increase participant appreciation of this crucial parenting ability and optimized the educational potential of this Workshop.

24. Finally, and not the least important, instructors are best advised to use all available methods to convey to the participants their respect for their ideas, life experiences, innate wisdom, ethnic specificity and local customs. It is critical that

participants feel acknowledged and respected by the instructor. There is no place in our work for judgments and criticism.

WORKSHOP # 1

THE BEGINNINGS OF SEXUAL (REPRODUCTIVE) LIFE

Question: What do we mean by "The beginnings of sexual, of reproductive life in children less than 6 years of age?" Are we out of our minds?! What are we talking about?

Answers from participants.

Discussion: All behavioral and mental health professionals agree that human development is very complex. The total being, it is believed, can best be understood by knowing both details of the development and functioning of each of its various component parts and systems, as well as how these component parts and systems altogether function as one incredible organism.

The sexual parts and system of our being human is enormously important to the primary responsibility of all living things, namely the **preservation of one's own species**. This is why, we assume the sexual feelings and inner pressures, coming from what theorists call the sexual drive, are so strong. We also assume, that so large a responsibility of living things, to preserve one's own species, would by nature be ensured by a drive that is powerful, tenacious, and that forcefully draws attention to itself. Sexuality serves a crucial function, the preservation of the species by means of the Reproductive System.

Question: When does sexuality begin in normal human development? That is, when do children first show evidence of having sexual feelings and thoughts?

Answers from workshop participants.

Discussion: For centuries scientists, biologists, medical people believed that the normal child's sexual life begins at puberty. Many people, perhaps most people today still believe this. Over the centuries, a handful of poets, tragedians, and philosophers thought that this development begins quite earlier.

The collective observations of young children by mental and behavioral scientists documents that even from the second and third years of life on there are significant indications in children's behaviors of pre-occupations with parts of their bodies and those of others that are directly or secondarily involved in sexual feelings, thoughts and behaviors. The behaviors of normal children amply show that sensations in sexual parts of their bodies create feelings in young children of an erotic nature that resemble exactly what adults experience as sexual. And, when listened to closely, children can be heard to express these feelings in words; and when looked at patiently, non-judgmentally and unobtrusively, one also finds in their play behaviors, evidence of sexual fantasies being enacted in their activities, and in their attitudes toward others, themselves and parts of their bodies.

Sex has a large influence in every person's psychological-mental life, beginning during the earliest months of life and continuing throughout our entire lifetime. Mental-

behavioral health scientists tell us that the development of sexuality begins near birth, that it is then considered to be in the form of "infantile sexuality" in contrast to "adult sexuality" which begins during the adolescent years and is so amply evident in adult human behavior.

The development of sexuality in children is normal, indeed salutary, and this development can be greatly optimized by the parent's and caregiver's recognizing it as such and working along with the child to facilitate and guide its development along healthy paths so that the child's sexual development and gender identity formation proceed in positive and healthy ways.

Question: What do you think is meant by "infantile sexuality"?

Answers by participants.

Discussion: When mental health researchers see sexual behaviors in young children they tell us that they see children's interests in sexual body parts to be quite specific, focused and more or less frequent, that they see pre-occupations with "private" parts, their own and those of others, they see touching of the child's own body parts with facial and bodily expressions of erotic feeling, and as we shall detail, even more.

It is clear, however, that there is much children don't yet know about these sensitive and good-feeling body parts. For instance, they are very surprised and taken aback by the fact that not everyone has the same type of body parts. Nor do they seem to know what sex is for, nor how it is carried out between two people. Nor do they know what some of the consequences of responding to the feelings they have in these body parts might be. And there is much more they don't yet know.

As a result, their sexual behaviors are only partly like that of adolescents and adults, we might say, they are similar only in the very basics and only in the very beginnings of sexual experiencing. But, as we shall detail, these beginnings of sexual experiencing play a large role in the normal child's development, in her/his present and later behaviors and emotional life, and ultimately in the child's eventual adult life, in his/her sexual and love relationships and overall emotional life.

The details of this development have been conceptualized and organized into what behavioral-emotional scientists have called "psychosexual theory".

Question: What is **psychosexual theory**?

Answers from participants. Have they ever heard this term?

Discussion: **Psychosexual theory** holds that our sexual development, that developmental line which pertains to our evolving sexuality and our developing identity as a male or a female, occurs in 6 phases. (We will provide an outline of this theory during this workshop.) **Psychosexual theory**, which was first proposed and developed by Sigmund Freud and further developed by a number of psychoanalytic scientists, holds that **sexual development**, and with it sexual identity formation and emotional relationships, **unfolds through a universally found sequence of six phases** (or stages or more or less set time periods) during which the sequential modes of sexual experiencing importantly influence--along with other major determinants--the child's progressively evolving psychological-emotional life. (**Instructor:** see and distribute to participants

copies of **Attachment A: "The Theory of Psychosexual Development"** appended at end of this Workshop).

Note that the word "psychosexual" pertains to both the "psyche" and "sexuality". This grew out of the clinical findings of many mental health professionals that sex has a large influence in every person's psyche, or mental life, and furthermore, that it can, and quite commonly does, play a significant role in the production of moderate mental illnesses called neuroses.

In this series of Workshops, we will focus on the first three stages of psychosexual development that occur during the course of **normal** development in each **normal** child regardless of cultural dictates or temporal considerations. What we have in mind is the normal development of **the human child**.

Question: Why should parents or other caregivers concern themselves with this?

Answers from workshop participants. Have they had some concerns regarding their child's sexual development and gender identity formation?

Discussion: The responsibilities of parenting make it important that the enormous part sexuality plays in the child's developing identity be given as much attention as the other major factors that shape a child's development. The experiences sexuality brings with it by virtue of the feelings it stirs up in the child, the inner pressures and the gratifications it brings which drive much of a child's behaviors, the fantasies it generates in the child's mind, the very serious problems sexual behaviors can bring, and the large role it plays in relationships and in society, all these necessitate that parents and caregivers pay due and deliberate attention to this crucial development in the child from the earliest years on.

Although it has long been felt but has long been insufficiently acknowledged, people are increasingly coming to recognize that being a parent, rearing one's own children, is a very demanding and often difficult job. Dealing with our children's interest in and curiosity about sex, with their engaging in sexual activities, with teaching them what is safe and not safe, what risks and dangers lie in sex, stands out among the most challenging of our responsibilities as parents and caregivers.

It is not in the child's best interest to keep childhood sexuality issues hidden, to ignore children's interests in and questions about sex or reproduction, or to disregard their sexual activities. These are better talked about in reasonable, age-appropriate ways. Sexuality needs to be understood and recognized for the part it plays and the problems it can create in children's and adults' lives. Rather than being suppressed, ignored, or forbidden, it needs to be accepted for what it is and, like all other child behaviors, can and needs to be guided in order to prevent it from bringing harm.

Question: Well, can we be more specific about why parents and caregivers should concern themselves with their children's sexual and gender development?

Answers from workshop participants. (Instructor: expect either reluctance to discuss and/or some extreme reactions to this topic. Try to encourage participants to explore this topic but stay to the point: how to cope **constructively** with this development in their children.)

Discussion: Both the child's sexual development and gender identity formation have

large implications for the child's healthy personality development and mental health. Under negative circumstances it can become a most serious source of psychic and physical pain, regret, self-criticism and self hate, and disrupt the fulfilling of the child's hopes, goals and ambitions. Or, under optimal conditions, sexuality in our children can become one of the best cementing factors in their eventual marriage.

In order for the child's sexuality and gender formation to develop in a healthy way, sexuality in the child needs protection, guidance and control; not denial, avoidance or suppression. Normal sexual development, as we shall see, can create conflicts in the child which lead to expectable fantasies the child needs to keep secret--and for which the child should have privacy--and leads to private-personal activity (as masturbation) which makes sexual concerns and activities less accessible to parental guidance. And in addition, the child's sexual behaviors often tap repressed sexuality-based conflicts within the parent that can hamper the parents' reasonable, empathically sensitive, and ultimately constructive handling. We'll talk about these in the subsequent Workshops.

Question: What "evidence" do we have of sexual interests, curiosities and behaviors in small children?

Answers from workshop participants. Have they noticed sexual interests, curiosities and/or behaviors in their children? How have they felt about that and, do they feel that they handled them constructively in order to maximize the child's healthy development?

Discussion: There is ample evidence of sexual behaviors and experiencing in normal children. (**Instructor:** it is very useful here to briefly illustrate several examples you have of the following¹):

1. 2 to 6 year old children's interest in and preoccupation with genitals, the child's own and those of others.
2. 1 to 6 year old children's interest in and from about 2 years on, the wish to have a baby (in both male and female children.)
3. Evidence of family romance behaviors (Instructor may need to briefly explain this assuring the participants that this issue will be taken up in Workshop #4.)
4. The 4 or 5 year old's showing anger, disappointment and hurt when mother and father show affection to each other.
5. Conflict between parent and child due to the child's competition and rivalry with the parent.
6. Other sexual behaviors.

Question: What are some likely consequences if parents and caregivers do not recognize the behaviors just described as normal but instead view them as cause for alarm and worry? Or, equally not helpful, what are some consequences when the parent/caregiver denies that these behaviors occur at all in their children?

Answers from participants.

Discussion: Many parents and caregivers who do not know that these sexual behaviors occur in normal, well-reared and well-behaved children become very distressed by these

¹ Instructor: if you need some examples, you will find some in the text material in Unit 3

of *Parenting for Emotional Growth*, under Sexual (Reproductive) Development. behaviors. The results are that none of the parents' handling then, usually, is growth-promoting for the child. When parents and caregivers are made anxious by these behaviors, they may not recognize the behaviors they are observing as being of a sexual nature, and will thereby misunderstand the true meaning of the child's behavior and/or may falsify that the behavior has any meaning at all. Both results will not help the child because, the behavior having been misunderstood, the parent/caregiver is not likely to constructively guide the child's handling of such behaviors.

In addition, whatever the sexual behavior or feeling the child shows, not feeling understood by the parent undermines the child's trust in, respect for, and turning for guidance to parents. As mental health clinicians, one of the most constant findings we experience again and again is the remarkable relief people experience (children as well as adults) in "feeling understood", whatever the feeling, thought, wish or behavior.

Also very troublesome for the child is the possibility of being shamed and humiliated as well as harshly chastised and threatened. These reactions, which usually come from parents/caregivers who do not know such behaviors are normal, can cause more harm than good and may lead the child to feel worthless and unduly concerned about his/her normal interest in and curiosity about sexual matters.

As with many others factors pertaining to the parent-child relationship the healthy development of the child will be greatly enhanced when the parent is able to understand the child's behaviors and their general meanings. This understanding will help the parent develop strategies that will facilitate the child's growth and development and will continue to insure the positive relationship between the child and his/her parent or caregiver.

Instructor: having provided the participants with a copy of
Appendix A: *THE THEORY OF PSYCHOSEXUAL DEVELOPMENT*,

Please tell participants that we use this model for several reasons:

1. To help us **recognize, organize, and pull together** commonly and regularly observable behaviors that mental health professionals consider to be of a sexual nature.
2. This is the most developed model of sexual development we have, and it has held up under clinical scrutiny for nearly 100 years.
3. This model not only looks at the physical development of sexuality in humans, but also at the psychological influences this particular physical development has on the child's and adult's emotional life and total personality formation.

And, **Instructor**, please let participants know that if a better model is introduced, we'll gladly consider using that one, either in place of psychosexual theory or side by side with it.

Instructor: Briefly review the six phases, as suggested below. These will be taken up in greater detail in the Workshops that follow.

Focus discussion on the first three phases: the oral, anal and first genital.

Instructor's Introduction: As with all aspects of human functioning, sexual and reproductive development begins very early in life, much earlier than has long been assumed. Mental health professionals have recognized that sexual experiencing is an important part of every human being's psychological-emotional life. For this reason they have studied not only the human's sexual development from early childhood on, but have especially studied it from the vantage point of the part it plays in the child's psychological-emotional, or **psychic**, life.

As researched, documented and proposed in Psychosexual Theory, human sexual life begins in forms not recognized nor considered to be sexual until this past century.

Psychosexual development begins with the **oral phase**. This is so labeled because during the first year of an infant's life and well into the second year, the mouth plays a large part in the infant's adaptation to life, in feeding behavior and as an organ for exploring textures and the qualities of things.

In these activities the mouth is a part of the body that becomes a source of pleasure, a special sort of pleasure namely as **erotic pleasure**. This has given the mouth its important place in psychosexual theory, as the body part that becomes the first dominant source of "erotic" pleasure and gratification.

Discussion: What are some of the mouth's most vital functions?

1. Communication, sucking, food intake, exploration of all kinds of things the infant can get her/his hands on, comforting sensations, biting, etc.
2. What elements of mouth activities do you think have an erotic quality?
(Instructor: Foremost, it is **sucking**. The erotic sensation results from specific feelings sucking elicits in the mucous membranes of the mouth. The [inner] lining of all body cavities--mouth, nose, vagina, gastro-intestinal tract, anus--is made of body tissue we call "mucous membrane". Mucous membrane secretes and absorbs fluids much more readily than does the skin. Mucous membrane is to the inside of natural body cavities what the skin is to the outside of the body; both are the covering tissues that protect whatever they cover. Both covering tissues are full of nerve endings which makes them "organs" through which we can feel and tell what something is, what it feels like, tastes like, whether it's hard or soft, etc. The quality of sensations in the various mucous membranes sites differs in ways well known to everyone.)
3. Bear in mind that much of what eventually develops into normal adult sexual activity includes the mouth, starting for instance, with kissing.
4. Other thoughts from the participants?
More about this in Workshop #2.

Instructor continues: According to psychosexual theory, during the second half of the second year, the toddler begins to be aware of sensations associated with both urination and the passing of stools. These waste discharge activities produce pleasurable

sensations both by the relief of bodily pressures but also due to the unique feelings the passage of these waste products produces in the lining of the organs in question. This period of psychosexual development, from about 18 months to about 3 years is the **anal phase**.

The sensations associated with these everyday functions are considered to be part of the total human sexual system.

Discussion: What developmental gains does the child make during the successful negotiation of the anal phase?

1. Learning how to control urinary and bowel functions,
 2. The internalization of parental dictates, and therewith of societal dictates, that lead to increased conscience development,
 3. Feelings of well-being that come with achieving a new level of autonomy ("I need to do", "I want to do", "I decide to do") and of competence ("I can do what I set out to do"); or when gains are not made in toilet training for instance, it may lead to feelings of frustration and failure, shame, etc.
 4. Other ideas from the participants?
- More about this in Workshop #3.

Instructor continues: We also see, in most normal children 2 to 3 years of age, and in some even from about 18 months on, an increased attention to, interest in, and concern about their own and others' genitals. This is the beginning of the **first genital phase**.

It is so called because the child's sexual experiencing now becomes most organized by pleasurable sensations in their genitals which, we assume, result from a biological maturation that occurs during this period of development. This period is called "**the first genital phase**" because there is, indeed, a "**second genital phase**", namely the **adult genital phase** which **begins in adolescence**. This **second or adult genital phase** is initiated by the remarkable biological (hormonal-physiological-physical, etc.) sexual developments that occur at **puberty**. It is important and useful for parents/caregivers to understand that the first genital phase is in **the infantile form of sexuality**; and the second genital phase is the beginning of what will mature into **the adult form of sexuality**.

We shall talk more about this in Workshop #4

Summary: Early life is experienced by children especially through the natural workings of their young bodies. They experience much pleasure in its functions and in gaining mastery over these functions.

Eating is a major experience to the young infant both by virtue of the exercising of new functions and by the pleasure associated with the reduction of pangs of hunger. So too, in the young child's life, defecation (having a bowel movement) or emptying the bowel of its contents becomes quite a challenge. Young children experience both hunger and difficulty in emptying the full bowel or full bladder as highly unpleasant if not painful. The young child's experiences are first "body-experiences", and the young child's experiences are first perceived and organized cognitively (intelligence-wise

according to Jean Piaget) by "sensorimotor" actions, namely, by the normal functioning of their sense organs in combination with physical movements, locomotion--crawling and walking--and hand and mouth manipulations, in explorations of their own bodies, the bodies of those to whom they are in the process of attaching and the environment. (Instructor may need to explain this thought more fully.)

Group discussion (in either large group or divided)

Discuss remaining questions from workshop thus far.

Consider the following questions:

1. What are normal sexual behaviors in children ages 0-6?
2. How can the parent/caregiver best handle these behaviors in order to be growth-enhancing for the child?
3. How can the parent/caregiver address the child's concerns in a way that is appropriate and comfortable for both the child and the adult?
4. How can the adult caregiver know best how to answer a child's questions regarding sexual and reproductive matters?

These and other questions will be taken up extensively in the next Workshops.

APPENDIX A

THE THEORY OF PSYCHOSEXUAL DEVELOPMENT

As with all aspects of a human being's functioning, human sexual and reproductive development begins very early in life. Mental health professionals have recognized that sexual experiencing is an important part of every human being's emotional life. It is for this reason, that they have studied not only the human's sexual development from early childhood on, but have especially studied it from the vantage point of the part it plays in the child's emotional, or **psychic**, life. This is why they labeled this developmental theory: **Psychosexual Theory**. Psychosexual theory details an important part of human development.

Psychosexual development occurs in 6 phases.

1. From birth to around 18 months of age is the **Oral Phase** of psychosexual development. The word "oral" refers to activity that makes use of the mouth. The specific way in which it is important is that oral activity in this theory is considered to be the most dominant form of erotic experiencing of which infants seem capable. Two factors play a part in this "erotic" experience: pleasure in sucking and pleasure in tasting. The most specific "feeling" of the mouth is, of course, taste. Sucking pertains to that critical factor which is that the mouth, the oral cavity as physicians say, is the entry port of that most vital of all functions, to take in order to digest food. Food intake, along with the need for oxygen and the experience of pain, is of such importance that it can waken an infant from sleep, and lead him to exhibit very demanding behavior. Given that, both the inner layer of the mouth (the mucosa) consisting of very sensitive cells, and that the gratification of both sucking and hunger is so pleasurable, and that in addition, the intake of food is vital to life, it is not puzzling that during the early months, and to a significant degree from then on, the child's mouth is a major body structure around which much important special experiencing occurs and becomes organized. Yet another easily observable important use of the mouth is that it also becomes one of the infant's earliest means of exploring his environment. He feeds, feels, tastes, explores, and experiences much pleasure or frustration through the activity of his mouth.

2. Next comes the **Anal Phase**, roughly from 18 months to 3 years. In psychosexual theory, this part of the body is given special importance during this age period, because this body part and the basic function it serves get a great deal of attention from the child as the child begins to feel the need for developing control over both this body part and its vital functions. Again, this is a vital body activity in that it is necessary for survival. We must rid our bodies of waste products or we would not survive.

Most people have a good deal of difficulty in recognizing that humans (and probably all animals as well) feel a specific form of pleasure in the course of ridding our bodies of the waste products that accumulate within our large intestines and our urinary bladder, the remains of the foods and fluids we take in that we do not digest and take into our cells. Part of this form of pleasure, again, has to do with the fact that the surface layer of the exit port of our digestive tracts, our rectum and anus, consists of "mucous cells" which makes it very sensitive to stimulation. It may be because the rectum and anus are anatomically located quite close to our genitals that the nerves that serve the areas where and by which we feel the need to excrete waste products from our bodies sometimes stimulate our genital parts as well. For instance, all parents have discovered that baby boys will often have an erection when, in the course of being diapered, they urinate.

But there is much else too that leads the child's attention to the anal part of his body and its functions, namely, that it is perceived by the young child as a body function over which the child wishes to gain control and mastery. It becomes a crucial task for the 2 to 3 year old to learn to control those muscle rings we call the anus and the bladder sphincter. This is the period when the young child is concentrating on toilet training, and when this is achieved, he derives much pleasure and a sense of accomplishment or, when he does not, experiences much frustration and feelings of failure.

3. The third phase of psychosexual development, which runs from about 2 1/2 to 6 years of age, is what developmental researchers propose to be the **First Genital Phase**. This is the era of the human's life when sexuality as most people understand it begins. Now erotic feelings become directly aroused by and experienced in the genital parts of the body, of course, in the boy his penis and scrotum, and in the girl, her clitoris and external as well as internal vaginal areas. This "first genital phase" also includes the Oedipal Complex (which in this Curriculum, in Unit 3, we call the "Family Romance"). During this 2 1/2 to 6 year period, the child is pre-occupied with and usually much concerned about sexual feelings, fantasies, sexual differences, and, when permitted often will ask questions about their own genitals and those of others, and about babies. We talk extensively about the "family romance" as well as major details of the preoccupation with both genitals and the origins of babies in Unit 3 (3 to 6 Years).

4. Then comes the **Latency Phase**. This phase is so labeled because, in comparison with the 3 to 6 years period child's pre-occupation with genitals and the "family romance" dynamics on the one hand, and the striking sexual body developments and upsurge of sexual interest of puberty, the period from 6 to 10 or so years of age is rather quiet with regard to sexual concerns and interests, or sexuality is relatively dormant and thus, "latent", as if inactive but ready to become active at a biologically prescribed time. This does not mean that there is no sexual pre-occupation or expression of interest at all but that, rather, it is not so dominant as it is before and will be at puberty.

One wonders, thinking of the challenges sexuality is to humans, whether the wisdom of nature has a hand in this since this 6 to 10 year period is when throughout cultures,

children are expected to start the arduous and taxing journey toward becoming a contributor to society by being a "worker". Industrial countries especially have made it obligatory that children be made to put much adaptive energy into learning now not only at home but especially at a much accelerated rate now in school, on building a remarkably wide range of skills, on learning to take responsibility and do homework, and on increasingly developing (nonsexual) relationships with peers.

5a. The fifth phase of psychosexual development is the **Pre-Adolescence Phase**, ages 10 to 13 or so. This period has more recently come to be recognized as an important "transitional" phase, between being a "latency-age" child, or elementary school age child, to becoming an adolescent. During this transitional phase, the biological stirrings that will lead to puberty are believed to be set in motion, and begin to influence the child's feelings, concerns, and behaviors. Thus, while continuing to focus much energy and attention on ever developing skills in schoolwork and elsewhere, the 10 or so year old is beginning to feel those unique bodily changes that come with getting ready for puberty, that remarkable biological process that ushers in and thrusts the youngster into Adolescence.

Two terms that are key in psychosexual theory are puberty and adolescence. **Puberty** is that **biological** process and **time period** from about 11 to 14 years of age that brings about the metamorphosis of the child as sexual being into the beginnings of the future adult as sexual being. It is the biological process that begins the conversion of "infantile sexuality" into "adult sexuality". It does so by virtue of a genetically programmed activation in the child 10 or so years of age of hormones that start the maturation of not only the total youngster into his or her adult form and but especially so of his or her reproductive system. This brings about the well-known physical metamorphosis including marked enlargements of the body as a whole, and of secondary sex characteristics. **Adolescence**, initiated by puberty, is that decade-long developmental period, physical and psychological especially, that bridges childhood and adulthood. During this long period, the child gradually evolves into the adult. Developmentalists believe this period to be so complex in its development that they subdivide it into 3 phases. In this Curriculum we address adolescence in these 3 phases.

5b. **Adolescence**: As just noted, from about 12 or so years until about 20, in psychosexual theory is the period of remarkable sexual transformation from childhood to adulthood. Physically and psychologically, in terms of his or her evolving sexuality, the child gradually is developing into a man or a woman. Sexuality now becomes a major pre-occupation, source of great challenge, much concern, and it organizes one's experiencing of oneself as an individual person with a clear and stabilizing sense of gender-self. This crucial further organization and stabilization of one's gender-self influences importantly the character of one's relationships to others.

Although not included as part of psychosexual theory, the following notes might usefully be added here.

Adolescence is further challenging to both the growing child and parents by virtue of not only the enlargement of the skeleto-muscular system in both female and male but by a clear upsurge in physical strength and in **aggression**. This becomes particularly challenging in the face of the normal anger, hostility, and occasional hate that may be experienced by the growing youngster toward those persons he most values in life. This challenge becomes even more daunting for both the growing individual, his parents, and society, when, because of lifelong abuses, neglects and deprivations, the growing young person is loaded with hostility, hate and rage, which now, when discharged can have a powerful destructive impact on himself, those around him and society.

This also is the time when a young person gradually becomes more independent from his or her family of childhood, one of the most challenging tasks of this decade-long developmental period. The adolescent has to enter adulthood having achieved the critical **shift of the center of his relationships** being occupied by his family of childhood to that center becoming progressively occupied by the peer group. This is essential for healthy development because it is from this peer group that the young adult will eventually select a mate, and achieve the end point of sexual development that is the preservation of the species. This does not mean that all adults must reproduce to fully be adult. It does mean that reproduction when it occurs in the course of normal healthy development is a function of adulthood. We see only too often, the harm done to both child and young mother, when reproduction occurs in mid adolescence, when it too prematurely makes its enormous demands on the adolescent who has not yet sufficiently done the work of development that can take it safely and stably into the rigors of adulthood.

Enormous developments in intelligence, the ability to learn and to develop skills makes adolescence a remarkable developmental period that prepares the growing individual for his/her life work. The adolescent is now setting the stage to either go to college or take an income-earning job.

6. **Adulthood:** During this over-21 year of age period the person becomes self-supporting, and usually marries and becomes a parent. This of itself, is the end-point of psychosexual development: reproduction. As we noted earlier, one can be a fully mature adult and elect not to reproduce. While sexuality is a major factor of our humanness, it is not the totality of being a human being.

WORKSHOP # 2

THE DEVELOPMENT OF SEXUALITY IN THE CHILD -- Part I: THE ORAL PHASE (0 TO 18 MONTHS)

Question: Let's review what we mean by the **oral phase**? And, what activities most pertain to this earliest developmental phase?

Answers from participants.

Discussion: People aren't born with their personalities all developed. Most developmentalists hold that personalities develop in "stages" or "phases" of development. Like the other major physical-psychological developments that all together form our total personalities, the development of *the child's gender identity* and its complement *the child's sexuality* both begin once the infant is out of the uterus, and they evolve somewhat stepwise over time into an increasingly more complex psycho-biological organization. This psycho-biological organization gradually evolves into **our gender-self, our sexual identity, a key component of our total self.**

One can usefully think of this progressive evolution of sexuality in the child in the way psychosexual theory spells it out. According to psychosexual theory which we reviewed in the last workshop, during the first 18 months or so after birth, the infant is in the **oral phase.**

Observing infants during the first 18 months of life, one finds that major aspects of the child's basic adaptive activities involve the child's mouth. *During states of wakefulness*, the child spends most of his/her time doing what is essential for survival, namely beginning to form **emotional attachments** with his/her primary caregivers, and taking in essential body-needed supplies by **eating and drinking**. Close observation of the less than six month old tells us that the mouth serves not only the vital functions of eating and drinking, but that **sucking in and of itself** plays a large adaptive role. Observation tells us that sucking seems to be a soothing and comforting activity. It seems at times as necessary for infants just to suck, as it is for infants to eat and take in fluids. Again, sucking seems to have a calming and comforting effect on all infants.

And, it is especially in sucking that the mouth brings a specific type of pleasure, namely, **erotic pleasure**. This especially is what has given the mouth its place in psychosexual theory, as the body site most involved in the earliest form of "sexual" activity and pleasure. Clearly of course, in and of itself, sucking--as in kissing and other sexual acts--is only a modest part of what we adult humans consider to be sexual activity.

In the infant's earliest life, the mouth is the body organ by which the infant experiences both pleasant and unpleasant feelings and it is also one of the main body systems whereby he learns what the world around him is all about.

Question: What do we mean by **the need to suck**? What purpose(s) does it seem to serve for the infant and small child?

Answers from participants. Encourage discussion among participants.

Discussion: Close observation strongly suggests that sucking seems to calm, soothe and

bring comfort to the infant. From 3 to 5 months of age on, the infant will use his/her thumb or pacifier at times of stress or tension. Most parents can see that this is an effort to comfort himself or herself. It is an act initiated by the infant to comfort her/himself without needing to turn to the mother. It is, therefore, **one of the first efforts an infant makes to take care of his or her own needs**. In fact, **thumb sucking or an infant's use of a pacifier is an *autonomous* (self-initiated) activity that serves the infant to adapt independently to stresses of everyday life. It is the infant's first efforts to be self-reliant.**

Sucking is an inborn, built-in mechanism in mammals that serves several major survival functions:

- (1) To feed the self by drawing milk from the breast,
- (2) To attach to the mothering person or animal and form the first core emotional relationship (attachment), and
- (3) To try to calm the irritated or stressed body-self. In this function of calming and comforting, sucking has a soothing character, brought about by the mucous membranes' built-in reactivity and the muscular action of the mouth's sucking motion. Thus the ability to suck is critical to the infant's survival in these 3 major ways.

Question: But wait a minute. Isn't thumb-sucking or needing a pacifier a problem? Won't it mess up the baby's teeth?

Answers from participants. Have they felt this way? Have they heard others say this?

Discussion: As we said, most infants use sucking their thumbs or a pacifier to **calm and comfort** themselves. Mental health professionals tell us that using these "comforters" is driven by a strong inner need to be able to control and master one's own body, and when needed to comfort oneself. It is adaptive.

In fact, the need to be able to calm and comfort oneself by giving oneself a soothing type of pleasure, also comes from and has a direct bearing on the experience of calming and comforting the infant gets in his/her relationships with caregivers. In this way, Dr. Donald Winnicott, a British Pediatrician and Psychoanalyst told us that the infant's holding on to a blanket, or Mother's hair, while sucking (breast or bottle) is experienced by the baby as part of the "good-enough" feeding experience. At some moment of need then, a piece of blanket like the one touched during feeding, or the child's own hair, or some other soft thing like a Teddy can become a source of calming and comfort with the remarkable powers only good nurturing mothers and some fathers have, that powerful stuff that resides in TLC (tender loving care), that magical stuff nurses used to use to help patients heal.

In fact, the British call these pieces of blanket, or the thumb, **a comforter**. Technically, Winnicott called it **a transitional object** because he believed it was a **substitute object** emotionally-invested within the parent-child relationship which serves the child to be able to soothe and comfort him/herself on his/her own, self-reliantly. The thumb or pacifier too may become such a **substitute object** for the mother's providing the calming and comforting feeding (breast or bottle) experience. And commonly, where infants are bottle-fed, the bottle, especially the "night bottle", can become such a **comforter**.

As the child grows sucking continues to play an important role for the

gratification of these basic physical and emotional needs. For instance, the soothing effects of a comforter (e.g. pacifier, "night bottle", etc.) can be a remarkable source of help to the child's tolerating separation anxiety--that children commonly feel at bedtime--and stranger anxiety during the 6 to 18 months period of life. For this reason, it is important for the parent to allow the child to have a voice in determining when the night bottle or the pacifier or the thumb will be given up. It is important to bear in mind that, in fact, rather than infantilizing, thumb-sucking and the pacifier are among the child's first efforts to do things on his or her own, to soothe the self without mother's help.

Instructor: discuss with participants the matter of dealing with the use of night bottles, thumb-sucking and pacifiers. Some participants may feel substantial disagreement with this view of thumb-sucking, pacifiers, and night bottles.

Question: We noted that the mouth is the central body part that organizes experience during the Oral Phase and that it serves several functions. What other functions does it serve? Or, how else does the infant's mouth serve the child's adaptation?

Answers from participants.

Discussion: We already noted that the mouth serves three important functions. Let's look at this from a slightly different point of view. The three functions we talked of earlier can be clustered around the mouth giving the child **pleasure**.

1. The mouth as **a source of pleasure**.

Foremost perhaps, the mouth yields pleasure as the "port of entry" of food. Eating when we are hungry makes us feel good. It can also comfort us. In fact, the comfort that comes with eating can bring with it problems such as overfeeding which becomes a substitute for the "emotional feeding" we all need that comes from good relatedness. We shall discuss this in detail during one of our group discussions.

As we said, sucking is primarily important for the intake of food during earliest life; but infants also seem to derive an erotic type pleasure and gratification from sucking apart from the need to get physical nourishment.

2. The mouth serves as **an organ of exploration**.

Already during the first 12 months of life, the infant will put things in his/her mouth, not to eat them, but to feel what they feel like, perhaps what they smell and taste like, and what they are all about. The mouth then is used for the purpose of exploring those things that will fit into the mouth. Like the eyes, the nose, the ears, and the hands, the mouth is used as a tool to discover and come to know an heretofore unknown thing.

During the second year of life the mouth continues to be an instrument for exploring; again, the child's putting something in his/her mouth is not necessarily indicative of a child's wish to eat it. Then too the aim is to discover the characteristics of things and come to know them better. The child mouth then, as an exploratory organ, is a major tool for exploration, adaptation and learning about the self and the environment.

3. The mouth serves as **a source of communication**.

From the first moments after birth, the infant makes vocal sounds, including crying, in order to communicate some state of feeling or of need. The toddler's ability to

make different sounds increases dramatically and, during the second year, she/he begins to use her/his mouth to say words and increasingly communicates with his/her mouth now by making all kinds of sounds including words.

4. The mouth can serve **as a weapon**.

Of course, the most basic use of the mouth as a weapon or as a tool is the use the infant and toddler makes of his/her teeth to break down food in order to eat it.

But, the infant will also bite in order to decrease the pain of teething. Putting pressure on a body part that causes us to feel pain can at times stop the feeling of pain. This is due to the activation of pressure-feeling nerves then interfering with the skin's pain nerves being able to feel pain. It is important to understand that the infant is biting then to decrease the pain of teething, and not because he/she wants to hurt mother.

On the other hand, the toddler may bite when he/she is angry. Biting seems to be a natural reaction for discharging feelings of distress and of hostility.

Question: What should the parent do to prevent the child from biting in anger since this can only get her/him in trouble?

Answers from workshop participants.

Discussion: During the end of the first year and during the second year of life when a child bites someone when angry with that person, it is, of course, important to help the child learn that biting is not an acceptable way of expressing feelings of anger and hostility. Verbally prohibiting biting as a way of expressing anger is enormously helpful even to the one year old. This of course may require more than one effort on the part of the parent.

Question: Do you think there is a relationship between the feeding experience (oral activity) and the development of the parent-child relationship?

Answers from workshop participants.

Discussion: The feeding experience is one of the earliest and most frequent major events of parent-child interaction. When the parent's experiencing of the infant is predominantly warm and loving, even in children with early problems in adaptation--such as infants with colic or hyperactive infants, etc.--the parent-child relationship commonly becomes predominantly warm and loving. And, when the feeding experience is good, it importantly facilitates the development of basic trust and positive human relatedness. In this way, oral activity is recognized as an important emotional activity not only in infancy, but in fact for years. Simply said, the emotional quality of mother-child interactions, including especially that of feeding, is an important contributor to how the child will feel about himself/herself and in his/her relationships to others. Also, generally --except with children who have colic--the more emotionally loving and gratifying the parent-child relationship, the more comfortable and nurturing the feeding experience.

Of course, fathers and other close family members can readily participate and contribute very meaningfully in the feeding experience. (For more detail refer to the Workshop Series, **On the Development of Self and Human Relationships**, Workshop #1, "Optimizing the Parent-Child Relationship, Addendum 1".)

How to Optimize the Child's Oral Activity

Question: What can the parent (caregiver) do to optimize the child's oral activity?

Answers from workshop participants. Encourage their creative thinking and empathic skills.

Discussion: There are several ways in which the parents can optimize the infant's oral activity and thereby contribute to the child's earliest experiences in growth-promoting ways. The principal one is by making the feeding experience an opportunity for a positive emotional interaction between parent and child. Given that making food and fluid intake emotionally gratifying facilitates the child's making positive attachments as well their developing good basic trust and forming good human relationships, let's discuss the following:

Group discussion:

What makes for a good feeding experience?

How would you want your baby to feel? What can you do to help your baby feel comfortable and good?

What are the best postures/positions, for the baby and the caregiver, to feed the baby?

Does the way the baby is held matter to the baby?

Which is better: breast or bottle? What do you feel about this?

Does how the parent/caregiver feel make any difference to what the baby feels while feeding?

Discuss any other points regarding feeding participants want to talk about.

Participants may want demonstrations by other participants or the instructor to illustrate some optimal holding positions and/or feeding positions and may want to discuss the pros and cons of each technique.

Question: What about the dangers of overfeeding? How can you tell if you are? How can this be prevented?

Answers from participants.

Discussion: The use of feeding an infant who is in need of emotional contact, who needs to be held and needs comforting, can create serious problems. When the infant fusses, parents need to sort out whether the infant is "asking" for milk or fluids, or whether the infant is feeling some physical pain, or is anxious, or, most importantly just in need of everyday, down to earth loving, emotional contact and comforting.

Feeding milk or food when the need is simply for emotional sucking or, more importantly, for emotional contact and interaction often leads to the overuse-misuse of food and other products for the purpose of filling the need of emotional sustenance or

emotional feeding. It discourages the infant from the highly desirable normal tendency to turn to human relationships for emotional interaction and relatedness and can set a pattern for later overeating--and all the problems this brings--and other maladaptive food and chemical abuses, that is alcohol and drugs. It is likely to become one of the principle methods a person may use for relieving the very real stresses of everyday life.

If one gives an infant a bottle when he is hungry for a hug, he may accept the bottle, but it will not gratify his emotional hunger the way a hug would. If this happens often enough, that infant may become starved for emotional contact, and may then painfully yearn excessively for emotional contact. The consequences of this will be a feeling of emotional deprivation and will have a variety of negative consequences on the child's emotional and adaptive development.

Thus, the overuse of food can not only be detrimental to healthy development, it can also lead the infant to feel deprived of basic human needs for love, for emotional contact, and for feeling valued as a person.

Question: Is it wise to force an infant or child to eat or drink when the child indicates that she/he is not hungry or thirsty?

Answers from participants.

Discussion: It is not helpful for either child or parent because this turns meals into a battleground, into a field of battles of wills. Children should be offered and encouraged to eat a good variety of foods, but should not be forced. Over time, they usually will balance their diet. Children, like adults, are very likely to dislike some foods.

Babies have a built in mechanism which will prevent them from over-eating **unless** they are not getting enough TLC (tender loving care) and love. If that is the case, they may over-eat in an effort to make themselves feel better. When children get enough affection, they usually eat what they reasonably need. Of course, a few children will develop eating problems even when they are loved enough. For example, some colicky infants may retain, for some time, some displeasure--due to anxiety about feeling pain associated with eating--about eating; or an occasional child will associate feeding with some very painful life experience like Mother's drastic automobile accident or unduly long hospitalization for an illness.

Forced feeding is destructive. It is well for parents to encourage good balanced diet feeding patterns. But just as it is important to not force feed, it is important not to punish a young child for not eating foods that make the child nauseous. It is quite OK to reasonably demand and expect that a child will try to eat what the mother or father considers to be a reasonable diet. It is also important to not directly link feeding to punishment such as to punish a child by sending the child to bed without supper.

Also, very important, parents should try to **not** link loving the child with how much the child eats. This notion may contribute to the child's overvaluing eating to be loved and this will facilitate patterns of excessive eating which often lead to being overweight.

Discuss with participants further thoughts, questions and concerns regarding feeding experiences.

Instructor continue: All experiences young children and infants have become **internalized** into their minds. These experiences organize what life is like for them. Thus they give rise to what the child will expect and predict of the world in which he/she lives. Of course, some experiences are more powerful than others. The way the infant is fed by Mother or Father is strongly determining of the child's internalizing these experiences as "good" or as "bad". From the beginning of life on, **experiences are catalogued in the mind as "good" and "bad"**. The more experiences while cared for by Mother are catalogued as "good", the more the relationship with Mother is felt to be "good." The more they are felt as "bad", the more the relationship with Mother (or Father, etc.) is felt as "bad." This tendency, of **experiences giving emotional color to relationships**, that is, influencing the quality of relationships, continues throughout life. Though the quality of relationships is most personality determining during the early years, it will have a powerful influence on how they feel about life until the end of life.

Therefore, good feeding experiences contribute greatly to getting relationships off on a good footing.

Question: Regarding other ways to optimize an infant and small child's oral activity, do you think a baby should be allowed to suck his thumb?

Answers from participants.

Discussion: The parent and caregiver can help the infant to use her/his mouth in a growth-promoting way by permitting to a reasonable degree the use of the mouth as a comforting agent or pacifier. With this the infant is helped to find his/her own way of discovering a means of reasonably reducing tension within the self and thereby comforting the self. This enhances his inborn tendency to want to do things himself/herself, to be age-appropriately self-reliant.

Many parents are concerned that thumb sucking may be harmful to the child in that it may push the child's front teeth forward. This may occur in children whose gums are less firm than in most children; it will not do this to all children. In addition, in most instances, before the teeth are pushed forward, this way of finding self comfort will be given up spontaneously, when the child develops other resources and skills. Depriving thumb-sucking or pacifier use too vigorously may interfere not only with the child's first efforts at self-comforting but also at allowing good beginnings to self-reliance and autonomy.

Discuss with participants thoughts, reactions, questions to this topic.

Question: Again, regarding optimizing oral activity, should infants be allowed to put objects into their mouths? When should the parent (caregiver) intervene?

Answers from participants.

Discussion: Since a lot is learned by the less than 2 year old by putting objects in her/his mouth and this is an important way of learning especially during the first year, it is wise to discriminate when to allow and when not to. It is not advisable to automatically discourage this behavior. Of course, there are exceptions. If the object is too small--and

if aspirated (breathed into the lung passageways) could block breathing--it cannot be allowed. To be safe, things smaller than a quarter should not be allowed; a regular size playing wood block is quite safe. Certainly, potentially dangerous or things that are too dirty (though infants, according to some pediatricians, seem to be naturally protected against ordinary germs), or in some other way pose a danger to the child, these should not be allowed. In such instances, parents need not hesitate to be firm. But be sure to tell the child (in words), no matter what age, why he/she is not allowed to put this thing in her/his mouth.

Discuss with participants further thoughts, questions, reactions to this topic.
Discuss what objects may be useful for the infant to explore with his/her mouth.

Question: Are comforters (thumb-sucking, pacifiers, a choice Teddy, piece of blanket, etc.) important for the child? How can the parent best handle these?

Answers from workshop participants.

Discussion: It is important for parents to know that the comforter is a selection **made by the child**, be it a less than one year old infant learning to calm or soothe himself, or an 18 month old trying to cope constructively with the anxiety of the "rapprochement subphase" conflict (to be one with Mother versus to individuate, be separate.)¹ While parents will usually offer comforters to their infant, which is a very nice thing to do, they can't make the ultimate choice of what the infant will use as comforter; this only the infant selects.

Then, it is well to bear in mind that not only is the comforter selected by the child, but in fact it **belongs** to the child, not to mother nor father, nor to anyone else. A comforter is as valuable to a toddler as her purse is to Mother or Dad's car is to him. Therefore, **nothing should be done to it or with it without the toddler's consent**, whether it is taking it away from her/him, or **even washing it!**

Furthermore, parents are overly worried, and not helpful, when they object to a child's using a pacifier because they fear it will make the child feel like and want to stay a baby. Quite the contrary! A comforter, whichever the child selects, is in the service of calming oneself, of **taking care of one's needs on one's own**. It is among the toddler's **first efforts to act self-reliantly**. Parents can rest assured that a child will give up using his thumb or pacifier when he no longer needs it. Parents can also rest assured that a thumb-sucker will not crave oral stimulation any more, in fact may do so less, than a child who is not permitted to do so.

It is ok to **encourage** a three year old who still sucks his/her thumb to try to find another way to calm himself/herself. It is harmful to shame him/her. It causes the three year old anxiety to be threatened or disapproved of for still sucking his/her thumb. Just encourage the use of a more age-appropriate way such as talking to Mom or Dad about what is stressing the child, or simply verbally reassuring oneself: "I'll be ok; I can always ask Mom/Dad to help me if I need help."

¹ The rapprochement subphase conflict is detailed in the set of *Workshops on The Development of Self and Human Relationships*, in Workshop #6.)

Discuss with participants thoughts, reactions, questions to this topic.

Question: When should a child be weaned from bottle or breast (or the combination of both)?

Answers from participants.

Discussion: The task of weaning from bottle or breast may be most troublesome. Some children may have already weaned themselves by the end of the first year but most children shift from the bottle to the cup during the first part of the second year.

Parents know that most children during the second year tend to use the bottle or even breast feeding when they experience stress or anxiety and that commonly the bottle may now become a comforter more than a feeder. In fact, this is just what makes giving up the bottle or breast-feeding more or less difficult during the second and even the third year for all children.

Quite commonly during the second and also the third years children may need a "**night bottle**" for some time after they have weaned from the bottle during the day. They select the night bottle as a special source of self-comforting due to the heightened stress created in young children by the separation from the family required **in order to go to sleep**. It will be easier for the child to give up the need for the night bottle when the separation-individuation process is far enough along that separation no longer creates intense anxiety (see footnote 1 for reference to "the separation-individuation process"). This may not be achieved until entry into the third year. Similarly, as comforters, the use of the thumb or pacifiers tends to wane in many children during the later part of the second and early part of the third year while, in others, it will remain necessary for self-comforting for a longer period of time.

Weaning is a project. It usually does not happen overnight, as all parents know. It is commonly carried out during the second year of life. Foremost, it should be verbalized. Parents should speak in a straightforward manner of their intention to shift the child from a bottle or from the breast to the cup. The weaning process is much facilitated by introducing an infant's cup (like one with a lid and mouth-shaped spout) from near the end of the first year, well before the child is weaned from breast or bottle. It is always best to be open and direct about one's intentions to wean the child. Deceiving children can be much too costly in that it may undermine the child's developing **basic trust**², that most valuable attribute of good relationships. It's much better to be direct, face the child's displeasure, and try to help the child cope with it.

It bears repeating that where the bottle has become a comforter, it will be much more difficult for the child to give it up and that it may be most helpful to negotiate with the child as to when he/she feels he/she will be ready to give up the night bottle.

Discuss with participants further thoughts, questions, reactions to this topic.

Summary: During the first year of life and well into the second year, the mouth is of

² For a detailed discussion of basic trust see the set of *Workshops on The Development of Self and Human Relationships*, Workshop #3).

special importance.

Through it the infant **communicates** his needs to his mother.

It is an efficient **food intake/sucking** apparatus that frees him from the pain of hunger.

The child soon learns that sucking an object such as his thumb or a pacifier will give him **pleasure** and **comfort**.

By putting objects into his mouth, he can **explore** how large or small, hard or soft they are.

He gradually learns to **express** affection by giving kisses.

He sometimes expresses anger with his mouth by biting. Sometimes he **bites** to ease the pain of teething. It is important to help him/her know that biting others (or himself for that matter) hurts and is not allowed. Of course, the way this is done should take into account whether the biting was done to ease the pain of teething or out of anger with the intent to hurt another.

Discussion: How can parents help their infants have growth-promoting experiences during the Oral phase?

Facilitator, consider the following with participants:

1. They can let him put objects in his mouth, except for dangerous items. Talking with the infant about the object he/she is exploring will increase her/his pleasure in learning.
2. They can allow him to suck his thumb, or pacifier, realizing that this is his way of independently comforting himself when in distress. It is also a source of pleasure.
3. They can recognize that when he uses his thumb or pacifier he may be signaling to them that he is feeling some stress. Parents may then offer to help but should be mindful of the young child's wish to want to "Me do it", that wonderful declaration of emerging autonomy.
4. They can comfort and try to ease his pain when he is teething.
5. They can make feeding times opportunities for close, affectionate interaction with the infant.
6. They can be aware that a good experience in the oral stage contributes to a sense of well-being, and helps to build basic trust.
7. They can be careful not to over-use feeding. Offering more food when the child may need something else, such as comfort, or holding, may set the stage for an over-reliance on food, and lead to over-eating as he grows older.
8. They would be most helpful to not press the child to be weaned during the first year, and when weaning is begun, to have it done gradually and with encouragement, with a night bottle permitted for comfort for several months after daytime weaning is accomplished.

WORKSHOP # 3

THE DEVELOPMENT OF SEXUALITY IN THE CHILD -- Part II: THE ANAL PHASE (*ABOUT 24 TO 36 MONTHS*)

Question: What do we mean by "the anal phase"?

Answers from participants.

Discussion: During this phase the child's "sexual" experiencing, according to psychosexual theory, is predominantly associated with his/her elimination functions. The child's "sexual" attention is especially focused on urinary and bowel movement activities; in terms of body parts, her/his attention is on the anus and the urinary function of her/his genitals.

In terms of the child's developing sexual life, the functions of eliminating urine and bowel contents acquire a significant and specific set of sensations and meanings that add to the child's emotional experiencing himself/herself. During the period from about 18 months of age to about two and one-half or three, in some cases even later, these sensations and meanings add to the further development and definition of the child's sense of self.

During this developmental period, for obvious hygienic, social, as well as for emotional reasons, toilet training is an important development which preoccupies children and parents (caregivers) alike. Recognizing that the child's visible elimination concerns and pre-occupations with the elimination of food waste products brings, and identifying the "erotic" sensations in the genitals and anus that come with it, led developmentalists to call this new psychosexual phase **the anal phase**. The normal child's attention is now especially focused on the anus and to a degree on his or her urine discharge system, as the child's readiness for toilet training emerges.

Question: Why is this considered part of (psycho)sexual development?

Answers from participants.

Discussion: The anal phase is considered the second form of earliest sexual experiencing and is associated with the elimination of waste products from the body, through the end part of the digestive tract, the rectum and anus, and through the sphincter (muscle ring) of the urinary bladder and the urethra (the mucous membrane lined tube that carries the urine from the bladder to outside the body). Like the oral phase, which is concerned with the intake of food, the earliest part of sexual development is intimately linked up with obligatory digestive biological processes. The sexual factor itself comes from the fact the inner lining of both the mouth and the recto-anal and bladder-urethra organs are lined with those very sensitive mucosal membrane cells. Mucosal cells are very sensitive to any pressure placed on them by the passage of food-waste solids or fluids and is experienced by humans as producing an "erotic" physical sensation.

Understanding both that the earliest sexual development does not directly involve the genitals but rather the mouth and the recto-anal and urinary systems, as well as the

role of the mucous membranes in "erotic" sensations, will guide parents in the task of toilet training which the toddler 2 to 3 years of age is well prepared to undertake.

Question: How does the process of toilet training make a significant contribution to the emotional and psychological development of the child?

Answers from participants.

Discussion: The child does not experience toilet training simply as a physical activity. It is also very much motivated by **psychological** reasons and has significant psychological effects. The child's complying with the wishes of the parents in toilet training brings with it the child's developing ability to control his body, to begin to develop an invaluable degree of control over his/her own inclinations and wishes. This compliance also brings with it a sense of doing the right thing, of doing what is expected, and of pleasing the parents the child loves and whose love he values. There is furthermore for the child the experience of being able to accept limitations, to accept rules and regulations, to accept compliance with reasonable social standards. The fact that this acceptance is made by the child in response to demands made by his or her own parents brings a growing capability to accept instruction and guidance from those in our world who attempt to protect us and to help us grow into responsible people.

Question: When is the optimal time to begin toilet training?

Answers from participants.

Discussion: We know that this is a controversial subject and that it is both very personal and also guided by familial/societal norms and expectations.

Knowing when children are capable of controlling their sphincters should be a key factor in scheduling toilet training. The third year of life seems to be a good time for such training. Some children will handle toilet training efforts nicely at the end of the second year; most, however, fare better during the third year of life. It would stand to reason that, if the child's ability to control bladder and bowel sphincters (muscles) does not mature until about the beginning or middle of the third year of life, imposing demands for toilet training prior to this time would create greater possibilities of failure even when the child tries hard to comply with the parent's demands. And, indeed, **successful toilet training is commonly achieved when undertaken from about two to two and one-half years of age on.** We find that most children respond to demands for toilet training with more success during the middle of the third year than during the second year of life.

Obviously, if sufficient pressures are imposed, the child can be toilet trained, as in done in some cultures, even during the end of the first year of life. However, when toilet training is started before about 2 years of age, it is quite likely that the development of the sense of self and of the child's will are not yet sufficient for the child to feel that, indeed, he or she is developing internal controls or a sense of duty or of responsibility.

Question: What are some of the major obstacles to toilet training?

Answers from participants.

Discussion: Toilet training occurs at a time in a child's life when the gradual development of the inner sense that he/she **is an individual** is at a crucial early stage. One of the most important things to bear in mind in the course of toilet training, as with any other behaviors that require compliance with parental dictates, is that the parent's urging the child to comply with "Go to the potty, Sweetie" may be experienced by the child as an imposition **on the child's emerging sense of self**. The two year old may even experience the mother's urging as a prohibition: "Now, you have no voting rights; your voice does not count!" This is because the 18 month old to the two and one-half year old child is working on issues that pertain to the differentiation of self from mother, from father, the major task during the Rapprochement Subphase and On The Way to Object Constancy. And, the child is then also working on the continuation of his or her **evolving sense of autonomy**, on the battles of wills the child undergoes with parents in the course of stabilizing that **sense of autonomous functioning**, that **sense of self-experiencing** that is so important to the overall growing **sense of being an individual**, indeed **of being a self**.

It is at this time then, when demands are made of the self to give up what the self may not wish to, or to carry out a function the child cannot yet carry out at will that parents may, and commonly do, run into some resistance. The demand made by the environment for the child to develop internal controls, to contain some of his or her inner pressures to discharge (not only of urine and bowel content but of one's other wishes as well) may be experienced by the child as a great imposition on the sense of self. The child's self feels encroached upon and disallowed by, of all people, the parent(s) the child loves! This can lead to conflicted feelings in the child and further interfere with toilet training efforts.

A child often has mixed feelings about being toilet trained. In addition to the above, many toddlers fear that, since their B.M.'s come from inside of themselves, they may come to fear that they can lose vital contents or parts of their bodies. This distorted fear may further the child's resistance to toilet training. This especially occurs in toddlers approaching 3 years of age, a time when the question of losing body parts becomes especially pronounced in many a boy and girl. (This issue is talked about in the next Workshop on the First Genital Phase.)

Question: Has your one to three year old made you feel like your demand for toilet training is as though you're trying to take something away from her/him?

Answers from participants.

Discussion: The demand to learn to control bladder and bowel is experienced by many a child as a demand that the child give up things or possessions from within her or his body. And in addition, that he/she give up his/her wishes to discharge body contents at will, that he/she give up "doing what he wants when he wants". It will then mean that the child must give up some of his/her own sense of authority, some freedom of self-expression. The child often seems to experience the parent's demand not only as an imposition on the self, but it may even bring a feeling of depreciation of the self. This adds to why toilet training is often experienced by the child as a restriction of his autonomy and sense of self and thereby leads to battles of wills.

But then, we also see toilet training as a major opportunity for both child and

parents. Pleasing the parent brings the child enormous pleasure, so does being able to do what the parent thinks is important. So does developing the ability of controlling one's sphincters which brings with it a sense of accomplishment, and in turn heightens the sense of self, autonomy and competence.

With all this then, even if there is some resistance to toilet training, dealing with the toddler patiently, respectfully, with loving firmness, can pay off with the gains just noted.

Question: Are erotic sensations experienced by children in the course of urine and bowel elimination and also during diaper changes?

Answers from participants citing relevant examples.

Discussion: Sensations brought about by these activities are pleasurable because they are relieving of unpleasurable feelings and may even be relieving of pain. In addition, though, by virtue of their activating the mucous membranes (the sensitive inner lining) of these organs, urinating and bowel elimination makes the child very aware of some degree of erotic stimulation. And then, to be sure, when Mother or Father cleans the child's genital and anal areas when needed, this also is generally felt as pleasurable and the child then may attach erotic feelings to toileting activity.

Research shows that genital sensations are evident in children during the first year of life, indeed from the first few weeks of life on. Erotic-type feelings associated with the parent's cleaning the child's genital and anal areas begin to be experienced from virtually birth on. Now during the anal phase, from about 18 months to three years of age there is a substantial heightening of the erotic experiencing associated with the functions of these areas of the body.

Question: Why then is the toilet training experience so very important to the child's development?

Answers from participants.

Discussion: The experience of toilet training is important because all the challenges it puts in front of the child are challenges which when met with a good degree of success contribute very positively to the child's developing self. Learning to cope with the almost unavoidable battles of wills, giving up some of one's inclinations and wishes for the sake of doing what grown-ups do, the gains to the child's psychological development that come from accepting external demands, from complying with these, and deriving pleasure from pleasing the parents the child loves, all contribute to the child's feeling of increasing competence and consolidating sense of being an individual, all these make the experience of toilet training an important one.

Question: Is toilet training similar for all children?

Answers from workshop participants.

Discussion: Essentially yes. But every child is unique in his/her personality, temperament, pacing of development, relationship with parents and other caregivers, etc. It is helpful to know that toilet training for urine is usually slower than for B.M.'s and that

this typically occurs with boys; the reasons for this are not really known. Where toilet training is incomplete and toileting "accidents" occurs more than once in a while beyond six years of age, professional consultation is generally indicated and is usually very helpful.

Of course, children who are quite slower in their development due to inborn problems, like many children who have Down's Syndrome or cerebral palsy, for example, will be delayed in their ability to be toilet trained and will need more time to achieve it. Parents of such children know that much more patience, understanding and sympathy is required in rearing such children to make them feel loved and valued.

Group Discussion: What, do you think, would be the results of an unsuccessful toilet training experience for the child and for the child-parent relationship?

Toilet Training: How to Optimize this Training Experience

Question: OK, knowing when the child is physically best able to start toilet training during the third year of life is great for starts. Are there other, maybe more specific indications as to when a two year old might be ready to begin the process?

Answers from workshop participants.

Discussion: Cues from the child that he or she wishes to go to the bathroom in the "potty" is the most advantageous indication that the child is ready to begin toilet training. It is best to proceed with the child himself/herself spontaneously wanting to use the potty. It is well to praise the child who herself/himself wants to begin the toilet training process.

Where this does not occur, parents should not hesitate to make reasonable demands for toilet training when they believe their child might be ready for it. As we have said before, young children do need to comply with reasonable demands made of them by their parents and other helpful caregivers. But such demands will usually succeed better and be experienced by the child as in her or his best interest when the parents verbalize their recognition of the child's growing sense of individuality.

Question: How can parents and caregivers best handle resistance from the child?

Answers from participants.

Discussion: Where there is resistance, it is well to try--though it is not always easy--to sort out if the resistance is due to insufficient readiness, to anxiety, or to the continuation from even the first year of life of a child's wanting his way in most things, one with whom all things start with a battle of wills between child and parents, or in more extreme cases where the child is outright oppositional. We will briefly discuss each one in order to help parents consider useful possibilities. Professional mental health or pediatric consultation can be very helpful where parents are at a loss to know what to do.

1. **Insufficient readiness** and **anxiety** may be difficult to sort out except in two year olds who show feelings of worry, fear or anger surrounding toilet training. For

instance, a strong refusal associated with what looks like fear of sitting on the potty is most likely to be due to anxiety. Another child may willingly comply but be unable to produce a B.M. after a few minutes--and then easily have a B.M. in his/her diapers 15 minutes later--this may indicate that the child is just not ready.

Expecting such a two year old to sit on the potty for 15 minutes or more will not produce a positive toilet training experience. The child is more likely to experience it as tedious, as a source of worry and of feelings of failure. Again, asking the child to let the parents know when he or she feels ready to have a B.M. is a good way to start. Except for those children who show facial expressions of worry or fear about using the potty, insufficient readiness versus anxiety needs time to prove itself.

2. With **a child with a strong will** that's been in evidence from the start of life, one with whom it is easy to get into a battle of wills, it is best to try to find a way of making the child feel he/she had a large part in the decision to start the toilet training process. Linking toilet training with the child's wish to be "grown up", to be like Mom and Dad, or do things big kids do, may encourage the child. That the child has a strong will of his own does not mean he/she does not want and dearly value parents' approval or that he needs no encouragement to do things parents think are in his/her best interest.

Being too easy, making no demands to avoid battles of wills is not helpful. **How** the parent states that the time has come for Johnny to start using the potty is where the key factor lies: it has to be said in a way that lets him know that it is in his best interest to be toilet trained, that he'll feel good about himself, that he will have achieved a very worthwhile goal, etc. And, let him know that you stand ready to help him as best you can.

3. With **an oppositional child**, the task is usually quite more difficult. The same approach ought to be tried as with the strong willed child. There are differences between the two type children. The strong willed child was born with this inner need to do things his way; he finds it more difficult to do things the way others want him to do them. He is not trying to be difficult; he is somewhat constricted in the way he sees things should go. The oppositional child, on the other hand, feels a lot of hostility. He doesn't want to do what grown ups tell him to do most likely because he feels he has been hurt excessively by them. Oppositional behavior most often comes from having had very painful past experiences, such as, having been cared for under severe conditions of deprivation due to illness or loss of a job, or having been maltreated by a parent who is convinced that the only way to get kids to do things right is to be tough with them.

Question: What are the best parental reactions to difficulties in toilet training?

Answers from participants.

Discussion: Parents ought to try to balance respect for and allowing of the child's feelings of autonomy and developing sense of self on the one hand, with firmly but kindly and judiciously setting limits. Encouragement and duly complimenting success can be enormously fruitful. Parents need to guard against being pushed by their own hostility.

Question: "Pushed by their own hostility." What do we mean by this?

Answers from participants.

Discussion: On average, toilet training the child challenges every child and parent. There are many instances where toilet training proceeds like a breeze. Commonly though, and especially with children who put up large resistances to it, it can become anywhere from annoying to outright infuriating. Studies have shown that the physical abuse of very young children is often associated with difficulties in toilet training. Crimes against children have been committed by parents around toilet training resistance.

That a parent experiences frustration with a child who has much difficulty cooperating will almost unavoidably lead the parent to become angry with the child. If this goes on too long, or if there are then also other troubling stresses straining the parent's tolerances, this may well lead to hostility mounting in the parent against the child she/he loves. Toilet training then may become not just a battle of wills but an outright facilitator of child abuse. The parent may then be "pushed by his/her own hostility" and do something the parent may regret. The experience and interaction that then follows is very likely to make the child's development more difficult and significantly worsen the parent-child relationship.

Again, that a parent experiences much frustration in these instances is unavoidable. If parents do not guard against the hostility such difficult and frustrating interactions produce in them, this hostility may pervade their actions and create greater problems between child and parent than before.

And again, toilet training a child who is persistently oppositional may require professional help. Toilet training should be gradual. It should be seen as an opportunity to improve the child's internal controls, acceptance of "do's and don'ts", and all that comes from successful toilet training.

Question: What are the positive developments that come from successful toilet training?

Answers from participants.

Discussion: There are many. To mention just a few, gains include (1) an increased sense of appropriate internal control over all kinds of strong feelings and wishes, (2) a sense of achievement, (3) an enhanced sense of autonomy, and individuality, (4) a feeling of parental approval and respect, (5) a better organized sense of "do's and don'ts", (6) an increasing feeling of competence and self-confidence, and (7) a consolidation of feelings of love, respect, and valuing in the child toward the parents.

Question: How can parents best handle "accidents"?

Answers from participants.

Discussion: Accidents ought to be met with understanding and certainly not with insults, rage, shaming or other humiliating and painful responses. Physical punishment is out. The child should be made to understand that he/she has the responsibility of taking better care of himself/herself. Patience, understanding, accompanied by reasonably firm expectation of better control help a child to accomplish toilet training. Look for opportunities to help the child affirm his "sense of self", develop a feeling of competence, a feeling of pleasure in being able to "do things himself" and these in turn stimulate his desire for further growth in competence and to learn.

Group discussion

Instructor provides various examples of toilet training practices.

Ask participants to consider the examples and discuss pros, cons and ramifications of them. Use examples provided here and also examples received from participants.

1. Mrs. A. believes that babies should start toilet training as soon as possible. "The sooner they begin, the sooner they'll be trained", she says. As soon as Jenny began to toddle about, at about 12 months, Mrs. A. placed her on the potty chair several times every day for about 15 minutes each time, encouraging her to "go in the potty."

2. Mrs. B. learned from her friend who has 3 children that children give their mothers signals when they are ready to start training. She trusted her friend but she did wonder how long she would have to wait for Brian to signal his readiness for this task. When he was two years and 4 months he said to his mother that he wanted to use the toilet, "like big people." He said he wanted to sit on the potty but when he tried, it didn't work right away. This happened 3 times before he finally did succeed. Father had been a bit impatient, thinking that he was trying to get and hold Mom's attention. But Mom had been told by her friend that this is how it started with her kids too. Father did come to see that Mom was right.

Instructor: Discuss with participants the pros and cons of Mrs. A and Mrs. B's reasoning and procedures.

Which child would finish training with a sense of accomplishment and pleasure?

Why would this be so?

What would these accomplishments consist of?

Participants should address both physical and psychological accomplishments.

3. Mrs. C. is a very busy mother. To top it off, she suffers from headaches almost every day. It really upsets her when three year old Kevin wets the bed at night, or has an accident in his pants while playing. Terribly distressed, at these times, she tells him that he is giving her a headache, that he is a very dirty boy and should be ashamed of himself.

Instructor: discuss with participants the following points:

How does this treatment make Kevin feel?

How does the scolding affect his progress in becoming trained?

How does this affect his feelings toward and relationship with Mother?

How does this affect the **ambivalence**--the mix of love and hate feelings--mother and child feel for each other?

(Instructor may need to explain Ambivalence to participants.)

4. Mrs. D. has heard that bedwetting or other toilet training accidents are quite

common as the child makes efforts to learn to control her sphincters. She tells her daughter that she knows Barbara is trying, and that accidents happen to all of us when we first learn to do something hard. She lets Barbara help her take the sheets or soiled underwear to the washing machine, and holds her up to turn the machine on.

Instructor: Discuss with participants how Barbara feels about these "accidents", and how her mother's attitude might affect Barbara's toilet training. Consider the effects of Mother's growth-promoting attitude on Barbara's developing sense of accomplishment, sense of doing what she sets out to do, her sense of self, her love feelings toward her mother and toward herself, etc.

Implications of Toilet Training on Child's Psychosexual Development

Instructor: Have participants consider the following:

1. Toilet training involves the child's areas of anatomy that also contain the genitals, especially so the urinary structures.
2. When a child feels the need to go to the bathroom, whether to urinate or have a B.M., these feelings often stir up sensations that belong to the realm of "erotic" feelings. It is not uncommon for a boy who has held back urinating to have an erection at the point when he can no longer hold his urine in.
3. The child's efforts to learn to control these anatomical sites focuses their attention to them and with this on the mucous membrane sensations they stir up.
4. Because of these factors, during this period when the child's psychosexual development age-appropriately focuses on the elimination of bodily waste products, the child's awareness of the sensations that come with the need to urinate or have a B.M., and the efforts at toilet training, all contribute to the boy and girl's pre-genital--i.e., before these become focused on the genitals--sexual experiencing.
It is important to recognize then, that if parents want their children to have healthy sexual lives, including the normal enjoyment of sex side by side with a responsible attitude about it and a reasonable sense of its age-appropriateness (i.e. when one is ready to do what sexually), that the activities of both pre-genital phases of psychosexual development, the oral phase and now the anal phase should be dealt with in a responsible, loving and respecting manner.
5. It is important to understand that **premature training, undue impatience, shaming, scolding and abusive treatment of children can cause much harm.** In addition, the battles of wills that can arise during the struggles of toilet training when there is a substantially poor parent-child relationship can be extremely harmful.

6. Patience and approval help a child to accomplish toilet training, increasingly affirm the child's "sense of self", develop a feeling of competence, a feeling of pleasure in being able to "do things himself", to be more like Mom and Dad, all of which in turn stimulate his benevolent self-regard and desire for further growth and learning.

Instructor: discuss with participants any further questions, reactions and comments about the workshop materials.

WORKSHOP # 4

THE DEVELOPMENT OF SEXUALITY IN THE CHILD -- Part III: THE FIRST GENITAL PHASE (2 1/2 TO 6 YEARS), Section I: INFANTILE SEXUALITY

Instructor's introduction: As we said in Workshop #1, we have learned during this century that a human being's sexual life begins much earlier than used to be assumed. Whereas evidence of sexuality is amply clear in puberty--which is when we used to assume sexuality began to have its well known meaning for growing young people--many parents have long recognized what they have felt to be meaningful sexual behavior and activity in their children long before puberty.

This has now been documented by mental health scientists to indeed be **sexual** behavior, to have the kinds of meaning sex has for humans, and that there is clearly genital-associated sexual behavior that starts during the third year of life. We said during Workshop #1 that erotic sensations in the child's genitals can be inferred from young children's genital activities and behaviors, such as little boys having erections during cleaning-diapering, from the first days of life on. These everyday findings and much observational research have led child development theorists to support the psychoanalytic idea that a child's sexual life really begins near birth.

We said in Workshop #2 that during the first 18 months erotic experiencing is most attached with the activities of the **mouth** and that only occasionally does there seem to be evidence of genital arousal and sensations. Similarly, from about 18 months of age through about two to three years the predominant erotic feelings are attached to activities of the **urinary system** and the **anus**.

Except for a handful of writers and philosophers from past centuries, it is only since the beginning of the 20th Century that biological and psychological scientists have found that **genital-associated sexual life** begins during the period from 2 to 6 years. Psychoanalysts especially, mental health professionals in general, have found that sexual development occurs in 2 major stages. First is a stage of "**infantile sexuality**", from about 2 1/2 to 6 years of age. Some researchers have found evidence that it may begin even earlier, even during the period from 18 to 24 months of life. This stage of *infantile sexuality* is followed by a period of relatively less sexual preoccupation extending from about 6 to 10 years. This is then followed by a pre-pubertal period from about 10 to 12 or 13 when sexual interest begins to mount again. This then is followed by the second major stage of sexual-reproductive development, the stage of "**adult sexuality**", which *begins* with and during adolescence. Adolescence, when *adult sexuality* begins, is generally considered to extend in 3 subphases; the first from about 12 to 15; the second from about 15 to 18 and the third, late adolescence melting into young adulthood from about 18 to 24 years of age.

Instructor: Field any questions on this from participants.

Question: What steps can parents and caregivers take to help their children best cope with their "infantile" or first genital phase?

Answers from participants.

Discussion: Mental health professionals believe that 3 major steps can be taken:

1. to know and understand what happens in normal sexual development;
2. to permit children to reasonably express their curiosity, worries, and to talk with them truthfully, thoughtfully, and age-appropriately about whatever they have on their minds; and

3. to react to their sexual behaviors with growth-promoting guidance.

Let's talk about these as they pertain to this important developmental phase. We shall talk about the first step, the value of knowing and understanding, in this Workshop #4. Then in Workshop #5 we'll talk about permitting children to ask questions and about talking to them at an age-appropriate level, and in Workshop #6 we'll talk about reacting to their sexual behaviors with growth-promoting guidance.

Question: Do you feel there is much to know, much to understand, in how children's sexuality develops? What information can help us with the challenge of handling constructively our children's beginning sexual life?

Answers from participants. Try to get parents to put into words what they already know about young children's sexual development.

Discussion: Parents *knowing* and *understanding* what happens in normal sexual--or in any aspect of--development is probably one of the first and one of the best ways to help the child deal constructively with this or any aspect of development. It is especially so with this part of sexual development, **the first genital phase**, when children's genitals, and a lot of fantasies children have about them, become a major area of concern and preoccupation and **a major source of anxiety for children**. It is also considered to be a major and crucial stage of the child's psychosexual development.

This first major stage of sexual-reproductive development in children for many reasons **also causes much anxiety for parents**. Foremost is that eventually sexuality in puberty, by the pubertal child's own actions, can cause many problems as we all know only too well, including the wide range of sex-derived physical problems, behavioral and emotional problems, as well as that major problem of drastically premature teenage pregnancy. **All of these are less likely to happen when sexuality is sufficiently paid attention to, when it is thoughtfully talked about with one's children, and when children are sufficiently guided in their early sexual behaviors.**

Wouldn't it be nice if sexual feelings, awareness, and fantasies really didn't begin until puberty, as people have believed for so long. That, however, is now known not to be the case. And actually, there are large advantages to the fact that children's sexual life begins well before puberty. Among these, perhaps the largest advantage is this. Given that reproduction, the ultimate biological reason for sexuality, cannot occur prior to the adult phase of sexual development--which begins at puberty--, the experiences, the thoughts, the fantasies about sexuality, the ideas all these generate, can all be perceived

and talked about well before the onset of puberty when acting on these can have the serious outcome of premature reproduction. Both parents and children have a number of years to work on preparing the child for the sexual challenges that will come with adolescence.

Question: Are any among you worried about what your children might get into in adolescence?

Answers from participants.

Discussion: Fortunately, we do have a number of years to prepare our children for their adolescence. We can't protect them as completely as we would like, but we sure can help them get ready.

Because it causes many parents much anxiety and because it can truly help children, psychiatrists, psychologists, social workers and educators believe that knowing that sexuality develops in children from the third year of life on will make parents and society better able to help children deal with it constructively. It will also make parents and other caregivers better able to deal with it in growth-promoting ways. Parents and all caregivers then, are better served when they know that **young children KNOW about sex from about 2-3 years of age on**. While they don't know about it as adolescents and adults do, they have waves of genital sensations, have deeply felt amorous feelings-- believe it or not!--, and they have variably strong and long-lasting wishes and fantasies about it. And this is why, as we shall discuss shortly, children can be seriously harmed emotionally when they are engaged at a young age into sexual activity by persons substantially older than they are. It is sexual abuse and its consequences to the child can be drastic. More about this later.

But when children are sufficiently understood and cared for, rather than causing high levels of anxiety and bewilderment, the emergence of infantile sexuality during the period from 3 to 6 years will be found to be a rich, dramatic developmental period. It is embedded in the simultaneous dramatic growth in adaptive capabilities, including the development of intelligence and language, in the continuing development of self and human relationships, as well as in the development of conscience and morality.

Question: What causes these sexual feelings, fantasies, and behaviors to emerge?

Answers from participants.

Discussion: Many people are not aware of the fact that these feelings, fantasies, and behaviors, which are amply visible in many normal children, are evidence of a biological maturation in the 2 1/2 year old of what some scientists call **the sexual drive**. This sexual drive serves the vital function of preserving the species. Every species seems biologically committed to its own survival. Every living organism seems equipped with a powerful inner force to secure the species' survival.

In humans, our powerful sexual drive is biologically programmed to begin to develop in its "genital form" at about 2 1/2 years of age. This biological maturation sets in motion the development of the child as a sexual being. Certainly this sexuality differs in significant ways from what it will later become, but it is the beginning of the biological, and with it the psychological, development of "genital" sexuality. Scientists

emphasize that this is the earliest form of genital sexuality; they speak of it as "infantile sexuality". This they believe is what causes the feelings, fantasies, and behaviors we are talking about now.

Question: When we differentiate between *infantile sexuality* and *adult sexuality* what differences do we have in mind?

Answers from participants.

Discussion: The major distinctions between infantile and adult sexuality can be understood along three dimensions: (1) the age at which it emerges and the duration of its developmental period; (2) the mental experiencing of it; and (3) the biological dimension.

1. As we said before, infantile "genital" sexuality, or as mental health people talk about it, "the first genital phase", begins at about two and one-half years of age and runs to about six years. Adult sexuality has a much longer developmental course. It begins at puberty, organizes and evolves during adolescence, and becomes established by the end of adolescence.

2. The mental experiencing of "the first genital phase" is rich, complex, and presents the child with many concerns, thoughts, fantasies, and with much anxiety and a major developmental conflict. But while infantile sexual life contains much that is fantasy-based and fantasy-experienced, it is generally not actualized, not put into effect. (This will become clear later in the workshop). By contrast, puberty and adolescence become not just a matter of powerful emotional and fantasy-life pre-occupations, but now the actualization of these emotional needs and fantasies is feasible.

3. Of course, the 2 1/2 to 6 year old child is incapable of the biological fruition of his or her sexual fantasies and sexual functioning. By contrast, adult sexual life which begins with puberty, brings with it the capability for fulfilling all of these. Also, it is highly doubtful that young children can achieve orgasm, again a capability generally achievable from puberty on.

We want to emphasize, though, that making a distinction between infantile sexual life and adult sexual life should not be taken to mean that infantile sexual life is not enormously powerful, enormously governing of the child's experiencing and determining of mental-emotional development.

Even though, under normal conditions, infantile sexual life brings with it very little actual sexual gratification for children, what happens during the period from about two to six, how the child's behaviors, questions and concerns are handled by the parents can be critically determining of the degree of health the adolescent and later adult experiences in his or her sexual life.

Question: And, so--what does the first (infantile) genital phase look like? What can we see?

Answers from participants.

Discussion: From the middle of the second year of life on children show evidence of heightened sexual activity in three inter-related areas of experience:

- (1) In the genitals themselves, their own and those of others;

(2) In babies; the child's interest in babies becoming quite remarkable; and
 (3) In the child's heightened erotic love interest felt toward one of his or her parents and a nearly simultaneous developing feeling of competition and rivalry with the other parent. The totality of these three types of activities are representative of what in infantile sexuality we call "the first genital phase".

These "infantile sexual" behaviors become readily observable in most children, some more, some less, and create a large challenge for the 3 to 6 year old. In fact, it is a major developmental task for the 3 to 6 year old to gain the first level of mastery over the burgeoning feelings the sexual drive activates in the child.

Let's look at these three sets of behaviors. Let's start with the first two in this Workshop and we'll take up the third in Workshop #5.

Question: What behaviors do we see that give evidence of the child's interest in his/her genitals, and those of others, during this phase?

Answers from participants. What have they noticed in their experiences with children?

Discussion: We find a heightened interest in the child's own genitals and those of others. During the third year, and in some children even during the second year, one can see a greater or lesser degree of preoccupation with their own, as evidenced in an increase in the child's touching them and asking questions or expressing concern about the child's own genitals. It is quite common to see expressions of self-absorption and even of a far away look as the child is touching his/her genitals. It is also common for a nearly three year old to sit on a toy and roll his or her pelvis on the toy; or, while watching television, to be quietly touching and manipulating his or her own genitals. This, mental health professionals consider to be "infantile masturbation". Such acts may be of shorter or longer duration and do not seem to have the aim of achieving orgasm as will such activity in adolescence. Given the normal pleasurable sensations associated with touching the genitals, some children persist in this activity, in infantile masturbation, the more they do so, the more this tends to create some discomfort in the parents. In Workshop #7 we'll talk about how to handle this activity.

From about 2 1/2 years of age, both boys and girls, now aware at a new level of interest in their own genitals, will begin to experience and manifest much curiosity and preoccupation with the genitals of others. This will become very clear to a mother and to a father--if they do not avoid seeing or recognizing it. Seeing a parent dress, a little girl may appear quite startled and ask "What's that?" pointing to her father's penis. This may also lead to the child's simply asking of her father, "Can I touch your penis?" Or, similarly initially startled, a little boy might ask his mother, "Mommy, where is your penis?" These are questions normal two and one-half and three year old children ask.

Especially from the third year of life on but in some children even earlier, children's interest in their own genitals and those of others and toileting activities are openly talked about and evident in their behaviors to a greater or lesser degree. Toilet training, usually best achieved during the third year of life, tends to stimulate in children much interest in urinary and bowel functions and the body parts that perform these functions.

Commonly found now, especially triggered by their interest in and reaction to the genitals of others is the encounter with the fact that we don't all have the same type of

genitals and don't all urinate in the same way. Both girls and boys will begin to show a wide range of reactions to the differences between their own genitals and those of the other sex. Some will simply show mild interest, or even no apparent interest at all; others though, react to this difference with constant preoccupation, and rather commonly with acute anxiety, anger and even depression. These are normal reactions in normal boys and girls.

Question: What anxiety? Why anxiety? And why anger? And you say, "even depression"? Why?

Answers from participants using their own observations.

Discussion: From about 2 and 1/2 years of age on, and in some children even earlier, two factors may commonly cause children anxiety: (1) any act directed at the child's genitals that the child may perceive or misinterpret to be a threat to harm his/her genitals, and (2) the recognition of differences in the genitals of females and males.

1. For instance, a child may express anxiety when his or her genitals are touched by someone other than himself/herself. For example, a 2 and 3/4 year old boy, suddenly stepped back and showed intense anxiety as his mother had just reached to help him close the zipper of his pants. We inferred that he had suddenly imagined and feared that harm might come to his penis as the zipper was being pulled up. It is common for males, children and adults from 2 and 1/2 years of age on, to react with anxiety when they perceive, imagined or real, that harm may come to their genitals.

2. It is not uncommon for a young girl, usually after having seen a little boy's exposed genitals, for a girl 2 and 1/2 to 3 or so years of age to ask her mother when she will get her penis. A little girl was puzzled and complained when looking at her genital area that "I don't see anything". Mental health researchers have suggested that this may be due to the fact that when a little girl looks at her own genitals--because they are the source of unique erotically pleasurable feelings--that because her genitals are in large part contained inside her body she cannot see or yet imagine where or what they are. When she sees the little boy's amply visible genitals, she may wonder when, and if, she will get genitals equally visible to the eye as is the little boy's.

Due to the same issue of visibility, a little boy puzzled and anxious may ask why his cousin Suzy doesn't have a penis. This question is believed to be most likely driven by the little boy's distortion that everybody has a penis. Since he already values his so much, seeing someone who does not have a penis affirms his imagined dreadful thought that one can lose one's penis. Notable at this age, are the frequent reactions of distorting what is seen, along with rejection of what is seen and what is realistically possible.

Some mental health researchers believe the little boy's placing such a high value on his penis and the little girl's distress at not being able to visualize nor spontaneously imagine the structure of her own reproductive anatomy, comes from the importance of being able to see things for oneself, to have visible proof of things. From very early on, children seem to need proof of what is said to them; in fact we all feel safer when we can believe what is said to us. And it is further fostered by the difficult to explain research finding that already from near the end of the first year of life, children are already hooked on "the wish to have what the other kid's got", be it a toy, or whatever. Furthermore, both the boy's high valuing of his genitals and the girl's distress at "not being able to see" the

marvelous genital system she has, may come not only from the uniquely pleasurable sensations that come from their genitals, but that these reactions may have an inborn biological determinant since the genitals are required for the preservation of the species. It is so important to our understanding of things to be able to see for oneself. All in all, we underscore that children will from time to time express anxiety in association with these questions.

Contributing to all this is that the 2 to 6 year old child is in the early phases of forming a mental representation of his/her body image, of who she/he is in relation to and in contrast with those the child interacts with, especially so with mother and father. The child is becoming increasingly aware of differences between him/herself and others. The child is also more fully aware of sameness. In a broader sense than just the development of the "sexual self", it is well known that children identify with their parents, with both mother and father. There is a psycho-biological inclination to identify more with the parent of the same sex; in this way the male child begins to feel more like his father and the little girl will commonly do the same with her mother.

This topic of ways of addressing children's questions, concerns and anxieties regarding their own genitals and those of others will be discussed in Workshop #6.

Another large factor that pertains to the child's interest in his/her own genitals, also arising from the increased sensations the child's infantile sexual maturation brings, is the child's emerging "infantile masturbation". We'll talk about this in the next Workshop because we link masturbation with the child's "family romance" fantasies.

Much of children's activities during the 3 to 6 years period center around the wide range of issues that pertain to their beginning sexual, reproductive lives. As we said before, the concerns about their genitals are just one piece of all this. There is also much interest in babies, in babies themselves and in being a baby oneself, and at the same time in being a mother or a father, and in where babies come from, all in all in matters of family life.

Question: When does the child develop an interest in babies? How can we tell? What does this interest look like?

Answers from participants based upon their observations.

Discussion: Since the inherent biological function of sex is the preservation of the species by means of reproduction, it makes sense that at some point in their development, children will show evidence of interest in babies. The question is when do they begin to show interest in babies? Scientific observation of young children as well as clinical work with young children by psychodynamic mental health professionals inform us that, yes, young children from about two years of age on show a notable interest in babies. A number of factors contribute to this.

Based on years of child observation we find that there is a striking progression to this interest in babies. Essentially this progression occurs in 3 stages: First, the young child becomes interested in a younger infant seemingly as if it were an interesting thing to explore. Then comes the first phase of what seems to be an awareness of the baby as baby and of behaving toward the baby in a caregiving way. And, this is followed by a dramatic second phase when the baby seems to acquire very special meaning.

During the earliest stage, a 9 to 12 month old may occasionally be attracted to

another infant, sometimes one as large as the explorer himself/herself. This interest consists most commonly of touching the infant with some fascination and excitement. However, a 9 to 12 month old seems to be drawn to the infant's eyes, to want to touch the eyes with a finger which, of course, can result in the explorer's poking the infant's eye, or the explorer may grasp the infant's hair which then, not yet being able to relax the grasp reflex, leads the parent to believe the explorer is intentionally pulling the infant's hair! These approaches invariably cause alarm and, often, lead the parent to control or prohibit the exploration.

From about 14 to 30 months, the approach to an infant changes significantly. The junior toddler no longer just pokes at the infant's eyes or grabs its hair; a different attitude and approach occurs. During this first phase of interest in babies, in both boys and girls, the exploring child seems to do to babies what is done to her/him. The character of the behaviors toward infants suggests that the 14 to 30 months old not only imitates what her/his parents do, but that she/he **identifies** with the way her/his own parents treat her/him.

Then, from about 27 to 30 months of age on, a dramatic change occurs in the toddler's approach to babies. This has been proposed to be the second phase in the interest toward babies. Girls particularly become interested in infants, some of course more than others, in a manner that is striking, with awe, with enormous excitement and pleasure, with a sense of having made a marvelous discovery. Some will become attached to a particular infant, will say that a particular infant is "My baby" (as can occur with a younger sibling) and some will verbalize the wish to have a baby of their own. This type of behavior is less frequently seen in boys and makes for one of the significant behavioral distinctions between boys and girls.

Question: Well, wouldn't you expect that? Don't you think that little girls are encouraged by their mothers and fathers to be interested in babies and dolls, much more so than boys are? Don't many parents discourage boys from playing with dolls?

Answers from participants.

Discussion: There is a natural tendency in most parents to facilitate or interfere with behaviors in their children according to their child's gender, based on the parents' own acceptance of what we believe to be gender-appropriate behaviors. This is probably the case even among those of us who want to do away with negative biases against a person due to that person's sex.

But the fact is, that cross-cultural studies of all kinds show that there are biologically based distinctions between males and females that show up quite early in life. This is found in brain studies, has long been known in endocrine studies, and has been found in early childhood observational studies of normal subjects. For instance, even before the end of the first year of life, little boys tend to more commonly be interested in objects that turn than are girls--which may be when boys' interests in cars originate! In one study, a reel to reel recording device used in the observational research seemed to just fascinate some of the boys who would just stare at the turning wheels, their heads rotating with the movement of the turning reels. None of the infant girls did this.

Question: Fine, but what does this have to do with children's interest in babies?

Answers from participants.

Discussion: One of the most striking distinctions between boys and girls, according to one long term study¹, is that girls from about 2 1/2 years of age on begin to react to little babies in a way quite different than do boys; some girls do so more than others. In the girls who most clearly revealed this distinction, they reacted to specific babies distinctively along 3 measurable lines:

1. Their **emotional reactions** were striking, including fascination, amazement and awe at the sight of an infant, even at an infant's hand or foot. These emotional reactions of interest were discernibly intense, persistent, and preoccupying.
2. During two-hour observational periods, more time in their **activities and behaviors** was committed to attending to the baby, be it in direct engagement with the baby or the baby and baby's mother, or hovering around them. When interacting with the babies, the girls of this study were surprisingly gentle, tender, and notably aware and concerned about the babies' feelings and state.
3. This interest and preoccupation **lasted at an intense level over a long period of time**, for months and even years. According to their mothers, the toddlers would talk about the babies or a specific baby many times when not in the observational setting.

This type of behavior, along the 3 lines noted, were not found in the boys. Where interest in infants was observed, the boys were more inclined to try to engage even the very young infant in play; they would playfully poke at them and try to get the infants to react playfully.

Question: Didn't the mothers sort of foster this kind of reaction in these children?

Answers by the participants. What do they think? What have they done?

Discussion: In the group of ten mothers studied, some of the mothers tended to encourage these behaviors in the girls. On the other hand, we also saw mothers compete with their daughters in wanting to hold the infant; one mother even pushed her three daughters away from the infants to do so. This particular mother's interference may have dampened her youngest daughter's interest but did not eliminate it.

The boys' mothers tried to help their sons be less boisterous and more calming and nurturing. Bottle feeding, for instance, was guided and required some effort by the boys to be nurturing.

All in all, this study did not find a general encouragement of girls toward babies and dolls associated with a complementary encouragement of boys away from babies and dolls.

As we discussed previously, much of children's activities during the 3 to 6 years period center around the wide range of issues that pertain to our sexual, reproductive lives. In addition to the above mentioned observational findings pertaining to gender

¹ Parens, H. & Pollock, L. (1979), Film #4(a): *The Child's Wish to Have A Baby, Part (Reel) I: Statement of Hypotheses*. And, Film #4(b): *The Child's Wish to Have A Baby, Part (Reel) II: Challenge to the Hypotheses (A Boy's Wish to Have a Baby)*. Audio-

Visual Section, Eastern Pennsylvania Psychiatric Institute, Philadelphia, PA. Video copies of these films are available for renting or purchase at cost from H. Parens. specific behaviors and activities, it is also reported that little girls may now begin to walk in a much more feminine way and behave more "femininely"; whereas little boys may adopt more of a "he-man" or "ape-like" way of carrying and moving their bodies. Also, differences in the ways boys and girls are assertive (nondestructive aggression) and in the ways they discharge hostility (hostile destructiveness) have been found and reported (e.g., H. Parens, 1989, 1990).

Instructor: if participants would like, discuss this topic more extensively. What is "feminine behavior", what is "male behavior?"

Instructor, continue: In addition to such gender-specific differences between boys and girls, other aspects of sexual and family life will be seen explicitly in what we call the "Family Romance." There is much interest in matters of romantic love, i.e., of the combined feelings of sexual and affectionate love. Much of the child's interest will be evident in the girl's wishing to be Father's favorite (often explicitly Father's favorite *female*), to marry him, to be a mother, as well as in the boy's wishing to be Mother's favorite (also often Mother's favorite *male*), to marry her, wishing to be a father, and in a very serious manner many times children will carry out these roles in play. The seriousness of these activities is striking. Depth psychologists--those who do intensive psychodynamic psychotherapies--have found that these early experiences and behaviors influence the way people feel and how they go about eventually being (or not being) a wife or husband and a parent.

In the next Workshop, we'll take up this issue of the child's "Family romance", what it is, what gives rise to it, what it does to and for the child.

WORKSHOP # 5

THE DEVELOPMENT OF SEXUALITY IN THE CHILD -- Part III: THE FIRST GENITAL PHASE (2 1/2 TO 6 YEARS), Section II: THE CHILD'S "FAMILY ROMANCE", What It is and What It Does

[Instructor: *This Workshop may require 2 Workshop periods. It is long, highly sensitive, and tends to cause anxiety.*]

Question: Let's pick up where we left off. What is the child's "Family Romance?" Have you ever heard this term? Some of you probably have heard of it as "the Oedipus complex".

Answers from participants.

Discussion: From around two and one-quarter years of age, children will in the course of rubbing their genitals sometimes do so on the knee of mother or father. This is also sometimes done with toys. At this time the child, boy or girl, seems to approach mother or father non-selectively, with no specific interest in or preference for one more than the other. Either parent will become a person to whom sexual feelings will become attached. More on this in a moment.

From the middle of the third year of life on, many a child begins to be selective in the parent who is chosen for such genital contact. Many parents are not aware that the child rubbing his or her pubic area against the parent's knee or while riding on the parent's foot is experiencing this activity as sexually pleasurable. The parent may become uncomfortable but not altogether know why. It becomes apparent in many a child's facial expression that these sensations are felt as erotic. And these, tied up with affectionate love feelings are especially directed toward the parent of the other sex, and somewhat less so, but commonly toward an older sibling of the other sex. It's striking that the child begins to be selective in these activities and typically chooses the parent of the other sex. More on this in a moment too.

Many parents have found around this time that when they greet and embrace, they may suddenly find the child between them pushing them apart. Some children will outrightly express annoyance and even anger when mother and father embrace and some may verbalize these feelings. And, as is so frequently encountered with children during this age, the child may express the wish to marry the parent of the opposite sex and express, overtly or covertly, feelings of competition and rivalry toward the same sex parent. These behaviors are normal. And normal as well, they create much conflict, anxiety, discomfort, anger, and even mild depression in the normal child.

Question: What causes the behaviors described? Why would a normal little boy wish to

marry his mother when he grows up, and a little girl wish to marry her father?

Answers from participants.

Discussion: Here's what many mental health developmentalists say. First, we assume that a normal maturational process is responsible for such universally found behaviors in 3 to 6 year old children from all observed cultures throughout the world. There is a specific underlying bodily maturation which compels these developments. They are probably programmed by genetic factors and an inborn maturational timetable similar to those of other physical, physiological and psychological developments.

There is much evidence that the preservation of the species is a fundamental task in all living things. Every organism then must be equipped at birth with a powerful biological force and program to achieve this task; this is so for all animals and plants. Whatever it is, in the human child this force within us programmed to preserve the species appears to become first activated from about 2 1/2 years of age on, and unfolds dramatically up to about 6 years of age. We see interest in, indeed preoccupation with babies, genitals, wanting to love someone special, we see a new form of jealousy and rivalry, etc. All these factors point to the child's having sexual sensations, feelings and developing a deeply felt love interest in another person.

Question: But you may wonder again, why are these sexual feelings of all things directed toward **the child's own parents**? Isn't that mal-adaptive? Is Mother Nature that dumb!?

Answers from participants.

Discussion: Well, we should only be as wise as Mother Nature. It actually makes much sense.

To preserve the species, each organism has to sexually interact with organisms of the same species. After all we can't have birds being attracted sexually to bees or snakes; reproduction wouldn't work. In the 1920s-30s Konrad Lorenz, a brilliant German ethologist (student of animal life), found, much to his surprise, that the geese chicks he was studying from the time they hatched would follow him where he went, like ducklings following their mothers. He then found that when they came of age, they would do their instinctively driven mating rituals toward him! A lot of good that did either him or them.

But he then reasoned that these goslings did this because they had become "attached" to him. Further study led Lorenz to propose that these goslings "attached" to him very, very early in life, in fact within hours of birth. Because this attachment happens so early, he developed the idea that these geese had "**imprinted**" to him. And he found that this "imprinting" was powerful and long lasting, in fact, life-lasting. Study with other animal species led Lorenz and other ethologists to propose that some animal species, including birds and mammals, secure the preservation of their species by making an immediate attachment to a member of its own species by imprinting to its primary caregiver, usually of course, its mother.

Well, ethologists also have helped us understand that the human infant is too immature at birth to form that immediate type of attachment they call **imprinting**. They tell us that in those species that are born most immature, a much longer process takes place that leads to this basic attachment to members of the species. This longer process has been called "primary socialization" by some ethologists. Mental health

developmentalists most commonly speak of this process in humans as **attachment** and speak of **the formation of human relationships** or "object relations". (Instructor: Attachment and the formation of human relationships is addressed in detail in the **Workshop Series *On the Development of Self and Human Relationships***, especially in Workshops #2, 4, 5, and 6).

Question: How do you go from a baby attaching to her/his parents to having sexual feelings toward them?

Answers from participants.

Discussion: Attachment and imprinting, which are built-in at least in part in order to secure the preservation of the species, insure that instinctively driven mating rituals will be directed to members of the species. In the human child what happens is that when the sexual drive takes its first big step of maturation during the 2 or so to 6 years period, the sexual feelings that emerge in the 2 or so year old child become channeled to those persons to whom the child is already emotionally attached. Early life attachment is made of what we think of as affectionate love. These affectionate love feelings are attached to those primary caregivers the child most values, those who have cared for and loved the child in a very special way since that child's birth. Then with this first stage maturation of the sexual drive, **the child's emerging sexual feelings follow the path forged by attachment to those the child already loves most**, her or his own parents. This is why sexual feelings are not just attached indiscriminately to anyone. Sexual feelings are not just attached to someone because that someone is beautiful or handsome. In fact, as they say, "love is blind"; a child's parents don't have to be beautiful to be loved deeply. And, to them then will the sexual feelings be attached when they emerge.

Question: OK. But why then does the child especially attach these powerful sexual feelings to the parent **of the other sex**?

Answers from participants.

Discussion: Simply because the organism must secure the preservation of the species, these powerful sexual attachments have to be made to a species-member **of the other sex**. This is so in the large majority of living things, in all those whose reproduction requires the coming together and union of a "germ" female and male factor--an egg and a sperm. (The germ line cells, in contrast to all the other cells in our bodies, are those unique cells in us that have to do with reproducing a new organism.)

Thus the basic biological function of reproduction requires that the sexual feelings at some point be attached selectively to a member of the other sex. Due to these biological factors operating in them and the affectional love feelings forging the path for sexual feelings, girls tend to now channel these amalgamated sexual and affectional love feelings to their fathers, and boys to their mothers. And with these powerful feelings come remarkable and unavoidably troublesome wishes and fantasies in all children.

Of course, these amalgamated sexual and affectional love feelings also become attached to the same sex parent; but due to the biological factors that operate in us, the sexual feelings are usually much weaker, and eventually sexual and affectional feelings become more or less disengaged from one another and the sexual trend toward the parent

of the same sex becomes suppressed. It is because affectional and sexual love feelings can be disengaged from each other that we are able to love people affectionately without also feeling compelling sexual feelings toward them and, on the other hand, we can sexually desire someone without loving them affectionately.

Question: We are talking about **different forms of love: sensual, erotic, affectionate**. How do they all co-mingle and interact?

Answers from participants.

Discussion: It really is valuable for parents to get as clear an understanding as we can of "this thing called love". We really mean related but different things when we speak of love. Romeo loved Juliet; Grandmother loves her grandson Johnny; we love our friends, our dogs, our country, etc. We all know that what we call "love" has several forms.

As we said before, the infant's attachment is formed by a unique valuation of her/his primary caregivers. The glue or cement in that attachment, if you will, is that earliest form of "love", **affectionate love** or "affectional love". Depending on the quality of experiences with our primary caregivers, the degree and quality of affectionate love will be strong, and it will be strongly attaching, securely attaching, or insecurely attaching and burdened with too much negative feelings, too much hostile feeling.

Affectional love has a rather steady developmental course; it is not in and of itself modified by characteristics of specific developmental phases. It may deepen or become eroded **by experience**, not by some in-born maturational influence.

On the other hand, the sexual drive also brings with it a distinctly different form of love, a form of love with an "erotic" quality. This form of love, the **sensual form of love**, in contrast to affectional love, **is determined by an in-born schedule of maturation**.

Question: What do we mean by this? One form of love changes according to stages of development and the other form of love does not?

Answers by participants.

Discussion: We can think of it this way. Affectional love and sensual love both begin gradually. Infants are not born loving those around them, nor hating them, either. As the infant's brain functioning develops, driven by an in-born tendency, the infant attaches, generally to those who predominantly care for the infant. That in-born tendency is in turn driven by some sort of instinctive factor, described differently by differing schools of behavior. This instinctive factor is experienced by the infant as "a need". Once the affectional component of this drive to attach emerges, it just keeps growing and deepening.

Not so with the sensual component of attachment. That component of what will become love is given its character by what has been defined as psychosexual development. Thus, during the earliest phase of psychosexual development, during *the oral phase*, this erotic experience is predominantly limited to activity of the mouth. While it too melts into affectional feelings, it is not as distinctive in character as the erotic feelings that come later. But it is nonetheless the beginnings of the **sensual form of love**. It is at times distressingly expressed by some people who, wanting to tell a child they

love the child will say something like "You look so delicious, I could eat you up".

With *the anal phase* of psychosexual development come erotic feelings and sensations that tend not to be as recognized as say sucking for the sake of sucking during the oral phase. But they occur in association with toileting. It is however not common for 18 to 30 month old toddlers to show evidence of anal erotic feelings being amalgamated with affectional feelings. These will become more recognizable later especially during the 8 to 14 years era, straddling the latency and early adolescence periods, when boys especially can be heard using all kinds of "anal" type language and make "anal" jokes sometimes linked with expressions of affection.

It is especially during the 2 or so to 6 years period, that infantile or *first genital phase*, that erotic feelings and sensations now arise in the child that are governed by a genetic program that brings the reproductive system itself into its earliest developmental unfolding. These feelings and sensations are the earliest manifestations of the child's beginning ability to love sexually; they are the earliest **genital expression of sexual love feelings**. With this, sensual love takes on a distinctly recognizable form. Even though it is not the same as it will become during adolescence (when adult-form sexuality begins), this first stage of **erotic-genital love** is very real. And it is at this developmental phase that when sensual love becomes amalgamated with the affectional love many a normal young child becomes a veritable little Romeo or Juliet.

Instructor: Review with participants the following points--

1. When we discussed the oral and the anal phases of psychosexual development we talked about the "erotic" quality of feeling that the stimulation of mucous cells can produce.
2. "Erotic" feelings have already been felt by the very young child, but from 2 1/2 on they take on a larger role in psychic life, and they become prominently associated with the genital areas of the body.
3. Scientists speak of "currents" of the sexual drive, the affectionate current and the sensual current.

Question: Given all this then, when a 3 year old begins to feel the sensual current of love, does it not make sense as to where that current of love would most naturally flow?

Answers from participants.

Discussion: Again we say that it seems most plausible that given the combination of these two vital early life tasks, that of attachment and that of the preservation of the species, that when it emerges, **the sensual current of love would follow the path carved by the affectionate current of love!** In other words, it is channeled toward and attached to Mother and Father. What 3 year old in his or her right mind would attach any love feelings to strangers or to anyone to whom she/he is not emotionally attached? The child is innocent, but not dumb. And, the child does not know at birth that he/she will have sensual feelings of love and that these will cause her/him problems. Thus when sensual feelings first emerge it does not immediately strike the young child that these are feelings she/he should or should not have, or should channel elsewhere.

The child's innocence though is soon unavoidably replaced by difficulties of all

kinds. The erotic love feelings lead to the child's having wishes that in turn elicit fantasies. These wishes and fantasies lead to a chain of discoveries and reactions that create a conflict and anxieties within the child's mind *of large dimensions*. Interestingly, and most important is that although this conflict and the anxieties to which it leads create much difficulty for the child, **they also bring with them positive developments of equally large dimensions**. Confusing? Let's take a bit of time and go into some detail.

Instructor: Check to see if participants wish to discuss these findings more extensively. If they do, as we hope they will, here you might elect to read from our Textbook: *Parenting for Emotional Growth*, Unit 3¹, some of our observational findings and the well studied schema we have found to unfold. Make clear that you will pause for any question and discussion.

As we said already, "It is . . . readily observable in most children, especially but not only in well cared for children reared in a family where there is a mother and a father, that due to biological factors operating in them, girls tend to now channel these amalgamated sexual love feelings to their fathers, and boys to their mothers. And so these feelings stir fantasies in all children. From our direct observations, we found for instance, just under 4 year old Diane asks her father to take her to the movies and dancing. 4 year old Jennifer wonders what Mom and Dad do together after she and Mike go to bed. Johnny and Doug say they wish to marry their mother. Adults often find that young children think such thoughts. So far, these wishes make the child an untroubled romantic.

"But, the child's life becomes more complicated. [Earlier] we spoke of just 2 1/2 year old Jane whose relationship with her mother Gloria during the first 2 or so years of her life had been very warm and comfortable, seemed rather surprisingly to now have much difficulty with her mother. Mother playfully but exasperatedly asked Jennifer's mother if anyone wanted to have her daughter for one year because she had become so difficult. One morning in our research center while at snacks with half a dozen other children Jennifer's age, a lively discussion took place between the children as to who they were going to marry. Several of the girls said they were going to marry their daddies, then 3 year old Jennifer being one of them. Perhaps ten minutes later when the children had migrated back to the room where their mothers tended to stay, a research associate asked Jennifer to tell again who she said she was going to marry. Jennifer was about to answer, when she suddenly seemed speechless and mortified. Further encouragement by our research associate that she answer only intensified her mortification, and we reassured Jennifer that she need not answer. The researchers agreed that with her mother there, Jennifer could not say again what she had so freely said ten minutes before, when her mother was not present. We had seen much evidence before of Jennifer loving her mother. Now, other feelings were there as well.

"The 3 to 4 year old child's wishes do not just go away. Wishes that are fueled by as powerful inner forces as the instinct to preserve the species, experienced by humans as the need for romantic love and sexual gratification, persist and press for gratification. In

¹ See pages 30-32 in accompanying Textbook "*Line of Development: The Beginnings of Sexual (Reproductive) Life*".

good and growth-promoting parent-child relationships such wishes the child experiences in fact never do get gratified. And they, therefore, lead to frustration. Given the strength of the sexual feelings and wishes, their persistence during these several years, the centrality of the child's pre-occupations with the wishes and the fantasies to which they lead, frustration mounts to a level that the child cannot ignore." [We'll continue this narrative, but first let's ask this:]

Question: What do you think happens now? What would you feel?

Answers from participants. Do they remember from their own early childhood? (Most may not remember due to the normal repression that occurs, but some may.)

Discussion: (Continue the narrative)

"Now, in good enough family relationships, where mother and father have a good enough, mutually loving sexual relationship, the child soon discovers, by various cues that: whereas my strongest (romantic) love and sexual needs are being frustrated, the boy feels, my father is enjoying all the pleasures of life with my adored, heavenly mother. This is why, in part at least, Johnny pretended he was Dad going to work, said he was going to marry his Mom, and wishes Daddy would not come home for dinner. The girl similarly learns that her mother is enjoying such pleasure with her beloved, magnificent father. This is why 2 1/2 year old Jane wants to go camping alone with Dad, why 4 year old Jennifer wants to be in on what Mom and Dad do after she goes to bed, and why Diane seductively asked her Dad to take her dancing and to the movies. But Johnny's mother was glad his Dad was coming home for dinner. And Jane's Dad did not take Jane camping alone, nor was Jennifer allowed to sit in on private time between her Mom and Dad, and Diane's Dad did not take her dancing and to the movies (alone). **A seeping, insidious feeling of jealousy sets in.** The boy child, like Johnny, **experiences the hurt of feeling defeated by a rival**, pushed aside by his beloved mother for his Dad, a victorious rival! The girl feels so as well, as did Jane, Jennifer, and Diane, **their rival being their mother! Hate is generated**; that's why Jane and Jennifer were becoming so difficult with Mom and why Diane flushed her mother's powder and perfumes down the toilet."

Question: Have any of you with children 3 or 4 years old seen anything like this?

Answers from participants.

Discussion: These reactions of jealousy and rivalry with the parent may be visible with some children; some children will even verbalize such feelings, especially feelings of rivalry.

Question: What do rivalry and jealousy usually lead to in quite normal people?

Answers from participants. Do they remember feeling jealousy and rivalry as 3-4 years olds? Do they remember feeling these in adolescence? Ask them to identify what most troublesome feelings their experiencing jealousy led to?

Discussion: Jealousy is so painful that it generates hostile destructive feelings in very normal people. The more intense the jealousy, the greater the pain, and the more

the hostility is intensified. And much clinical work reveals, it is not usually directly expressed by young children, that this common experience of **jealousy in the young child leads to feelings of hate.**

Hate you may wonder? **Yes.** Let's pick up the *Textbook* narrative: "But, **hate toward whom?** The child's existence now suddenly becomes dramatically complicated. The boy feels something like: "I hate ... the father I love!" And the girl feels and perhaps even thinks: "I hate ... the mother I love, the mother who gave me life!" This hating of the person to whom the child is most deeply attached, the child most values and loves, **creates an intense internal conflict** (in the child's mind), **a conflict due to ambivalence** -- which means to hate and wish to harm someone one loves. This internal psychic conflict, or intrapsychic conflict, brings with it much pain"

Question: Don't you think this sounds pretty awful? Isn't it unfortunate that the normal development of attachment and sexual maturation would make kids go through this?

Answers from participants.

Discussion: So far it sounds pretty awful. And it gets worse. But, and this is crucial, as we shall detail shortly, **it also brings much salutary development and growth.** Let's pick up the narrative:

Yes, "It brings with it much **pain** from several sources, from the frustration of powerful wishes which are experienced as needs, from hating someone one loves a great deal, and from anxiety. The large amount of anxiety comes from feeling helpless in handling the wishes to harm the beloved rival, due to the fear of putting these wishes into effect and due to the following as well. This wish to harm due to hate someone the child also loves produces feelings of remorse; feelings of **guilt** now begin to set in."

(Instructor: we discuss guilt and its role in the development of conscience in the *Workshops On The Development of Conscience and Self-esteem*, especially in Workshop #4.)

Let's continue the narrative: "For now suffice it to say that when the child feels guilt, he or she feels anxious (threatened) due to the disapproval and the threat of loss of love **from the child's own developing conscience.** One's conscience is an internal (in the mind) system of morality, in large part a system representative of our parents within our own mind which guides us in "DO'S" and "DON'TS", holding up to us what is right and wrong. All in all, **the child's reaction to hating and wanting to harm his/her most beloved parent (of the same sex) includes the establishing within the self of the morality structure, one's conscience,** which now produces in the child a large load of guilt feelings.

"The intense feelings of hating the mother the girl loves (the same applies to the boy toward his father), plus feelings of hostility generated by the pain of frustration, jealousy and defeat in rivalry, now encounter within the child an intense reaction of disapproval for feeling such hate and hostility, and produce now much anxiety.

"This state of affairs, this internal conflict, creates much inner turmoil **which leads the child to take steps to somehow resolve this conflict.** The feelings and turmoil are intense and the child's adaptive functioning is still very young. Vigorous efforts are required.

Question: What can the child do “to resolve this conflict?”

Answers from participants. Have they seen behaviors in their children or others’ that show or give hints of what kids do?

Discussion: Because the wishes and the fantasies are so strong, the child needs to do a number of things. There just is not one easy way out. Let’s pick up the narrative:

“First **the child sets out to directly tame the feelings of hate generated in her/him**. This conflict of ambivalence (of loving and hating the same person) is a major workshop for the child in learning to tame the destructiveness such feelings of hate bring with them. At this age, it is quite normal for a well reared child to wish to throw out her/his beloved parent, fantasize and even wish to destroy the parent! The efforts to tame such inner felt destructiveness lead to the child's developing the capacity to handle hostility and hate in ways that are constructive, socially acceptable and growth-promoting. Children who are cared for well enough are invariably able, with their parents' help, to develop well this capacity to tame hate and hostility within themselves.

“Other adaptive (controlling and moderating) functions, **a crucial cluster of psychic defenses mechanisms, are developed now** as well, in reaction to this major intrapsychic conflict.”

Question: Wait. This is loaded. How do we know to believe this? How do shrinks get to think kids experience these ideas, these thoughts and feelings?

Answers from participants. Have any of the participants seen any of this in their own children? Do they remember anything like this in themselves?

Discussion: This is loaded. And many people don’t accept these explanations.

But these ideas grew out of psychotherapeutic clinicians treating human beings with troublesome symptoms of neurosis--excessive anxiety, guilt, masochism, inhibitions, depression, underachievement, perversions, and many more--that lead to much pain and misery. And these ideas have been explored and tested in the clinical situation since the beginning of the 1900s. From the 1920s on children have been treated psychotherapeutically for neurotic problems and these ideas have been shown to indeed play a role in their neurotic symptom formations. In addition then, since the 1940s also normal children have been observed, and indeed evidence of these happenings recorded and reported in a vast literature. And from the 1960s on formal observational studies of children have further documented these phenomena and attempts have and continue to be made to further test these theories.

It is possible, and it is so assumed by many, that a major reason for the rejection of these ideas is that they cause much anxiety in normal human beings.

Our position on this is this: We have studied these phenomena both in the clinical and in formal research settings; and we have found rich and convincing documentation of these in normal children’s behaviors. We simply recommend **that parents and educators know that these theories exist, that they check them out for themselves, in their children, those of others, and even in themselves.**

Instructor: Any and every reaction is acceptable, be it skepticism, rejection, acceptance,

whatever. Then, let's get back to our questions.

Question: So, are we saying that when children experience inner conflicts these can in fact lead them to find ways of resolving these conflicts and that much growth can come from this?

Answers from participants.

Discussion: Yes. If the conflicts are not too harsh, children will accept the challenge and grow as they struggle to find good solutions to their conflicts. This is just like what happens when any of us struggles to solve a problem. We grow in our abilities to cope and as a result adapt better.

So far then we have said that in reaction to the guilt children's fantasies and wishes lead to, children

1. Further develop their conscience;
2. Make a major effort to learn to control and mediate constructively their feelings of jealousy, envy, and the hate to which these lead; and that they do these in part by
3. Using new and already developed psychic defense mechanisms such as regression, reaction formations, identifications, and repression, among others.

[**Facilitator:** If time permits and participants wish to do so, some of the defense mechanisms can be discussed. **Regression** is to return to an earlier (younger) more stable level of coping -- new levels of adaptation are always less stable than already much used, familiar ones. **Reaction formation** is the transformation of existing disapproval of feelings and thoughts into their opposites, like loving in the place of hating.

Identification is to be like someone the child interacts with, and usually admires.

Repression is the pushing out of awareness, making unconscious, feelings and thoughts the child cannot reduce or resolve by other means.]

Let's pick up the narrative: "And then, still other adaptive functions develop in reaction to the major conflict of this period, **functions or capabilities most desirable for life in society:** the capacity for **empathy**, which is to be able to feel and perceive what another person is feeling; **altruism**, to be mindful of another person's needs besides one's own; and **sublimation**, which is the capacity to convert the emotional energies contained in one's unacceptable or conflict-producing wishes and needs into energies that can be used for creative purposes like in sports, art, writing poetry and stories, etc.

Question: Do these strike you as important developments?

Answers from participants. Do they have examples of these?

Discussion: These efforts the child makes are thought by many mental health developmentalists to be of enormous importance to their age-appropriate development.

One of the major tasks facing the 4 to 6 year old child is to resolve the crisis produced in him or her by his or her romantic love wishes and needs which the child recognizes as transgressive and enormously threatening. There is the fear of loss of love from the beloved parent of the same sex and there is the sharp disapproval by the child's increasingly governing and often at this age quite harsh conscience. But that is not all there is. Some further things happen which at first glance might be quite surprising.

The child's genitals play a key part in this drama of the child's family romance. The genitals are the body part from which the child's sensual excitation and feelings come. Two types of behaviors that cause concerns for parents and the child come from this fact.

First, that the child will feel compelled by genital sensations to touch and manipulate his/her own genitals, which is identified by mental health professionals as "infantile masturbation". Because this creates much concern for parents we shall discuss it in the next two Workshops.

Second, boys and girls each have significant reactions to their own genitals and those of others which can cause them much anxiety, pain and fear and also cause parents much concern.

Question: Kids touch their genitals, sure. But why do shrinks call this masturbation? It's nothing like what teenagers do, is it?

Answers from participants. Have they seen their children or others' touch their own genitals? If they have, would they think of it as masturbation? Why or why not?

Discussion: It's so that what mental health people call "infantile masturbation" is not altogether the same as the full range of masturbation activities experienced by teenagers. But there are basic similarities. In 2 to 6 years olds as in teenagers, genital self-touching activity occurs:

1. In reaction to genital excitation and the attention it draws to itself;
2. The genital excitation is of an erotic nature; this is readily visible in the facial expression of the masturbating child--an absorbed, far away look, etc.;
3. The sensations compel the child to try to quiet the excitement he/she feels as a need by gratifying that need--just as hunger compels us to seek gratification of the need for food;
4. This gratification is brought about by some rhythmic, direct or indirect contact, rubbing or pressured movements, associated with a mounting of tension, a natural bodily tendency toward achieving satisfaction, in the case of sexual excitation it is a climax.

There are though differences too between the 2 to 6 year olds masturbation and the teenagers':

1. The fantasies of the young child are not yet organized as are the teenagers.
2. The masturbatory act itself is not as fully or well defined and patterned.
3. The young child's activity is not known to lead to climax, although some parents have reported such. And, to be sure, there are other differences. Nonetheless, the distinction is recognized by the label "infantile".

Question: But, isn't it disturbed children who do that?

Answers from participants.

Discussion: No, according to the mental health developmentalists. For long, infantile masturbation was mistakenly assumed to be a sign of disturbance. But observers of young children have found that in the first and second years of life already, the child touches his/her genitals in reaction to stimulation that arise in association with diapering and cleansing. Generally such genital manipulation occurs only on occasion, and during

the first 2 years, is not a significant focus of interest for the child. From the third year of life on, however, masturbation takes on a new and more compelled character and is initiated now by the child himself or herself. We now know that due to some genetically preprogrammed maturation, two to six year old children have an increase in genital awareness, possibly in sensations, as well as in sexually based romantic fantasies which lead to their “infantile masturbation” and that this is normal. Of course, children may well need help in learning how to deal with it. In Workshop #7 we’ll talk about constructive ways of dealing with infantile masturbation.

Question: What about children's having reactions to their own genitals and those of others which can cause them much anxiety, pain and fear? What is that all about?

Answers from participants. Have any of them seen such reactions in their own children? In those of others?

Discussion: Boys and girls have worries about their genitals, some minimal, some large. But boys' and girls' concerns differ. Let's take each in turn, boys first, then girls.

[Instructor, if you wish, pick up from the *Textbook*:] “Boys . . . have their fair share of concerns about their genitals. 2 to 3 year old boys, under the influence of their biologically determined emerging maleness, experience their genitals as vital to their sense of self. It is as if they experience their genitals as being most indicative of their emerging maleness and masculinity. Narcissistically (self-admiringly) exhibiting their muscles seems to do this too.”

Psychotherapeutic clinical experience over the past 75 years with children has led us to uncover thoughts and fantasies they have that tend to be startling to parents. It leads us to suggest the following more or less typical series of thoughts and assumptions children seem to make:

“Experiencing his genitals as vital to his maleness, when the 3 to 4 year old boy discovers that he cannot fully woo his beloved mother, many a bright, imaginative boy blames his small size and the small size of his penis for this failure. . . . Given the importance he attaches to his penis, he assumes that his father's expectably larger sex organ is a very large contributor to father's success with mother.

“Now, given also that the 3 year old boy experiences his beloved father as a rival for his mother's amorous affections and that [whatever hate he may feel] toward his father has intensified, the boy at times entertains the fantasy of undoing his father's success by robbing him of his obviously more effective genitals, thereby acquiring them for himself and destroying his father, all in one blow! Having such a fantasy, which [according to clinical findings] is common among 3 to 4 year old boys, immediately brings with it the feeling of being a treacherous transgressor who deserves only one fate, namely, to in fact be the one who is deprived of his own highly valued, even though admittedly smaller genitals. In fact, given that his father is much bigger and more powerful, the little boy concludes that this would certainly be his fate if he even attempted to attack his father, be it his genitals or any other part of him.

“And he now, from this moment, fears that in some way, by some undetermined circumstance, he might lose his vital genitals. And he suffers then from "castration anxiety". This is why boys from about 3 or so years of age on are in repeated dread of injury to their genitals, in young boys it often being manifest in concerns over things

being broken, if broken whether they can be repaired, or over fears of being injured. They will need attention to the smallest scratch, make a large to do over even the slightest accident or damage to the self or others or things. Girls do the same at this age also because of their linking injuries to their conviction that their genitals have or may become damaged.”

Instructor: Address any questions, doubts, and reactions participants have.

Girls too have their fair share of concerns about their genitals. [Instructor, here you can again pick up from the *Textbook* narrative:] “3 to 6 year old girls experience sexual excitations every bit as much as boys do. They, like boys, focus on the features of their own genitals in reaction to the strong and compelling sensations that come from them. They find that it feels good when they touch or press on their genitals, whether directly by using her hand or indirectly as by straddling Mom or Dad’s thigh or a toy. By touching herself and when by chance she sees a boy's genitals, the little girl becomes aware that whereas the boy's genitals are amply visible, she can’t see as well what her genitals are. She doesn’t yet know that her genitals are inside her body. And, under the oppressive influence of the powerful universal tendency in all children to “want what the other kid's got!”, she wonders why her genitals differ from the boy's.

Here’s an example from our *Textbook*: “4 1/4 year old Diane when she was 2 1/4 years old became emotionally very involved with Johnny's newborn sister Rose. She had said it was “her baby”. At 3 1/2 she had sashayed up to her father and asked him to take her dancing, etc. When she was about 2 years and 7 months, for several months she became somewhat preoccupied with “When she would get her penis.” She first asked her mother, then her father, and then her next in line older brother. She did not seem to be anguished about it like some girls are, but she did persist in asking about it. This told us that she had a significantly felt concern but it seemed not to trouble her too much. 4 year old Jennifer made no mention of her wondering why she does not have a penis nor whether or not she would have one. Also, she gave no definite evidence of being concerned about it. When . . . Suzy was 3 1/2 years old she had a hard time believing she would not grow a penis. She seemed convinced her mother had one. On one occasion she insisted that her mother show her, her penis. . . . Suzy then insisted that she be allowed to search in her mother's purse for mother's penis.

“These are reactions of 3 quite normal girls. A number of feelings and fantasies are generated in them: she wants a penis too; hers has not yet grown out; or, hers somehow fell off, or fell out of her body perhaps like a bowel movement, or by her masturbating manipulations; and more.” Distressing is that many a girl blames her mother for the fact that she does not have “her” own penis.

“This is not a light matter. Many a girl is very pained by this, as she experiences it, this “lack”, and feels cheated, deprived or, even, “inferior”. She may develop envy of the boy, feeling that he is more privileged than she, that he is “better”, and have other equally irrational thoughts based on her not being able to know *at a glance* the marvels of her own genitals and reproductive system.”

Instructor: Here too address any questions, doubts, and reactions participants have. [Then, please determine whether the participants would be able to also hear the next two

points. Groups differ in their tolerance for talking about these matters. If this discussion causes too much anxiety, stop here. If it stirs too much objection, stop here.]

Again, these are not light matters.

1. Castration anxiety tends to create much pain and can lead to emotional problems at this age and in later years.
2. These genital concerns have been found to be so anxiety producing in both boys and girls that mental health developmentalists believe they contribute to two crucial phenomena.
 - a. The fantasies generated by these concerns, as well as those generated by the wishes and feelings that give rise to the child's family romance, produce much anxiety. To protect against this anxiety the fantasies, wishes and feelings become vigorously **repressed**, virtually fully pushed out of awareness.
 - b. Because these fantasies as well as the child's genital concerns are tied up with the child's sexual excitations, **they become tied up with the child's infantile masturbation. Masturbation then of itself becomes a source of acute anxiety.** It is as if masturbation itself will cause the dreaded injury. As a result, many a 6 year old child will stop touching herself/himself, stop masturbation.

It's felt important that because this infantile masturbation is tied up with those fantasies and wishes which cause so much anxiety, when those wishes and fantasies that are not resolved (given up) become repressed, the memory of infantile masturbation and much that surrounds the child's family romance and this time of life will be pushed out of awareness as well. This is one explanation for the finding that humans tend to remember so little of their life prior to 6 or so years of age, and why people tend to not recall memories of this personal family drama except under conditions when their recall is facilitated by special (psychotherapeutic) uncovering methods.

Instructor: if time permits, review salient points of workshop answering further questions and concerns.

WORKSHOP # 6

YOUNG CHILDREN'S QUESTIONS AND IDEAS ABOUT SEX -- HANDLING THEM CONSTRUCTIVELY

[Instructor information: Instructor, bear in mind that parenting research and clinical experience have informed us that many parents do not know that normal children, some from the second and even the first year of life on touch their genitals with pleasure. Many parents also do not know that at 3 and 4 children are very curious about their genitals, theirs and others, about where babies come from, and many girls want to have a baby of their own, pretend to be a mother, and boys a father, etc., and that most get upset or worried about their own genitals. Many parents don't know that little boys become remarkably preoccupied with their penis and seemingly unreasonably worried that some harm or damage will come to it. Nor, do many parents know, that many little girls become upset because they believe there is something wrong with them, since their genitals, not being so visible, don't look like little brother's or another male child's and, regrettably often experience their genitals as defective; nor that when a little girl says she wants to have a baby she often means a real live one of her own, made with the help of the man she loves most, her father, and that she is not talking of wanting a doll!

Of course, if a particular child shows none of these behaviors parents who are unaware of the normalcy of these concerns will not think anything of it. A large group of child development specialists, however, have come by virtue of their clinical experience and research to agree that these behaviors occur in all healthy children and that during the 3 to 6 years period, and even before, they will be of concern to the parents as well as their children. Some parents have called mental health professionals in alarm, convinced that their child is a sexual pervert or some other mistaken awful label because "She touches herself, you know where!" And since the child comes to think badly of herself/himself due to the unavoidable inner conflict and the ambivalent feelings that emerge in early life, this type of parental reaction will become conveyed to the child and only affirm, mistakenly, one of the child's greatest fears: "I am bad, I am evil".

Among the problems often created when a parent does not know children worry about these matters is that a parent may ridicule the child's worry, or not be able to quiet the child's irrational fears. And, the over-riding fact is that hearing a child's concern, whatever it may be, and tending to it with care and respect, is an **opportunity for the parent to reassure, explain and correct distortions about all aspects of life, and thereby strengthen the positive parent-child relationship.**]

Instructor's introduction: We have emphasized the importance of parents' recognizing that normal sexual life begins early in childhood and not at puberty. Hoping to facilitate the parent's task of guiding the very young child toward healthy sexual development, in the next two Workshops let's talk about (1) how to handle children's **questions** about sex

and (2) how to handle their sexual **behaviors**, both in growth-promoting ways.

Sexual development unfolds gradually, like all development. There are some upsurges here and there--the best known one being the maturational upsurge that comes forth with puberty--that give a new dimension to the child's sexual development. But all in all, like all development, sexual development from early childhood through adulthood is essentially continuous. What happens in early childhood, in adolescence, and in adulthood regarding the individual's sexual self is all part of that individual's sexual development. However, there are features that are specific to each stage of this over all development, and with this there are differences between infantile sexual life and adult sexual life. One of the major differences is that **young children know and understand much, much less about sexual matters** than do teenagers and adults--obviously!

Question: What do you think might be the best way(s) to get children to come to know about and to best understand what sex is all about?

Answers from participants. What did they do with their kids? What did their parents do with them when they were say 3 or 4 years old?

Discussion: It's not a mystery: One of the most reasonable ways for children to come to know about and understand sexual matters in a healthy, reasonable and realistic way is for them to ask about sex, **to ask all sorts of questions**. We think that only very personal questions should be barred. Obviously, when parents are the ones who answer their child's questions, the parents can be best assured that their child will get truthful and reasonable information, and it is the parents' views on sex the child will come to know and understand.

Here again we say, what happens during the period from about two to six, how the child's sexual questions, behaviors and concerns are handled by the parents can significantly contribute to the degree to which a child can come to a healthy view of sex, and the adolescent and later adult can experience her/his sexual life in a healthy and gratifying way.

Children have an inner need and the inborn wisdom to want to understand themselves and the universe in which they live. Some of us believe that this **need to know and understand** is a center piece of every human being's--perhaps of all animals'-adaptation equipment; with our basic reactive tendencies, to know and understand is central to our adaptive strategies. **Each of us is born with this need to know and understand**. Some mental health developmentalists have even proposed that children--and adolescents and adults as well--feel anxiety when we don't understand something that is important to us.

Question: How many times have your toddlers asked you questions about all kinds of things? About what kinds of things?

Answers from participants.

Discussion: Some children ask questions more frequently than others. Some tend to ask less and look and try to figure things out themselves more. Some do both. Few do neither.

However, mental health types tell us and it is well known that children can be

made to ask questions more or they can be made to ask questions less. That is, they can be encouraged to ask questions, about anything, everything. Educators know that this enhances curiosity, something **all** children are born with. In fact, **curiosity probably is driven by this need to know and understand**. And educators tell us that curiosity is a vital factor that makes kids better students; it makes them need to learn!

But children can also be discouraged from asking questions by parents' either not paying attention when they ask, or by a parent making negative comments to a child's asking questions, or by ridiculing the child's at times outrageously imaginative questions. Some children may not ask questions out of the fear they will be thought stupid for not knowing or for thinking the things they think. Children who feel discouraged from asking questions may well shut down their inborn curiosity, their inborn need to know and understand, and with it lose a powerful motivator to learning. In fact, discouraging questions about sexual or other matters, which the child experiences as important, may discourage some children from learning other subjects as well.

Mental health professionals who work with children uniformly encourage parents to talk to their children and to answer any questions they have. Many children whose parents discourage their asking questions but who do not thwart their inborn curiosity will turn to others for answers to the questions they have. These others may include some no older than the inquiring child. All in all, these others may not be as good a source of information as the parents--especially so if that other is a peer.

Question: But aren't there times when we should not answer children's questions? Say for instance, if they ask something very upsetting about the family, like "Why did Aunt Suzy and Uncle Johnny get separated"?

Answers from participants.

Discussion: Yes, there are times when children's questions ought not to be answered. For instance, very personal questions need not be answered. If a child wants to know how many times a week Mom and Dad have sex, children don't need to know that. That's a very private and personal question. And yes, discretion should be used in answering why Uncle Johnny and Aunt Suzy separated. But then, it is well to tell the child "Heh, that's important, but very private. What else would you like to know about Mommy and Daddy? Do we love each other? Sure do!"

It is not helpful to give a false answer to a child's question to avoid answering it. No, babies are not brought by the stork. The risks there are first, that the child is given false information--bad enough, but even more important is that second, the child may lose trust in the parent who gives him false information. If a question ought not to be answered because it is too private/personal, just tell the child you will not answer that question because it is too private/personal. If you decide not to answer the question be sure to tell the child **why** you decided to do this. Being honest with our children engenders trust in us. Hiding things or giving false answers undermines their trust in us.

Some five year olds' questions are difficult to answer. "Mom, is there a God? Johnny says there isn't." Here, again, one answers as best one can according to one's own convictions.

Some people fear that answering children's questions about sex will make them too interested in sex. Child psychologists and psychiatrists have found this not to be the

case. They have found that when children get answers to their questions that are sufficient and give guidance, young children seem to be satisfied and are more likely to contain their sexual interest to a later time.

Question: Why do children ask questions about sex?

Answers from participants.

Discussion: Normal children ask questions about sex because they have a compelling need to know and understand their own bodies, their feelings, what body parts do, and they also want to know and understand all these things about other people, including especially those they love.

We parents/caregivers have to listen to children's questions seriously, and with respect. It is helpful to children when we listen to their concerns and ideas and do not ignore them, nor ridicule them, nor silence them. And, it's most helpful when parents feel comfortable discussing such questions with their children. Of course, the age and maturity of the child must be taken into consideration when we answer the child's question.

1. It is normal;
2. It would discourage disclosure and with it the opportunity to get parents' input as to how they should handle their sexual interests;
3. It probably would make them feel that their very normal interest and preoccupation really means that they are bad, unlovable children, and
4. It would foster more secrecy than is needed for reasonable privacy.

Question: What kinds of questions that pertain to sex do children most commonly ask?

Answers from participants.

Discussion: Observational research--where children are observed in a naturalistic setting with no programming of their behaviors nor are directing suggestions made to their parents--has shown that **young children's most frequent questions and concerns** tend to fall into 3 categories:

- 1. About their own genitals and also those of others;**
- 2. About babies;**
- 3. About marrying Mom or Dad when they grow up, and the like.**

Question: What kinds of questions do they commonly ask **about their own genitals?**

And what do they usually want to know **about others' genitals?**

Answers from participants. What questions have they been asked by their own children? By other children? What have other parents told them about their children's questions?

Discussion: In little boys, among the most common concerns they have is: Will their penis get hurt or damaged in some way? They are not likely to ask questions about this; it is more likely to be observable in some behavior. We'll talk about this in the next Workshop. The little boy's concerns about his penis may come out in questions about why cousin Suzy doesn't have a penis. "Where is Suzy's penis?", or "What happened to

her penis?" may be verbalized. Or "When is cousin Suzy gonna get a penis?"

Another way a boy's concern about his own penis surfaces is, for instance, by his simply asking his father, "Can I see your penis?" or asking his mother, "Mommy, I wanna see your penis?" or, later, "Mommy where is your penis?"

Little girls have a different, yet in some ways similar experience. As we pointed out in Workshop #4, naturally drawn to this body area where such strong feelings come from, many a little girl will look at her pubis. But when she does so, she cannot see the marvelous structure of her genitalia because they are inside her, not openly visible. That of itself does not stir anxiety or concern. But when she sees a boy's pubis, the picture is quite different. Also driven by the burdensome tendency humans have that begins already during the first year of life of "wanting what the other kid's got" which leads to envy and the conviction that "what somebody else has is better", or "the grass is greener on the other side!" when she sees cousin Johnny's penis she may wonder when she will get hers. She may then ask Mom: "When am I gonna get my penis?" Like the boy she may wonder "What happened to my penis?" And she may ask her mother to see Mother's penis. One little girl was convinced her mother had her own (Mother's) penis in her purse.

Question: Wait a minute. She thought Mother kept her own penis in her purse?!

Answers from participants. Has anyone gotten such an outlandish question?

Discussion: To us, such a question may seem outlandish. But it isn't to the young child. The child is not quite certain just what can and cannot happen to penises and many other things. Both boys and girls are open to all possibilities. Those that have one can lose it and those who don't can get one either by growth or even by going to the store to buy one. It can get lost or damaged, or it can even be acquired by theft.

Young children are not dirty little boys and dirty little girls. They are curious, puzzled, interested, sometimes bewildered and invariably anxious about these issues. To be sure, they have many fantasies about them. Children have a sincere interest in understanding why they have the type of genitals they have, why a boy will not develop breasts like mother (or be able to have a baby like mother); why a girl will not have a penis like father, or like her brother. These types of questions are on children's minds, are puzzling to them, and may even be frightening to them.

Question: How does one deal with such questions helpfully? If the question is outlandish or wild, how can parents and caregivers best handle these questions?

Answers from participants.

Discussion: There is no one answer that is best for any of the many questions young children ask. But there are some principles that can guide us to address constructively our children's questions, whether they are young children, elementary school age children, or adolescents.

1. Most parents find these questions difficult to deal with because we all normally retain within ourselves some residual conflict from the time when we were children, when we ourselves as normal-enough children had much difficulty dealing

with these feelings, thoughts and wishes. Here's why. According to mental health professionals who subscribe to Psychodynamic Child Development theories, this first encounter with sexuality in our lives during the 2 to 6 year old era, brings with it the child's "family romance" and the internal conflict to which it normally leads (discussed in Workshop #5). It is, they tell us, this internal conflict especially that makes sex a problem for all of us to deal with. Yes, there is the problem of controlling one's sexual thoughts and behaviors because they are driven by such a powerful instinct. This is especially so during adolescence. And yes, societal and religious admonitions play their part in making us feel conflicted about our sexual feelings, thoughts, and behaviors as well. But it is especially the "family romance" internal conflict that leads us to feel guilt and shame about these. None of us escapes this burdensome development. We do want to remind us all though, of the great developmental benefits to which this conflict also leads (see Workshop #5). All in all though, the remains within us of our own childhood "family romance" conflict, in many of us, may make it uncomfortable for us to talk with our own children about sex. But feeling uncomfortable is part of life, it's OK. Therefore, **given the good it can do, feeling uncomfortable ought not to prevent parents from doing the best they can to talk with the children they love about sexual matters.**

2. In answering children's questions there is no need to give them a lecture when a simple answer will do the job. It is best to answer what they ask about and no more-- unless the child is one who loves to hear you elaborate on things, and some do. If they need more, they will ask. And, in addition to the parent being responsive, respectful and attentive to the child's questions, there are many fine books that can be very helpful to parents who fear they cannot find a good way to answer these questions. There are fine books written for children of all ages, for parents to read and for children to read themselves, and they are done in a variety of styles. Librarians usually love to help parents find whatever such books they may be looking for.

We want to repeat that children three to six years of age, and beyond, take these thoughts seriously. They frequently think about these matters, frequently fabricate explanations that will suit their particular fears and anxieties, and they will often distort the realities they perceive.

3. Answering a question about sex is not different than answering any and all children's questions: **make it clear, as simple as you reasonably can, and stick to the truth! It is safest to be truthful.** Parents at times fear being truthful; and they fear the child may not be ready to hear the truth about certain things. The fact is though, that when a child asks a question, the child is ready to learn something about what the child is asking. With regard to sex, and other things too, children will ask questions when they are worried about whatever it is. Answering factually and truthfully is the best way to go.

Parents should be informed about the fact that children's imaginations and the fantasies they come up with often are actually quite wilder, more fantastic, more frightening, more worrisome than reality, than the truth. Given the immaturity of their "reality testing"--which means their ability to judge if something is realistic or not-- young children think that magic is possible, that they as well as Mommy and Daddy can be made to disappear, can some day learn to fly, that there are ghosts and monsters, etc. This is why many children's books are written in the fantasy domain. The best know and

most enduring for instance are the Grimm's' *Fairy Tales*, Carroll's *Alice in Wonderland*, or the large collections by Dr. Seuss and by Maurice Sendak. What has made them so famously fascinating to children is that they are reflective of children's ways of thinking about life.

Instructor: You might here suggest to get down to specific questions children ask and how they may be addressed.

Question: What might you say to your child when your 2 1/2 year old girl seeing Daddy dress says: "What's that?", pointing to her father's penis?

Answers from participants.

Instructor: Father ought to first get some pants on. Most mental health folks feel parents ought to get some privacy principles to operate in homes. They recommend that parents getting dressed and undressed ought to be done behind closed doors. Walking around naked, while very nice, does stir children up and facilitates and heightens the sexual stimulation that will be experienced by them anyway. The issue here is not to hide sexuality, but to not parade it because it heightens sexual stimulation in children. Furthermore, the privacy principle will become useful when we need to help children deal with their infantile masturbation and their own coming to an age when they will need privacy.

Having put some pants on, Father might say: "That, Suzy is my penis. That's what boys and men have where their pipi comes out."

Father now waits to see where Suzy goes with what he has told her. It may be all she wanted to know.

Question: What if Suzy now says: "Can I touch it?"

Answers from participants.

Instructor: "No, honey; it's a private part of my body." Here it may be useful to say that "people have parts of their bodies that they let others see and touch, like their hands, their shoulders, you know, and it's really nice to hug. But we also have parts that are private and that only I can look at or touch, you have parts of your body that only you can look at or touch, and Mommy and Daddy can touch when they clean you." It gets complicated, but let the child dictate where this conversation goes. Let reasonableness and the child's best interest be your guide. Dad might add that when Suzy gets older she'll learn a lot more about all that.

Instructor: Invite elaboration of this conversation and consider together what might be instructive and constructive to say.

Similarly, by the way, if Johnny asks his father if he can see or if he can touch Father's penis, he would get similar answers.

Question: What if Johnny says to Mother: "Where is Suzy's penis?", or "What happened to her penis?", or "When is cousin Suzy gonna get a penis?"

Answers from participants.

Instructor: This question presents Mom with the very useful opportunity to begin the process of her son's learning from her about the anatomical and functional differences between male and female. Mother might say:

“Well, one of the really nice things about all of us is that boys and girls are different. In so many ways we're alike but in some ways boys and girls are different. Boys have penises. Girls are made differently; they have vaginas and a lot more, but they don't have a penis. They don't need to have a penis.” Here then Mom waits to see where Johnny goes with his inquiry.

Question: Johnny may simply ask his mother, "Mommy, I wanna see your penis?" or, later, "Mommy where is your penis?"

Answers from participants.

Instructor: Mother might say: “Well, Sweetie, that part of my body is private and I know you'd like to see it but no, you can't” See what follows. And taking up the second question Mom might say: “Oh, Mom doesn't have a penis. Boys and girls are made different in their private parts; it really is very nice that it's so. Girls don't have penises. They have very nice vaginas and a baby sac and a lot more. When you get older you'll learn more about that.”

Question: How would you help a three year old girl feel glad that she is a girl, and a three year old boy feel glad that he is a boy?

Answers from participants.

Discussion: It is vitally important to help the child feel and see that in her/his home both mother and father are equally important, one not more than the other. It is very useful and helpful for the parent and/or caregiver to express appreciation for what the child can do, as a boy, or girl and to encourage the child in his or her interests. It is essential **to love the child as he or she is**. A child should never be made to feel that he or she "made a mistake" in being born a boy or a girl or that the parent feels this way.

Question: What if when you tell him that “Girls don't have penises. They have very nice vaginas and a baby sac and a lot more”, Johnny comes back with “A what did you say, a baby what?”

With this question we get into the second cluster of questions young children ask: **all about babies**. What might a mother answer?

Answers to this question by participants.

Instructor: “I said a baby sac. See when girls get old enough to become Mommies, they have a wonderful part of their body, inside their tummies, that's a very special place where a baby can grow. It's just great, see.”

Question: “What about me?” Johnny asks “Can't boys, can't I have a baby in my baby

thing?”

Answers from participants.

Instructor: “No, men can’t have babies in their bodies. See, men and boys don’t have a baby sac. The real word for the baby sac is “uterus”. But, you know, a man is needed for a Mommy to be able to make a baby grow in her uterus. It takes both a Mommy and a Daddy who love each other to make a baby grow in the Mommy’s uterus. Like your Daddy and me.”

Question: Can we use words like uterus, vagina, penis, etc. with children 2 to 6 years of age?

Answers from participants.

Discussion: Absolutely. It is well to start with a descriptive word, like “baby sac” for uterus. Families find their own vocabulary, often very cleverly too. The important point is to explain things to children based on truth, clarity, and age-appropriateness--both in terms of language and of readiness to receive the information.

Question: Johnny asked my mother where babies come from. My mother (Johnny’s grandmother) didn’t know what to say and just blurted out that the stork brings babies. What do I do now?

Answers from participants.

Discussion: It is advantageous for Johnny to continue to respect and trust his grandmother and to feel that he can ask her questions. It is also well for Grandmother to know that you feel it is really beneficial for children to know about babies and sex when they want to know and to tell them the truth about these and other things they want to know--except, of course, very private things. So you need to talk to both Johnny and Grandmother.

No problem telling Grandmother who probably will appreciate knowing what you want to do with your children.

With Johnny it is well to explain that Grandmother told Johnny what they used to tell children years and years ago. People used to think it was a nice way to help children come to know how babies come into families. But we now know that it’s much better to tell children the way it really happens. Do you want us to talk about that now?

If Johnny says “I wanna play now” or the like, you let it go.

If Johnny says “Yeah”, you’re on.

Instructor: You might go two ways here:

1. Let parents know--most probably know already--that there are **many very good books** that are written **for children of various age levels** that can greatly facilitate this task for parents who don’t feel altogether comfortable talking about these matters with their children. The books have the advantages of (1) having been well thought out by very knowledgeable people, (2) being available to go over as needed, and (3) to progress through the subject as best suits your child. There is also the advantage of some usually nice, clever illustrations of sperm meets egg cell, of mother animals with baby animals, etc.

2. Have a discussion of how the participants would explain to their child how a Daddy's sperm meets Mommy's egg, how these two very little cells then grow little by little in the mother's uterus. The most sensitive task is explaining how the sperm gets into the mother's uterus. The child's age, curiosity, tolerance for this anxiety producing discussion should help the parent decide what to say. "Daddy's private part and Mommy's private part come together." Or, "Dad puts his penis/private part in Mom's vagina/private part. Think about it ahead of time; imagine a scenario, it helps. Choose what you'd say. Don't think of it as a one-time conversation. It can be thought of as a subject that you'll elaborate on when the child asks or when you feel it to be opportune.

It's best if mothers talk about these matters with their daughters and fathers talk about them with their sons.

Instructor: See if there are more questions of the issue of babies, and of genital preoccupations, and discuss how they best might be handled. Then go into the third set of questions that children ask: questions that have to do with the child's "family romance", such as about wanting to be the favorite of the parent of the other sex.

Question: What kinds of questions have you gotten from your children that suggest to you something of your **child's "family romance"**?

Answers from participants. (You may get none; you may get some. No need to push, on this or anything else.)

Discussion: Here are a few examples of what we mean:

1. According to her father, when she was less than 4 years old, Diane "sashayed up to [her father], fluttered her eyelashes and said 'Will you take me to the movies and dancing?'" Father was surprised to say the least.

2. 4 year old Jennifer asks her mother "What do you and Daddy do after Mike and I go to bed?"

3. 3 year old Johnny and Doug each said they want to marry their Moms. What would you say?

4. When she was 3 years old, Jennifer told her mother she wanted Daddy to take her camping on the weekend, and it was to be only she and Daddy, no one else--Jennifer had several siblings.

5. 3 year old David asked his mother if Daddy was coming home for dinner. Mother said, "Of course, honey". "Oh, does he have to?" David said. What might you say to that?

Question: Well, indeed, what would you say to David?

Answers from participants.

Discussion: From his tone, and the words, David who loves his father seemed to not want Daddy to come home for dinner. He wanted to be alone with Mother. Mother could

say something like: "Oh, I'm real glad Daddy can come home and we can all have dinner together. It's so nice that way. See, I love to have dinner with my wonderful son and my

wonderful husband. I'm very lucky, see." David's comment is not ignored though it does not address his inferred wish that Daddy not come home. Mother could add: "You know David, it's real nice that I love Daddy so much. Some day, you'll see, you'll have a real nice wife and you'll love to have dinner with her too." With this Mother is letting David know that some day, he'll find himself a very nice wife.

Question: Now, what if David follows this, as have Johnny and Doug, with "I wanna marry you, Mommy."

Answers from participants.

Discussion: Mother could say: "Oh my, that's very sweet of you. I know you'll be a very nice husband. But, you know, I'm already married, to a very nice man, your Dad, as you know. And you'll find some very nice woman when you grow up, and you'll love her a lot, and you'll wanna marry her. Oh, that'll be so nice. You know, David, Mommies and sons can't get married to each other." This doesn't need to be said all at once. But these contents ought to be said at some appropriate moment, with warmth, and quite straight forward.

The same type of answer holds for a girl's declaring that she wants to marry her father.

Question: What about Diane's wanting her Daddy to take her dancing and to the movies, and Jennifer's wanting to go camping alone with Daddy this weekend?

Answers from participants.

Discussion: Perhaps the most important factor here is to not ridicule or laugh at the child who makes this quite startling request. It comes from the child's really loving the parent. But obviously, the child's wish has to be benevolently frustrated.

Diane's father could say, "Mh, that's very sweet of you Dee, but you know I can't do that. You know what we can do though; you, Mom, your brothers and I can all go to a movie together. Let's see if we can do this soon. You know Sweetie, Daddies and girls don't go dancing together. That's for husbands and wives. Some day, you'll find yourself a real neat husband and, for sure, you'll go dancing and to the movies together and have a really nice time. Won't that be nice." Clearly the message is "You and I can't go on dates". It ought to be said with warmth, respect, pleasure, and with the aim of informing and guiding the child.

Question: And what about 4 year old Jennifer's wanting to know what Mom and Dad do after the kids are in bed? Where do you go with that?

Answers from participants.

Discussion: We don't make the assumption that 4 year olds know that Mom and Dad are having sex. They may, whatever they envision this to be. Of course, if they have witnessed their parents having sex they will have an idea. (It is highly inadvisable for children to witness parental outright sexual interactions--other than hugging and socially appropriate touching--, because it over-stimulates, often leads children to distort the meaning of the behavior and it may bewilder children. But even though children may not

have seen, they may well have **heard** sounds coming from the parents' bedroom which they interpret as being due to some intimate type of interaction between the parents. Given the natural ability children have to "read" affects (feelings) they may have some idea of meaningful pleasure the parents are engaged in "after the kids are in bed".

All that aside, here's what one might say: "Well, Dad (Mom) and I have a lot of things to talk about, and things to do together. It's private time for Mom (Dad) and me. Husbands and wives need private time, you know. Sleep well, kiddo, don't worry about us."

Instructor: Invite more questions.

Instructor if you feel the following is needed, go over it once more. It may be too repetitious!

Discussion: Let's once more take up the now well established fact that there can be significant consequences to parents' avoiding recognizing the emergent sexual life of young children.

First, it means that parents will not adequately understand what their child is doing or is experiencing and are, therefore, not likely to know how to best handle their child's sexual behaviors, nor the conflicts to which these give rise, nor the defensive behaviors, nor the sharp guilt the child may feel and show evidence of. We have emphasized that the more a parent or parent-to-be **understands** a child's behavior, what may cause it and what it means, the more likely that parent will know how to handle the behavior in growth-promoting ways.

Second, it means that, not feeling understood, the child will not be as likely to turn to her/his parents for help in solving the problems that may and do arise out of the child's emerging sexual life. Not feeling a sympathetic understanding from the parents, robs the child of the best and most influential source of help. The child is likely to not turn to anyone for help or turn to young peers--who, for many years to come still, are the weakest source of information on matters of sexuality.

Third, because sexual experiencing is central to the 2 to 6 year old child's life, sexual activity is intensely experienced, creates much anxiety, intensifies the child's already intense conflict due to ambivalence, intensifies guilt and may lead to serious emotional problems including symptoms and life long inhibitions and distortions in relationships and in the child's eventual sexual life.

Instructor: Here might be a good place to introduce the following topics for discussion:

Among the most important of the possible negative consequences to the child of parents--and other adults--not recognizing the seriousness to the child of

(1) the young child's being capable of experiencing sexual stimulation and excitement,

(2) the nature and content of the 2 to 6 year old child's sexual wishes and

fantasies, whether conscious (in awareness) or already repressed,

(3) the dynamics of the “family romance” conflict these create in the 3 to 6 year old, and

(4) the anxieties and guilt the child's wishes and fantasies bring,

is that such parents and other adults may not be aware of the potentially enormous harm engaging in actual sexual activities with children will create for them. Mental health professionals have found that adults engaging young children--and older ones as well-- in sexual activity very often causes children to suffer great anguish, long persisting emotional symptoms of all kinds, even the essential destruction of a person's life. Mental health professionals consider such acts to constitute one of the major forms of child abuse.

WORKSHOP # 7

YOUNG CHILDREN'S SEXUAL BEHAVIORS -- HANDLING THEM CONSTRUCTIVELY, Part 1

Instructor introduction: Like addressing questions children ask, addressing young children's **behaviors** can be usefully considered in terms of their concerns and interests:

- 1. About their own genitals and also those of others;**
- 2. About babies;**
- 3. About marrying Mom or Dad when they grow up, and the like.**

Question: Have you seen your young child touching her/his pubic area with some degree of pre-occupation, and seeming to derive some pleasure from doing so? Or have you seen your young child rocking on a toy or rubbing his/her pubic area against something, seemingly pre-occupied while doing so.

Answers from participants.

Discussion: Not so long ago, Dr. Parens received a call from an anguished mother who wanted a consultation for her daughter because this mother was "afraid she is becoming a pervert." The reason for her anguish was that her 4 year old was "touching herself, you know where!" A telephone consultation then and there seemed to dramatically calm this mother. Dr. Parens explained, and reiterated sympathetically several times that young children touch their genital area, and that it is normal. She was encouraged to also check with her pediatrician, and if she wished to go further to get Dr. Spock's Baby Book, or any other current child care book of her choice.

It commonly makes parents uncomfortable to see their young child rhythmically rub their genitals and seeming to derive pleasure from these direct or indirect genital contacts. These behaviors are unavoidable because the stirrings in 2 to 6 year olds' developing bodies more or less emphatically draw children's attention to their own genitals.

We want to also emphasize here that masturbation is a means of discharging high levels of more or less bothersome sexual tension that usually causes no harm to the child's body nor to anyone else. In fact, during periods of high level sexual excitation, such as during adolescence for instance, masturbation becomes a safety valve. It makes possible the discharge of sexual tension without having to resort to actual sexual engagement with another person, i.e., to seek sexual intercourse, at much too young an age. It may be considered the best line of defense against teenage pregnancy and premature entry into interactional sexual activity, well before the youngster is psychologically ready to handle this activity responsibly. Thus, generally, rather than being a troublesome behavior, masturbation in reasonable doses is self protective.

Question: A reasonable dose? What's a "reasonable dose" of masturbation?

Answers from participants.

Discussion: We use the word reasonable just because there are no exact figures. Masturbation frequency varies from child to child, from age to age, from time to time.

Some children seem born with more sexual arousability, with lower thresholds for becoming sexually stimulated; some seem to have higher thresholds and are therefore not as easily aroused. Clearly those who are easily aroused need to be better protected against undue arousal than the others. For instance, it's not a good idea to be bouncing an easily aroused youngster on one's knee all the time. Such a child may in fact often seek to be bounced on a parent's knee and this of itself may alert the parent to this child's facilitated sexual arousal.

There do seem to be developmental periods when masturbation is more likely to occur with greater frequency than at other times. High frequency periods seem to be between 3 years to 6 and from about 10 years through adolescence. But in addition, during the 3 to 6 years periods for instance, times of heightened sexual stimulation occur that may engender more masturbation, such as when the cousins visit for the holidays or vacation times and there is more public diaper changing, or bathing, or playing Dr. games. Of course, during adolescence, talking with peers, seeing TV or movies love scenes, looking at Playboy magazine or the like, or being attracted by a particular other-sex person, peer or idol, parties, etc. all are occasions for sexual arousal in both girls and boys.

Also, though, of much interest is that masturbation is often used as a means of lessening anxiety, stress, and is then used in the service of self-calming. It is assumed, for instance, that masturbation frequency peaks in College students during exam times. It then serves to discharge some of the bodily tension and nervousness brought on by exams.

Regarding frequency, a rough guide might be that during the 3 to 6 years period a young child's masturbating--quietly rocking, hands between his/her legs or rubbing her/his pubic area against something--several times a day ought to be of no concern to parents. A child who is found to be masturbating (for minutes at a time) ten or more times a day could be manifesting some stress and talking to a mental health child professional would most likely be very helpful. A child who is rather constantly masturbating and looking miserable in the process needs help and consultation is highly desirable. Scolding may stop the child's overt activity but may not stop what is driving it; discouragement may work with guidance to doing something else the child enjoys doing, is good at, and can hold the child's interest. More about this later.

Let's not parenthetically that in adolescence, masturbation is often quite driven and most adolescents try to control its frequency, often with moderate success. Boys tend to masturbate with less inhibition and guilt than do girls. The reasons are complex and we won't take them up in this Workshop. Interestingly, more obsessive teenagers are more successful in stopping their masturbation, but they tend to do so at the price of being very severe with themselves, and often inhibiting positive behaviors along the way such as spontaneity, creative open thinking, enjoyment of all sorts of activities, and more. Many a normal adolescent will masturbate daily, some more, some less. Rather constant masturbation and the absence of masturbation are both causes for concern.

Question: Wait, this may be confusing. Are we saying that you should encourage children to masturbate!? That sure goes against everything we were led to believe, no?

Answers from participants.

Discussion: It may be confusing. But not because it is difficult to understand. Rather, it's confusing because masturbation is driven by two factors, (1) one biological, the inner sexual tension created by the young child's maturing reproductive system (and hormone activated bodily feelings) and (2) the other psychological, that is the fantasies these sexual bodily sensations and feelings generate in the young child. These fantasies are part and parcel of the child's normal "family romance" (discussed in Workshop #5). Simply put, these feelings tend to make the child seek sexual contact with someone for whom the child already feels much affectional love. It is from here that confusion sets in for normal parents, from the residua in their own psyches of their own anxiety-laden childhood sexual fantasies and experiences.

Children should **not** be encouraged to masturbate. They will do so according to their own bodily need. Discouraging masturbation should occur only if it is too frequent. Making masturbation a private activity is desirable.

What is useful to do is dictated by 2 important considerations:

1. As we already noted, masturbation is generally a benign way to discharge high levels of sexual tension without having to resort to premature interactional sexual activity. It is a safety valve for a high-pressure system.

2. Medicine and mental health in particular have come to recognize this century that sex is a normal and healthy part of life, that it is not something that in and of itself is "bad". Much of society has come to accept this as fact. The preservation of the species depends on it. Mental health in particular has also come to recognize that gratifying sexual activity between consenting married adults is a cementing factor that positively binds the relationship between them. It is known to optimize the relationship between wife and husband.

For these two reasons, the young child's masturbation ought to be handled with due care, in growth-promoting ways.

Question: How can we handle in growth-promoting ways a child's beginning to "touch" his or her own genitals?

Answers from participants.

Discussion: As with everything else, a child will pick up his/her parent's attitudes, the parent's feelings about whatever it is the parent is reacting to. First then, to be forewarned is the best preparation. Your child is very likely to masturbate. And, he/she is quite likely to do it in full view, to be unaware that the parent may be made uncomfortable by it. Prepared then with this knowledge, and aware of the two important considerations noted before, the parent is likely to not be taken off guard, to not automatically react with anxiety and discomfort. Thus the parent will not send the child the message that what the child is doing is "bad". Again, let's bear in mind that children are inclined to believe that sex is bad; they are led to this conclusion by their developing family romance conflict. This feeling on the part of the child would be easily re-enforced by a parent's alarm and disapproval of masturbation. Needless to say, this in turn can

lead to later sexual inhibitions and problems in relationships.

Seeing the child masturbate, it is well to tell the child that this is a private activity he or she can engage in when in her or his room, that it's not something to do in public. It is best to be respectful and responsibly gentle about trying to guide the child in when and where it's OK to touch their genitals. It is helpful to tell the child she/he will understand these feelings and know what to do about them much better as the child gets older. It is also well to convey to the child the need for a reasonable self-controlling attitude about it. This is best done when the parent finds that the child is "constantly" touching him/herself. For instance, a parent could then say: "I can understand that your body makes you feel like you need to touch it a lot. But look, first of all, do this when you're alone. It's private, see. And then, try to think of other things you can do when you start feeling like you gotta touch yourself. Like why don't you (and choose something your child likes to do and is good at, whether it's drawing, or writing his letters and numbers, or practicing some skill the child is developing like catching a ball, doing gymnastics, building with LEGOs, etc.). Here the parent would do well to try to direct the child to a solo creative activity, to help the child learn to channel some of this sexual energy into a worth-while effort at independent activity.

Instructor, you may want to continue discussing this topic if participants request it. It will help them with what follows.

Question: What behaviors have you seen in normal boys and girls that lead you to think they may have surprising interests and worries about their genitals?

Answers from participants.

Discussion: It is common for 3 to 6 year old boys and girls to show rather unreasonable worry and even distress at something being even slightly defective. For instance, as we said before, many a child will refuse to eat a cracker or cookie that has a chipped off corner. Or a child may make quite a to-do when she/he gets a minor scratch or scrape when she/he falls.

Mental health clinicians who treat young children and researchers inform us that such exaggerated and at times seemingly unreasonable concerns come from the way children displace their worries about their own bodies onto things in their environment. Intensive therapeutic work with and observation of young children has documented that the worries underlying the above stated behaviors have to do with the child's reactions to and fantasies about their genitals.

Question: What behaviors suggest that little girls have worries about their genitals?

Answers from participants.

Discussion: First of all, as we inferred in the previous Workshop, 3 to 6 year old girls experience sexual excitations every bit as much as boys do. Like boys, they focus on the features of their own genitals in reaction to the strong and compelling sensations that come from them. And we said that when she touches herself and when by chance she sees a boy's genitals, the little girl often comes to feel troubled that she does not have easily visible genitals. She makes the mistake to think that somehow something wrong

has happened to her genitals.

When she displaces this worry to things around her, she may link it to a broken cracker and be made anxious by it, she refuses to eat it; she wants one that is not broken. Similarly when she falls and gets a scratch or scrape, she may come to think that this must be how her genitals got to be different than a boy's. For instance, she may think she fell and her genitals broke. She then wants to be sure that her scrape is well taken care of and repaired. Normal girls have various reactions. A number of feelings and fantasies are generated in them: she wants a penis too; hers has not yet grown out; hers somehow fell off; or fell out of her body perhaps like a bowel movement, or by her masturbating manipulations; and more. As we said before, this is not a light matter. Many a girl is very pained by this, as she experiences it, this "lack", and feels cheated, deprived or, even "inferior." She may develop envy of the boy, feeling that he is more privileged than she, that he is "better", and have other equally irrational thoughts based on her not being able to know at a glance the marvels of her own genitals and reproductive system.

Regrettably, in some cultures this kind of thinking is highly facilitated in girls by the fact that, indeed there, boys are preferred over girls for economic (e.g., girls require dowries when they get married) and other reasons.

Question: What might a parent do when these kinds of behaviors occur?

Answers from participants. Have they had such experiences with their children?

Discussion: Calling the very upset youngster "a cry-baby" or such a hurtful label only manages to further upset the child. Yes, she may stop crying to protect herself against further insults, but the hurt is there and the anxiety she experiences is not relieved.

A parent might say something like, "Yeah, you're right the cracker is broken. But you know it tastes just as good as one that's not broken. Do you think that maybe you're sort of worried about more important things not being just the way you think they should be?" the aim here is to open the possibility for talking about your child's worries. But **don't push** your question too far, don't ask a specific question such as, "Are you worried about your genitals?" Let the child be specific; don't plant ideas in her mind. Just invite her to put her worries into words. This does not have to be achieved in one sitting. It is well to bear in mind that **how the parent(s) deals with this makes a large contribution to how the girl deals with it.**

Instructor: discuss with participants this final point and discuss how parents (mothers, in particular) can help their girls to feel comfortable with and be aware of the uniqueness and marvel of their reproductive system.

Question: What concerns about their genitals do little boys show in their behaviors?

Answers from participants.

Discussion: As we said in Workshops #4 and #5, boys too have their fair share of concerns about their genitals. In them, their behaviors suggest substantial concerns about the size of their penis and about any damage being done to it. To recap briefly here, many a bright, imaginative 3 to 4 year old boy blames his small size and the small size of his penis for his inability to woo his mother as successfully as his father (who is larger, he

assumes, in all dimensions). A variety of comparative and competitive fantasies with his father lead the boy to fear punishment from his father, usually in the form of losing the father's love and also fearing losing his highly valued genitals. This is what has led psychoanalysts to speak of the boy's "castration anxiety."

The assumption is that this is why males from about 3 years of age on are and continue to dread injury to their genitals. In young boys it often manifests in concerns over things being broken, if broken whether they can be repaired, or over fears of being physically injured. They may need elaborate attention to the smallest scratch, make a large to do over even the slightest accident or damage to the self or others or things.

A 3 year old boy had just gone to urinate and came back to his mother who duly complimented him on having done so. However, noting that he had not zipped up his pants, Mother reached down to do so when her son, suddenly terrified pulled away from her, anxiety clearly evident on his face! Mother was startled.

Question: How might you help this boy? What would you say, what would you do?

Answers from participants.

Discussion: To be sure, scolding him or laughing at him for his irrational fear would not help. It would only hurt him. One might say, "Oh, I'm sorry I scared you. I was just going to pull up your zipper. You did such a great job going to urinate (use whatever word your family uses for this function), but you forgot to zip up your pants. I just wanted to help you. Next time I'll just tell you to do it yourself, OK?" You can stop there or you can add something like, "I wonder what you got scared of?" Then you wait. If he says nothing, the subject is closed for now. No doubt such signs of "castration anxiety" will occur in other ways. If he takes up the opportunity to talk, it is then an opportunity for you to reassure your son that no harm will come to his penis or any other part of him. Of course, he has to take good care of himself, like watch where he's going, and be careful when he crosses the street and stuff like that.

Instructor: See if there are any other examples and questions.

Question: What about children being interested in others' genitals? Like in "playing doctor games"?

Answers from participants. Have they found this in their children?

Discussion: Let's consider this question this way. Let's take it as

1. Interest in their peers' (playmates', little friends') genitals;
2. Interest in their sibling's genitals; and
3. Interest in their parents' genitals. Although the same principles apply to all, let's consider each separately.

Question: How can a parent handle constructively his/her child's sexual curiosity or play with peers?

Answers from participants.

Discussion: To turn to peers to learn, to discover, to test their ideas about all kinds of

things--children need explanations for everything--is a most natural tendency. Children also find clever ways of satisfying their curiosity and testing their hypotheses. What we all think of as “play” is actually “problem solving”. Children use this vehicle “play” to solve problems. For instance, it is common for children to play doctor games after they have been to the pediatrician where they got a shot. Thus in their sex “play” they are addressing their questions and making discoveries.

But, their need to know is pressing. It is well to help young children learn some patience in what they want to know and do. It is well to guide them in using judgment about what they do in their efforts to learn and know. In the sphere of sex, doing is not the best way to start to discover and learn. It is therefore, wise to let young children know that while their curiosity is laudable, their play to discover is not. So how do we go about it?

First, upon finding your child playing doctor-patient with another, it is well to say something like: “Ok, kids, I can understand your wanting to know what each other’s got in their private parts, but you’re too young to explore. You’ll learn more when you get older. Johnny, whatever questions you have, you know that Daddy and I are very glad to talk with you about. Timmy you can ask your Dad too. How about you two going outside and playing (whatever other game/activity they enjoy together).”

It often is harmful to shame the child for his/her sexual curiosity because (1) it is normal; (2) it would discourage disclosure and with it the opportunity to get parents' input as to how they should handle their sexual interests; (3) it probably would make them feel that their very normal interest and preoccupation mean that they are bad, unlovable children. And, (4) it is likely to foster more secrecy than is needed for reasonable privacy. In addition, being made to feel shame is very painful. Because it is very painful it generates hostility in the child, hostility that will be directed toward both the shaming parent and the child her/himself.

It is important to set limits on the behavior (e.g. the behavior is to stop now, that they are not old enough for such activity but that their questions can be discussed.)

This parental action would serve several functions: the normalcy of the children's interest would be acknowledged and it would also suggest via questions how to deal with that interest without "getting into trouble" with Mom and Dad. It is important to convey to the child that all-important questions deserve discussion. Additionally, when the parent sets a firm, reasonable limit on the behavior it also models for the child how to deal with her/his sexual interests in constructive ways.

Question: What is a most constructive way to handle sex play, actual and symbolic, among young children?

Answers from participants.

Discussion: When we discussed infantile masturbation we described the activity as normal and expectable. But, limits are needed when during such activities objects are inserted into the vagina or the anus, or when the child engages in any activity that can cause self-injury.

Mutual explorations by children are best discouraged and restricted during this age period, with explanations that the child is too young for this type of activity, will be able to use better judgment about it in later life. In addition to the reasons we have

already given, like with self-explorations, these activities are initially carried out in the open, but as family romance fantasies associated with them begin to produce conflict, self explorations as well as peer reciprocal explorations tend to be done more and more in private and in secret. Both then tend to be done with excitement but they also soon begin to create guilt.

For the most part, symbolic sex-play--i.e. children embracing, pretending they are Mommy and Daddy, but not enacting the actual sex act--causes no problem except when it is excessive, is a more than usual preoccupation, or when it leads to too much excitement and/or irritability, or when it gets out of control in one way or another.

Question: What about sex play between **siblings**, isn't that pretty bad? How does one deal constructively with sex play between **siblings**?

Answers from participants.

Discussion: Sex play between siblings is much more common than we all tend to assume. It is actually quite understandable. But it needs to be attended to and stopped.

Because of the problems it usually creates, we tend to not want to know that sex play between siblings **happens much more commonly** than we would like to think. The **age** at which it happens and **what happens** both matter. Sex play between siblings under 6 or so years of age is much more benign than sex play between teenage siblings; it is also less likely to be as secretive and as cleverly disguised. As to "what happens", **mutual anatomical discovery and exploration** is likely to be the motive of less than six year old siblings and is much less problematic than the goal of **gratifying sensual excitement and tension** that occurs in adolescent sibling sexual activity.

It is understandable that it happens because of this. When the 4 to 6 year old begins to accept the fact that he cannot marry his mother, or she cannot marry her father, the child will take steps to attach his/her romantic love feelings to another person, usually but not exclusively, of the same sex as the idealized parent the child wants to marry. Given that the child already has formed a more or less affectionate relationship with his or her sibling, we shouldn't be very surprised to find then, the romantic love (and sexual) feelings becoming displaced onto and attached to this sibling. This then heightens the tendency to engage in sexual exploratory or gratification activity between them.

Although hearing a 5 year old declare he will marry his sister when he grows up is usually experienced by parents as cute, it should alert them to be aware of the facilitated potential for sex play. The sex play need not be between other-sex siblings. Here is a clear instance.

A set of twin girls got along quite well from very early. By the time they were 3 years old, usually when they played Mother tended to know that for the most part, the kids would manage reasonably well. Of course, she could usually gauge how things were going by the sounds they made. One morning, in fact, she was impressed with there being no sound coming from the room where they were playing. Surprised by "no sounds" she went to see what they were up to. To her surprise, there they were stripped naked, in bed, one lying on top of the other in an embrace. Shocked, Mother said "What are you doing!?" One of the girls simply said, "We're playin' Mom and Dad." Duly informed, Mother said to them, "Well, you better get out of bed, put your clothes back on and come downstairs right now." Knowing their mother meant what she said, the kids

dressed and came down. While somewhat sheepish, seeming to know their mother to be a non-spanking and non-shaming mother, they came to where she was. Perhaps having worked with us at parenting guided her. Mother said something like, "Listen you two, it's nice that you play at being a Mom and a Dad but you're not to go that far in your play. You've got plenty of time to learn what being a mom and a dad is all about. For now, I want you to keep your clothes on when you play. If there's anything about being a mom you wanna know, hey ask me, I'm an expert on being your mom. Any questions?" No answer. "Well, whenever you're ready, you can ask me. For now, please find another game to play."

Benevolent awareness of this possibility, and benevolent limits when needed are recommended. "You kids aren't old enough for this: why don't you draw or color, or something," and at some point something like this will be needed: "Heh, I want you to know that brothers and sisters aren't allowed to get married to each other; it's against the law. But you know what, you'll both find somebody real nice to marry when you get big, and that'll be very nice."

Question: What might one do when a young child impulsively or seductively touches Mother or Father in their pubic area, or so touches Mothers' breasts?

Answers from participants. Has that happened to any of the participants? What did they do?

Discussion: We have found that when a 3 to 6 year old child touches a parent's genital area or touches Mother's breasts, many a parent tends to assume that this touching has nothing to do with sexual interest. As a result, the parent ignores the behavior and does not help the child well. Child psychiatrists and psychologists think differently. Their work leads them to think that this grows out of the 2 1/2 to 6 year old child's growing interest in sexual body parts and the sexual feelings that get stirred up in her/him. Mental health people think it is not accidental and that reasonable attention to this behavior can be guiding to the child.

There is no need to be alarmed by such behavior. The parent can simply say something like, "I guess you'd like to touch me to find out what my private parts are like. But listen, they are private parts. And though I love you very much, I don't want you to touch my private parts. When you get older you'll have plenty of chance to find out how somebody you love is made." A parent may also say, "It makes me feel uncomfortable when you touch me in my private parts. They are private, you know. And even though I know you touch me there because you love me, and I sure like it that you love me, when you wanna touch me because you love me you can give me a wonderful hug, or a kiss, OK!?" (Here you are not seeking agreement from the child. You are asking if he/she understood what you said.)

Instructor: see if there are other behaviors that pertain to genitals participants may want to talk about. For instance, has any participant been asked by a child to "Please touch me here, it feels good"? How would they deal with that?

Instructor: here is an important and difficult issue.

When we talk about sex play between siblings, and when we talk about children's sexual behaviors toward their parents, we are on the threshold of talking about incest. Incest is a critical subject, one that concerns mental health clinicians greatly because of the often serious clinical findings associated with incest. Important distinctions need to be made. Let's start with definitions, then let's categorize sexual activities, distinguish them by their essential characteristics, and then let's talk about potential consequences to kids of each.

1. In terms of **definition**, **sex play** is interactional mutual exploration of body parts that pertain to the genitals of each child. It may be direct and simply in the service of discovery and the satisfaction of curiosity about anatomical differences between girls and boys. **Incestuous activity** is interactional sensual genital activity that is in the service of gratifying sexual excitement experienced between members of a nuclear family, i.e., between a child and mother, a child and father, or between siblings. It aims toward erotic gratification that is driven by mounting sexual desire.

Sexual play is typically found in normal children under about 6 years of age. It may also continue in children between the ages of 6 to 10. Beyond ten or so years of age, sexual activity tends to be driven more by sexual excitement and desire than by sexual anatomical curiosity. Beyond 13 years or so, sexual activity is invariably driven by the search for sexual erotic gratification. When sexual activity occurs between children of quite disparate ages, say a 15 year old and a 5 year old, the aims of the two involved are likely to be different, the older being driven by sexual desire, the younger predominantly by curiosity and the wish for attention.

2. Regarding their **specific activity characteristics**, **sex play** often occurs in the context of family role playing or doctor-patient role playing. In these instances it arises out of identifications with family members, usually mother, father, and baby, or it may follow on a visit to the doctor's which created anxiety. Some sex play often consists simply of looking and touching. When it is repeated, it may progress to genital manipulations both out of curiosity but also in reaction to the mounting stimulation that unavoidably occurs. Some sex play may go so far as the insertion of objects into a girl's vagina or of the anus of both girls and boys. There, of course, curiosity is bringing some risk of hurt.

Incestuous advances (and activity), being driven by the "need" for erotic sexual gratification--that is by intense sexual excitation that presses for gratification--, is generally very arousing and may eventually, if continued over time, lead to outright sexual intercourse.

3. Regarding **some potential consequences** to children of sex play and of incestuous activity, mental health professionals say the following. Sex play between children varies in its potential effects depending on whether the sex play is between siblings or non-sibling peers.

Sex play between non-sibling peers of about the same age (say 1 or 2 years difference) is generally benign, unless some hurt is caused by one of the peers to the

other. The hurt can be physical or emotional (like one child saying to the other “I’ll never play with you again if you tell”); it can be mild or harsh. When the age between non-sibling kids is more than say 4 years, and the older peer is pressuring the younger child against the younger one’s wishes, anxiety can be activated in that younger child. We know of instances when a young teenage baby sitter has explored sexually the young child she was sitting for. This may come to no harm. However, physical hurt, threats to not play with, or worse, threats to harm (one troubled baby sitter told her young charge that she would kill him if he told what she did with him), of course will cause anxiety in a young child. But the everyday variety sex play between non-sibling peers where no hurt is inflicted on neither child is generally quite benign.

Sex play between less than 6 year old siblings may be benign but it may be problematic. The principal reason it may be problematic is that although sex play between siblings may be a one time event, in which case it is no more a problem than sex play with a non-sibling peer, because of their constant togetherness, sibling sex play may become repetitious. Because the sibling is emotionally invested, and, as we said earlier, it is very common for siblings to attach to each other feelings and fantasies displaced from their “family romance”, repeated sex play can lead to its becoming a means of gratifying sexual excitement and desire, at which point it becomes “incestuous”. When in adolescence sexual tensions mount and sexual desire becomes difficult to control, then sexual activity between siblings will predictably lead to lead to anxiety, conflict, guilt, shame, and consequent emotional symptoms. For this reason, sex play between siblings of all ages is best just simply, benevolently but firmly disallowed.

Sex play between a less than 6 year old and an adult is a problem. It is a complex topic; we will not take it up here. Suffice to say the following:

Much more sexual abuse of children occurs than we like to think. When it occurs it is not usually intended to hurt the child. But most mental health clinicians tell us that it does. With this in mind then when incest occurs, **incest has not been found to be activated by children under 6 years of age.** While some quite young children may behave seductively with an older sibling or a parent, even the boldest of less than 6 year olds tend to not go beyond seductive behaviors such as flirting. Where incest involves a child younger than 6 years, it invariably results from its activation by an older sibling or a disturbed parent. It has been found, however, that when a less than 6 year old has already been sexually abused, that child may in order to get someone’s affection or attention or in the hope of getting some reward, act physically quite forwardly, such as reaching seductively for an adult’s genital area. The underlying motivation of such behavior in individuals who have been abused is psychodynamically understood to result from (1) the hope to gain some favor and/or gratification--conscious and unconscious--from the person being enticed and (2) it is predominantly an effort to master the trauma--which can have long lasting effects--that often comes from incestuous (and non-incestuous) sexual abuses of children and adolescents.

Instructor: This topic may stir many questions and even anxiety in the participants. Certainly the questions ought to be given due discussion time. In fact, discussion of this topic can be continued into the next Workshop.

WORKSHOP # 8

YOUNG CHILDREN'S SEXUAL BEHAVIORS -- HANDLING THEM CONSTRUCTIVELY, Part 2

Instructor: You can start this Workshop by inviting further thoughts and discussion of the issue last taken up in Workshop #7. Then, continue with Workshop #8.

Question: How about children's behaviors toward babies? For instance, how might you best handle your child's saying the baby she's holding (your neighbor's) is "My baby"; yes, your just 3 year old girl saying "[This is] my baby"?

Answers from participants.

Discussion: As always, an honest, sympathetic answer is the best answer. It is well for parents to know that when a little girl, 2 to 6 years old, says "This is my baby", the child means just that. We infer from it that she wishes this were her own baby. Research shows that the child does not mean she wants the neighbor to have this baby, nor that mother have another baby, nor that she wants Mother to buy her a doll from the store, she means that she wishes she could have a live baby of her own. As one 4 year old girl, losing patience with her mother said when Mother offered her a doll, "I don't want that, I want a real baby!"

During the third year of life, especially so with little girls, this can become a very real preoccupation. On average, boys react much less dramatically than girls. However, not all normal girls express such an awesome wish for a baby. This interest is likely to emerge to a greater or lesser degree later. Quite a number of girls do not show such interest; and, some boys may.

In terms of handling this expressed wish, a mother (or father) might say, "Well, I can understand how you feel. [If it's so, a mother might add:] When I was a little girl I wanted to have a baby too. I'm sure glad I have you. This is Mr. Smith's baby, you know that. I bet you, when you're a grown woman, and are married to a real nice man, you'll have your own baby; maybe even more than one."

The child may be satisfied with this or she may say, "No, I want one now!" Again, reality is best. Mom might say, "It's so hard to wait when we want something very much. But see, little girls can't have real babies yet. You have to wait until your body and your mind are grown enough to have a baby. That won't be until you're a grown woman. Heh, I had to wait too."

Question: What do you do when your 3 year old son stuffs a pillow in his shirt and says, "Look Ma, I have a baby in my tummy!"

Answers from participants.

Discussion: A mother (or father) might say, "You sure look cute with a pillow in your shirt. But, I'll tell you. Boys don't have a uterus, you know, a baby sac where a

Mommy grows the baby. Women and girls have a uterus/baby sac, and they sure are lucky. But men and boys don't. But they too sure are real nice the way they are."

When girls and boys are told they have what they have and its really nice, that pleases them greatly. Needless to say, what distresses many a child is to be told she can't have a penis, or he can't have a uterus. This needs to be said with sympathy and the realization that it really is helpful for young children to learn that they can't always have what they want. None of us can. They need reassurance that what they do have is good, no the grass on the other side really is not greener, and they need to be comforted if this tough to take news--you can't always have what you want--this time seems to be more difficult to accept than when it comes to wanting another cookie or popsicle.

Question: How can we best handle children's sometimes negative or disruptive reactions to mother and father being **physically affectionate** with one another? For instance, what do you do when your son/daughter scowls when Dad and you give each other a hug?

Answers from participants.

Discussion: Of course, as with everything else, understanding what causes negative reactions to parents showing affection to one another like hugging and kissing, is essential to knowing what to do about the child's negative reaction. It is normal for children to behave in this way.

So again then, in so many everyday instances parents can help their children by

- (1) *recognizing whatever expression of feeling* the child may be experiencing,
- (2) *understanding the meaning* of the child's behavior,
- (3) *being empathic*, that is, putting oneself in the child's place and asking "How would I feel if I felt what he or she feels?" and then,
- (4) *being sympathetic*, that is asking oneself "How would I like to be dealt with if I felt like this?", and
- (5) *respecting* both the child's feelings as well as his/her need for honest, appropriate and realistic handling.

Given this then, what might a parent do and say when your son/daughter scowls when Dad and you give each other a hug? First, you don't just yield to the child's scowl by stopping the hug. You enjoy it. You smile lovingly at your child and might say warmly, "Isn't it nice that Daddy and I love each other. Someday you'll have a real nice husband to hug. I like to give Daddy a hug. I know you like to hug him too. We can both hug him."

What if your child then says "But I don't want you and Daddy to hug." You might say something like, "Heh he's my husband. You know Daddy and I have been giving each other hugs for a long time. You know, someday you'll have a real nice husband/wife to hug. You'll see."

Sometimes the child's objection may become physical. It then may require the setting of limits. You might get a bit peeved too, and say something like, "That's enough Suzy/Johnny. I don't want you interfering with my giving Daddy a hug. We give each other a hug because we love each other." Use your own words, style of doing things; don't be shy about showing affection. In addition, warmth and humor, not teasing or ridicule, can make this situation (not being able to have the desired parent all for oneself) easier to bear.

Question: But isn't it bad for parents to show **physical expressions of love** in front of their kids?

Answers from participants.

Discussion: This too is a very important question. It is highly advantageous for parents to let the children know they love each other. But here's an important note on this question:

It is important to distinguish between **physical shows of love between parents that are affectionate in contrast to shows of love that are sensual**. Similarly, it is important for parents to distinguish **physical contacts from and with their children that are affectionate from contacts that might be sensual**.

First, parents should feel free enough and comfortable to kiss and hug, and they have the right to privacy in and about their sexual relationship. It is in fact desirable that children see evidence of affection and **signs of** romantic love--though not overt sexual behavior--between their parents. True, children may feel jealous by such behavior. But they are also reassured by it. First they are reassured that feeling love, expressing love feelings, romantic love feelings where appropriate, is not only permissible and safe but is, in fact, desirable. Secondly, children are reassured that their parents will not separate/divorce when mother and father express love for each other, that they feel that their family life is secure.

On the other hand, exposing children to sexual acts (well beyond affectionate kissing and hugs), from passionate kissing to sexual intercourse, is highly conflict-producing. It is so by being too stimulating and by the fact that seeing sexual intercourse is too bewildering for children. Children tend to distort the quality of the parents' sexual experience. Quite commonly because of the child's own hate feelings color what the child sees, the child not uncommonly distorts the love (sex) act as one of attack and fighting. This contributes to the child's experiencing such exposures as bewildering.

Question: What about **children** behaving with a parent, or each other, **in sensual ways**? How can you tell anyway if the child's show of love is sensual or it's affectionate?

Answers from participants. How do they decide if a given show of love is affectionate or sensual?

Discussion: It's generally not easy. But this is because most parents are made anxious by the idea that our young children can have sexual feelings toward us. To be able to distinguish whether behavior is affectionate or sensual requires an open mind and being able to tolerate what we ourselves may feel and what our young (and older) children may feel.

Here is yet another important note.

Question: Oh, oh, another important note!? What now?

Instructor: (Here you are **not** asking the participants to guess what you want them to think about now. Just continue.)

It's just not all that easy to be a responsible Mom or Dad. But, it can be done

well.

We said in Workshop #5 that there are two major trends in what we call love, the affectional trend and the sensual trend. We said that it is in romantic love, the unique love that binds two people together as mates, that the two trends combine in that marvelous mix most of us know. We also said, however, that **(1) when we love someone deeply affectionately, the strength of this love facilitates the activation of and may then draw the sensual trend to itself as well.** And **(2)**, we said, that when in the course of normal development the 2 year old child's genital sexual feelings emerge due to the maturational beginnings of the child's reproductive system, the genital sensual trend of love reasonably enough follows the path carved by the now well established affectional trend of love. **The young child's sensual feelings are naturally attached to those the child loves affectionately most, his/her own primary caregivers, usually the child's own parents.**

Question: We have already talked about this. So what does this do that's so important for us to know?

Answers from participants. (Instructor: use your judgment as to whether you want to pose this question because it's a "What am I thinking?" question, a very poor teaching technique.)

Discussion: Here's what's important about this. Given these two factors, it is quite natural that

1. **Normal parents** who are very devoted to and love their children well **will from time to time feel sensual love feelings toward their own children, even quite young ones.** And,
2. It is quite natural for normal children who love their normally devoted parents well to feel sensual feelings toward these parents.

In both cases, this tendency is facilitated by the gender of both the child and the parent. It is more commonly found that girls' sensual feelings are strongest toward their fathers and fathers' sensual feelings are more readily activated toward their daughters. Equally, boys' sensual feelings are strongest toward their mothers and mothers' sensual feelings are more readily activated toward their sons.

Instructor: open the floor to any questions, expressions of objection, rejection by the participants. That normal parents tend to have sexual (sensual) feelings toward their own children creates anxiety in many very good, very responsible parents. And it is exactly this fact that makes it difficult for parents to sort out whether their children's expression of love are heavily sensually weighted or are predominantly affectionate. Don't expect admissions of having such feelings toward their children. It is not necessary to go on.

Question: Ok, let's assume your child touches your breast. You may then wonder, "Was this an accident, was it simply an innocent touching of your body, or was it a sensual act?" How did you feel when your child touched you?

Answers from participants.

Discussion: To sort this out, let yourself feel what you felt. If you felt uncomfortable about it, consider:

1. What did your child seem to feel when he touched you? Look at his/her facial expression and words for “love-dovey” feelings, that is, for soft romantic feelings. We all know that the feel of affection is different from the romantic feel. If you feel it felt sensual, don’t be afraid to think it was. It’s normal for children to express such feelings.

2. Be brave. Did you feel sexually aroused? If so, did it come just from your normal sensual reaction to being touched in a sensuality-responsive area of your body, or are you indeed reacting to what your child is conveying in his/her feelings toward you? It is not always easy to decide this.

If you are uncertain, wait to see if this happens again. It could happen again soon or it might not. Just be aware. If this kind of love expression occurs a couple more times you may be more helpful to your child to assume it is sensual.

Question: Ok, so what do you do now that you think it was sensual? How can you be helpful to your child?

Answers from participants. How would they deal with this?

Discussion: A mother or father might say, “I know you love me and I sure like that; and you know that I love you very much. Now, when you touch me here, though, it makes me feel uncomfortable. It’s a real private part of me, see, that only Daddy/Mommy can touch. When you get older you’ll learn more about all that stuff. But you can touch me any place that’s not a private part and that’s nice. Of course, you can touch all the private parts of your own body and that’s fine.”

As always, the idea is to be age-appropriately open enough, truthful, factual, guiding to your child, considerate and permitting of curiosity because it serves the need to know and understand. All of these promote the child’s healthy emotional growth.

In whatever way the child follows this up, the parent’s taking the time to talk in such growth-promoting ways with her/his child then and there or a bit later is sure to serve the child’s best interest. Bear in mind that there are times when the child’s questions and remarks can be followed by claiming the right to privacy, such as if the child wants to know under what circumstances Daddy touches you there. “Listen, trust me, you will learn more about this when you get older.”

Instructor: Continue with any remaining questions and concerns before proceeding further in Workshop.

Instructor: This may be a good place to practice various scenarios with participants to further facilitate points that seemed difficult for them to deal with. Bear in mind that in some instances, participants may have serious doubts about the things we are saying. Their skepticism may persist. But we have also found that in many instances the initial resistance caused by the anxiety these topics arouse in many people gives way to a lessening of this initial resistance. As questionable behaviors are repeated by the child, the parent may allow that what we are saying may indeed be so, and the parent becomes then better able to guide the child constructively to more appropriate behavior.

Here is an illustration. A very devoted mother of four in one of our observation

groups, after having 3 boys finally had the good fortune of having a baby girl. Father and Mother were thrilled by her. When this girl was 2 and 3/4 years old, she asked her mother when she would get her penis. Mother was startled by the question. Nonetheless, she answered her daughter very nicely. But the child was not satisfied. She also asked her father. She also got a very nice answer from him. Much to everyone's dismay however, that still seemed to not satisfy this very bright little girl. She asked her next in age brother when she would get her penis. Probably made anxious by her question, according to Mother, his answer was something like: "Girls don't have penises, stupid!" in a tone that jarred her and sent her running to her mother. Mother reported to us that actually she had never believed this theorizing that many a little girl will express the wish for a penis--in addition to what she has. She did not remember having such wishes as a child herself, and she was actually shocked when her little girl asked when she would get her penis.

By the way, bear in mind that most little girls want a penis **in addition to what they do have, not instead of** what they have. Some theorists have asserted that both boys and girls want everything, not just what comes naturally to them.

Instructor: If time permits and you feel it warranted, further discuss with participants how engaging in sexual activities with children 3 to 6 years of age especially, but earlier and later as well, has consequences ranging from non-harmful to severely harmful depending upon certain conditions.

Review the following findings from current research:

1. Sexual play **between 3 to 6 year old children** (playing doctor, etc.) is common and usually causes children no harm. It is especially helpful when parents and other caregivers duly and reasonably set limits on such play and guide children to other activity.
2. Sexual activities **between 3 to 6 years old with non=sibling older children and adolescents** can create problems for the younger child (and the older one too) when there is physical hurt or threats of harm if the 3 to 6 year old does not comply or if he or she tells what happened.
3. When **the older child or adolescent is a sibling**, the hurt to the 3 to 6 year old (and older than 6 as well) usually is greater than when it is not a sibling. This is because the sibling is often experienced as a substitute for the parent(s) and the sibling is loved as a "primary love relationship"--those to whom we are closest in life and in whom we invest much love. Both these facts may make sex play between siblings reach into the arena of incest--which is loaded with emotional consequences.
4. **Physical hurt and threats** add to the severity of the potential emotional hurt the 3 to 6 year old (or younger or older as well) may experience and carry with her or him for many years to come.
5. When **an adult sexually transgresses a 3 to 6 year old child** the severity of the consequences tends to be greater.
6. The degree of severity of the consequences for the child increases **from less severity by non family adults to highest severity when by one's father or mother**. Again, **physical hurt and threats intensify the emotional assault** on the 3 to 6 year old.

Discuss with participants reactions and further questions.

Question: Why is sexual activity carried out by parents and older siblings more damaging to children, especially children from 2 to 6 years of age (but to children less than 2 years and older than 6 as well) than when done by non family individuals?

Answers from participants.

Discussion: Because, to begin with, they are the people the child expects he or she can trust most to do them no harm.

But it is most helpful to understand this question by placing the sexual transgression against the child in the context of the child's fantasied family romance.

When a father engages his 3 to 6 year old daughter into sexual activity (always an emotionally troubled man), he is fulfilling not only the child's wish and fantasy that father will be her lover and give her a baby, but also the girl's wish to take father from mother, that he prefers her over mother, which the girl knows would make her mother very unhappy.

Furthermore, the girl now comes to believe that she is the cause not only of mother's being rejected by father, but of her mother being harmed and eventually even being destroyed. All the fantasies of removing her rival for father from the scene now are possible, including the fantasy that the hate side of her ambivalence (remember she also loves her mother) will destroy her mother. This leads the little girl to feel intense and long lasting guilt. She is likely to believe that she is the one who caused father to do this with her; everything that has gone wrong in the family, she believes, is caused by her. She is very likely to feel she is bad, even evil, and surely unlovable. The same can be said for the boy whose mother engages in sexual activity with him.

This sequence of thoughts is not an invention of ours. It is found repeatedly in psychotherapeutic clinical work with children and adults who have suffered sexual abuses by a parent, or a sibling, or a close relative.

Question: Why is sexual activity by an older sibling more hurtful than by an older non-sibling peer?

Answers by participants.

Discussion: As we said before, the major reason this is so is that an older sibling is commonly experienced by a younger child as a substitute for their parents. And, in addition, there is a "primary relationship" between siblings and this, at certain times facilitates the older sibling's becoming a substitute for the parents to the younger child. Similarly, this also applies to aunts and uncles.

As we have said, many problems come with incestuous activity. Among one of the costliest is that incestuous activity erodes the trust a child naturally has in those she/he loves, her/his parents, siblings, aunts and uncles, etc.

Question: How can we best protect children from this abuse in families?

Answers from participants.

Discussion: The greatest protection against children's being sexually abused will occur when parents recognize the harm it causes, and when they understand the normalcy of and the nature of the child's fantasied family romance.

Also, protective against child sexual (and physical) abuse is for parents to recognize that young children do understand what the parent is doing when they engage in sexual activity with them, that they are made anxious and guilty by it--which is the major reason they do not tell the other parent it is occurring-- and that they do not forget (even if they repress the experience into their unconscious mind for years.)

Question: What happens when children are guided constructively through the family romance period?

Answers from participants.

Discussion: When children are helped through this very enriching and development inducing period of life, they grow in the ability to love, to form meaningful love relationships, and they also grow in many adaptive abilities and in conscience formation.

Parents and caregivers can be enormously helpful to their children during this phase by reassuring their children that they will get to have what the parents have and that it will be very nice for them too. The child's jealousy softens a bit when the parent understands, is sympathetic and reassuring.

Instructor: discuss with participants further thoughts, reactions and questions regarding all of this material.

***TRAUMA –
WORKSHOPS
ON HELPING
CHILDREN AND PARENTS
COPE WITH IT***

by

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Acknowledgments

The authors are indebted to Patsy Turrini for proposing the model we use in presenting these materials. "Question asked by Facilitator, Answers by Participants, followed by Discussion containing what the authors' research and clinical experience lead them to believe to be growth-promoting factors", this model was proposed by Turrini. She envisioned these materials to be used at the Mothers' Centers—to which she and her pioneering work gave rise—in the hope of introducing child development optimizing knowledge accumulated during the past century by psychodynamic child researchers and clinicians.

**TRAUMA –
WORKSHOPS
ON HOW TO HELP OUR CHILDREN COPE**

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Introduction to the Workshops on Trauma

Children have been subjected to traumas from the beginning of time. We all experience traumas in the course of growing up, as adults, and in our advanced years. That trauma is a part of everyday life and we all suffer as a result of traumas. And, we all are burdened by the consequences of being subjected to traumas. We suffer when they occur and, too often, we suffer more or less as a direct consequence of these in the years that follow.

In all cases, traumas are directly linked with aggression that is hostile and destructive, with hostile destructiveness. Many traumas are **caused** by hostile destructive acts of one kind or another. In addition, being subjected to trauma **activates** hostile destructiveness within us. Even when the trauma is not caused by hostile destructiveness, such as in the loss of a loved parent, that event will, by virtue of the pain it causes us lead us to feel hostile feelings. Thus in either case, hostile destructive feelings are linked to trauma. Hostile destructiveness is that ingredient within humans that fuels acts of violence toward self and others.

We live in an age of increased violence. It seems more common for children today than before, more so from lower socioeconomic conditions but increasingly children from more affluent backgrounds, to have been exposed to various kinds of violence and trauma. The use of guns and other weapons has spread to schools and, at this time, we read about children using guns against their classmates and teachers. Hate groups find many willing and eager members among the youth and have targeted their recruitment efforts accordingly. The widespread use of the Internet has made physical barriers totally obsolete and children have access to materials and information (e.g., homemade bomb recipes) like never before.

These trends appear to be on the increase and society is at a loss to know how to deal with them. Despite the rising statistics regarding children and violence, current concerted efforts have still not been able to meaningfully stem this tide.

Less advertised and less directly impacting on society is the fact that children are exposed to all kinds of violence in their homes. The trauma of separation and divorce, neglect, parental illness and death, job loss, relocation to name a few as well as the trauma of physical, emotional, and sexual abuse weighs heavily on our children and its effects are often deeply felt and long lasting in the child's personality. Indeed, the effects of these traumas on the individual—and his or her mate and children—can last a lifetime, including its affecting the choice of future marital partner and his or her own parenting styles and practices.

War, societal violence, terrorism, forced relocation, environmental hazards and its effects, the sudden loss of economic resources, the oppressive insufficiencies of ever present poverty, all impact painfully on the child and affect negatively his or her well-being. In light of such catastrophic events one wonders if there is any hope, if there is

anything that can be done to help children who have suffered varying degrees of trauma?

In fact, much can be done to help these children. We assert that growth-promoting parenting practices can be of real benefit to both the child and the primary caregiver of the child (be it the child's own biological or adopted) mother, father, grandparent, extended family member, nanny, or non-familial caregiver. By practicing growth-promoting parenting, the child can be greatly helped to cope better while a traumatic event is occurring, and to achieve mental well being after the trauma has passed. For example a child can be helped to cope with the prolonged illness of a parent if attended to in ways that optimize the child's abilities to cope with such an emotional stress. This will ultimately make the painful episode less traumatic.

Our methods do not employ either magic or "quick fixes." Nor are they a "magic bullet." They require care, understanding and thoughtfulness on the part of the parent or primary caregiver. They require a desire to help the child through respectful communication. They require empathy. They do not require higher education or even the ability to read and write (although, of course, one is greatly helped by having these basic skills.) All parents and other caregivers can practice growth-promoting parenting skills and have a positive impact on their children.

Growth-promoting parenting employs a proactive approach to child rearing. It requires active communication, active listening, active teaching when informing a child about the world and helping the child in his or her learning about it. It includes parents' being and staying tuned-in to their children and their activities at school, home and in the neighborhood. It requires that parents learn about their children and their friends, their interests in sports, music or the like. It requires parents' knowing what their children are viewing on the Internet and on the television. In essence growth-promoting parenting means to have real relationships with our children and meaningfully participating in their lives. We certainly don't suggest that parents live only for their children. Simply we hold that children need us parents to be emotionally engaged with them.

We make no claims that these practices will keep "bad things" from happening to children. Life is full of predictable and unpredictable traumas. Struggle and pain go hand in hand with joy and triumph. Loving relationships do not, unfortunately, keep bad luck at bay. However the power of growth-promoting parenting practices can be deeply healing and, as the term conveys, optimize and promote the child's growth. It can provide the essential elements that restore and guide. It can make the difference between a mentally ill or mentally healthy child.

The following Workshops are divided into sections that make sense to us. They address children who have been traumatized and parents who have been traumatized. However, it is up to the Facilitator and the Participants to determine in what order they may want to proceed, and which Workshops to include or leave out.

As with all the Workshops in this *Parenting for Emotional Growth: Workshops Series*, we urge Workshop Facilitators (Instructors) to adapt these written materials to the

needs and cultural mores of the participants. We want the Workshops to be “experience near” and to be relevant and applicable to the lives of the participants and their children. With this in mind, we propose that Workshop Facilitators (Instructors) go over the following Guidelines. We believe it essential to supportively facilitate the participants' debates of the pros and cons of any particular recommendation coming from them or from our materials. We urge the use of the Workshops to address difficult issues and to gain understanding of them.

Guidelines for Workshops

1. As Workshops go, each Workshops Set in this Series is rather large, consisting of about 10 Workshops each. Ideally we would like to see all the Workshops contained in this Series planned over a number of months. Many of you will not be able to present so long a Series except in a long standing parenting educational and/or support setting. Therefore, Workshop selections will need to be made for presentation.

Each is sufficiently integrated to be able to stand on its own; this applies more readily for some Workshops than for others. The Workshop facilitator's (instructor's) task will be facilitated by learning from the participant-audience prior to Workshop time what concerns, difficulties, interests are most pertinent to them. In this way, the selection of Workshops can be more suitably geared toward your particular audience.

2. The instructor (facilitator) will be best prepared the more familiar he/she is with the Workshop materials. Toward this end, instructors are encouraged to become familiar with the *Parenting for Emotional Growth Curriculum Textbook* and *Lesson Plans*. It may be helpful for instructors to pull out the most important themes and "sub-themes" in each Workshop and to articulate them in the instructors' own information imparting manner. These themes can then be emphasized at various appropriate times during the Workshop and can also be reviewed during the final phase of the Workshop. As in all teaching, the firmer the grasp of the subject matter, the easier the presentation, and the freer will the instructors be to attend to participants' interests and to accommodate to the participants' pace of taking in of the materials.

Workshop instructors can expect that participants may ask questions and raise topics for exploration that tap the instructors' entire range of expertise. Instructors need not be able to answer all questions; it is expected that any instructor might not know a particular answer at the time a question is asked. It is perfectly professional to not know an answer and to say so. Furthermore, if time permits, after some research on the question, the Instructor may give the participants a more informed answer.

3. In conducting these Workshops, especially when done directly with caregivers, it is important that the instructors convey a **non-judgmental attitude**, aim to **supplement** knowledge, and **re-enforce the strengths already existing** within the participant group.

4. Information is much better received and assimilated when the participants know that such information and whatever informed suggestions instructors make are derived from **proven child development research complemented by decades' long clinical findings** rather than when they are presented in an authoritarian and dogmatic manner.

5. We all rear our children in highly individualistic and extremely personal ways. This is why there often is disagreement among parents in how to deal with specific child rearing situations. And because we invest emotionally so much in our children and the ways we go about doing so, **we are all very vulnerable to feel hurt by any criticism or disapproval of our parenting efforts**. This is so whether the criticism comes from one's own mother, uncle or neighbor. But it is especially hurtful **when criticism comes from "an authority" in parenting education**. Disapproval by Workshop instructors is painfully felt by participants--and may even lead to withdrawal from the Workshop. For these reasons it is important to not approach any participant, any question, or any discussion from a position of criticism or disapproval. It is always best to be respectful and to accept disagreement. In fact, we welcome disagreement since disagreement, when well addressed, can lead to a greater degree of clarification of points made.

6. Over many years of parenting education with persons who are already parents, we have found that when making suggestions for a better way of handling any given rearing situation, that such suggestions are better accepted **when they are coupled with parenting positive behaviors already seen** in the particular parent. For instance, "The point you made earlier about (whatever it was) is really on the mark. And, I'd say it sure is growth-promoting. Here though, you might find it helps your child better to set limits with loving firmness, for this reason (specific reason given)".

7. As mentioned before, these Workshop materials are intended for **educational purposes**. They are to be used to educate the participants about growth-promoting parenting and how to optimize their child's development. Although the contents of these Workshops can be used in a therapeutic setting in the form of Parental Guidance¹, these Workshops themselves are not planned to be used for therapeutic purposes and instructors are best advised to use both an educational attitude and their expertise in guiding the discussions.

8. Finding the appropriate **balance between personal disclosure and**

¹ *Parental Guidance* is an educational method that can often be highly useful in working with parents of children we see in psychotherapeutic treatments. H. Parens has been teaching this method now for several years to child psychotherapists and psychoanalysts. It is somewhat similar to what S. Fraiberg called *Developmental Guidance* (in *Clinical Studies in Infant Mental Health*. Published in 1980 by Basic Books, New York). the educational nature of the Workshop is clearly stated while also encouraging their active participation. The instructor must use his/her best judgment as to whether to and when to introduce things about herself/himself or her/his family.

educational goals can be a delicate matter, especially where the subject matter is highly personal as it typically is with many of these Workshops. Skillful collaboration between Workshop instructors, where applicable, and a clear understanding of the purpose of the Workshop should be helpful in this regard. It can also be clarifying to the participants if

9. Because the Workshops will likely touch upon personal issues in the participants' lives the Workshop instructor is best advised **to have access to information regarding referrals and follow-up** in order to be further helpful to participants when and if appropriate and requested.

Knowledge of local agencies and services can also be highly useful. For example, while in Appalachia we were asked for specific advice regarding adjunct services for various cases and were fortunately able to turn to the local sponsors of the Conference to supply this valuable information to the participants when asked.

10. Where there are two instructors in any given Workshop, dividing tasks and labor between the two may be most beneficial. For example, one instructor may guide the formal discussions while the other may direct interactive exercises, role-plays, etc. One instructor may be better able to address overt specific, clinical issues, while the other may be more attentive to the nuances of participants' reactions and to the need to address particular topics. Instructors may want to alternate who has the "Instructor" role and who the "Facilitator" role as well as other tasks.

These Workshops, of course, can be lead by one instructor quite well and the Workshops are actually written with this in mind. But, depending on the size of the audience, the task may be quite taxing. A skillful team of instructors who work well together can be quite more productive and less taxing on each instructor.

11. It is invaluable to the success of the Workshop to set a congenial learning atmosphere. All educators know this, of course. How the participants view the instructor will depend, in part, on how the instructor portrays him or herself. The Workshop instructor must of course be sensitive to the parent's feelings as well as the child about whom they are talking. One instructor may prefer to introduce herself by her first name when addressing the participants and welcomed them to do the same. This particular point will, naturally, vary from one Workshop instructor to another and may depend upon a number of different factors. Some participants feel more comfortable if the instructor takes a more formal stance which is, in part, denoted by the use of " Dr.", "Ms." or "Mr." We feel that a professional and helpful stance is always warranted and should not be compromised and that perhaps the use of names can be left up to the preference of both the Workshop instructor and the participants as well as the local custom.

12. While in Appalachia we dressed casually for our work attire but did not dress too informally. In other words, we wanted to dress similarly to the participants (and were told ahead of time that the participants would feel more relaxed with us if we did that) but did not want to convey the impression that we were there to simply take it easy. The seriousness of our work with them was neither diluted nor accentuated by our appearance

and we felt that if our choice of attire could further put the participants at ease, we were glad to do that.

13. Being on site away from home, we made ourselves available to the participants throughout the conference. We ate meals with them, socialized with them and even enjoyed some recreational activities together. This of course has to be determined by both invited instructors and participants. When Workshops are conducted in the instructor's hometown, one can make oneself available without participating in out-of-Workshop activities. What is important here is not the actual activities, of course, but the instructor's stance in relation to the participants.

14. How the members of the group interact among one another is a critical variable. Group composition can vary widely depending on size, experience, educational levels, ethnic mix, etc. There may be widely varying audiences (as we had in Appalachia) and there may be more homogenous groupings. It may be very useful to screen the group beforehand, if possible, or at the time of the Workshop, to ascertain the group mix as well as what the group's interests and concerns are and the nature of their experiences (personal, professional, etc.) Where possible, the program coordinator can do this and share the results of this process with the instructor while planning the Workshop event.

We found that some participants wanted to spend more time role-playing and in small discussion groups while others preferred to cover as much of the didactic material as possible. Some members asked for a private viewing of the audio-visual materials that we had brought with us and reviewed them after the conference had formally ended. Others voiced the opinion that they would have preferred more time spent on actual skills-building methods. Such issues need to be resolved at the discretion of the instructors even at the risk of displeasing some participants.

15. Joining with the group effectively can also be accomplished through non-verbal means. For instance, in Appalachia we arranged the chairs in a semi-circle to facilitate conversation among the participants. We did not sit behind the table set up for us but pulled our chairs out from behind the table and closer to the participants; we used the table as a place on which to put our teaching materials. In these concrete ways we hoped to be more receptive and available to the group.

16. Workshops are much enhanced when they can be made personally meaningful to the participants. An instructor who feels comfortable doing so can occasionally use personal examples from her/his experiences as a parent; doing this seems to increase the positive interaction between the instructor and participants and also illustrates points and concepts in a tangible manner. Many participants appreciate this teaching method and hear and even accept the material better because it informs the participants of the fact that the instructor has experienced being a parent and it gives more reality to the instructor's information. Likewise, examples, either from one's personal or one's professional life can best illustrate certain principles and increase the participants' understanding of the subject matter.

17. Workshops can be made more lively when the instructor feels comfortable illustrating certain child behaviors, as making young child sounds (e.g., types of infant's cries) or demonstrating particular attitudes and gestures. At times the instructor may choose to emphasize a point by such intoning of a sound or acting out an expression or gestures in an illustrative manner; it usually makes the point more dramatically. Although this is not a requirement, participants generally are engaged by and enjoy the instructor's attempts to illustrate dramatically even if they are amateurish! The instructor can also enlist the help of willing volunteers to assist in such illustrations. An important didactic point can be made more clearly through the use of illustration and example.

18. Similarly, if the Discussion text can be augmented by inserting a particular point of much relevance to the participants, such should be done and a good illustration may be very useful to do just that. Generally, participants enjoy learning through examples and the sharing of these; the instructor can use his/her judgment to improvise upon this theme.

In such ways further issues may also be added to the discussions as needed. For example, with a particular group committed to the benefits of breast feeding it is wise for the instructor to ask the group if they think that positive feeling experiences can also occur between a parent and a bottle-fed baby. Lively and productive discussion usually follows this question.

19. Workshops, like with any audience, require of the instructor to be attentive to how the group is responding and feeling. For example, if participants appear restless, inattentive, unusually quiet, etc. it is often helpful to check with them to see if the material is making sense, if they would like to review a particular point, etc. It can help to briefly review the point that you are making and then to move to where the group's interest lies at that particular time. Although this point is debatable, we feel that it is most important to make and retain an emotional connection with the group and that the actual didactic content is secondary at those moments.

20. When discussing Workshop issues it may be particularly helpful to the participants if specific ages and developmental markers are indicated. It can help participants register the material better when specific age ranges are denoted. Discussion can also focus on differences between age groups and what a parent can realistically expect at a certain age range in terms of the child's emotional and cognitive development.

21. If instructors are addressing participants who generally face similar difficulties (e.g. raising children in an economically depressed environment) the instructor may find it advantageous to emphasize particular points rather than others. For example, in Appalachia socio-economic factors often came up during the Discussion and expression of the participants' reactions and solutions were encouraged. "What qualities make good parents?" was frequently raised and were these qualities primarily of a material nature, of an emotional nature, or what? That is, we talked frequently about whether buying children toys and giving them many material gifts is the most meaningful

way of promoting a positive parent-child relationship or whether those "emotional gifts" of respect, understanding, empathy and love are more mental health promoting and socially adaptive. It is noteworthy that many parents from all socio-economic environments tend to give more weight to the importance of material giving than do mental health professionals. We need to convey to parents the enormous value and power of emotional giving to the child's developing mental health and well being.

22. Using a blackboard or flip-chart can be useful in emphasizing certain points. Handouts are usually welcomed by the participants and can increase their ability to absorb the material through the activities of listening and writing. They are often glad to have something in their hands to bring away from the Workshop and this can further enhance recall.

23. Reviewing the *Curriculum Lesson Plans* (for High School Grades) and choosing various exercises to be either utilized verbally or in writing can be supplemental to the Workshops. This depends on the instructors' preference. In the Appalachia project we chose to use one written exercise from the *Lesson Plans* in an oral manner and found that this was highly effective especially because it was done with dramatic intonation and gesture. This *empathy-enhancing* exercise was used to increase participant appreciation of this crucial parenting ability and optimized the educational potential of this Workshop.

24. Finally, and not the least important, instructors are best advised to use all available methods to convey to the participants their respect for their ideas, life experiences, innate wisdom, ethnic characteristics and local customs. It is critical that participants feel acknowledged and respected by the instructor. There is no place in our work for judgment and criticism.

It is only by addressing and grappling with life's problems that we can come up with solutions to them. Only by facing the pain and suffering in our children's lives do we find ways to help them.

PART I:
INTRODUCTORY WORKSHOPS

TRAUMA WORKSHOP #1

MY CHILD IS VERY UPSET—WHAT CAN I DO?

Facilitator introduction:

Events that cause us much distress and intense pain happen much more than we ever thought might. Distressing things happen to and affect our children too. Depending on what it is that happens or happened, depending on the child's age, his/her ability to cope, and other factors, the child will be upset, hurt, and troubled to a greater or lesser degree. How to deal with these challenges is one of the great tasks our children face. To help our children cope with these challenges is one of the hardest tasks parents face.

When things happen to children that hurt them, if they hurt them badly, a number of things happen within the child that follow from being excessively hurt and the child is likely to develop some kind of emotional symptom(s).

Question: Do any of you have a child who is having nightmares, or can't go to sleep, or seems overly frightened by little things, or has lost appetite, or is doing anything that you feel shows he/she's upset?

Answers from participants.

Discussion: When they are badly hurt, children may experience a loss of appetite, or they may over-eat, or they may have difficulty sleeping or sleep longer hours than usual, or they may have sleep disturbing dreams, or be made anxious by the slightest thing. If they are of school age, overly hurt children may not be able to concentrate well in their studies and do badly in school, or at least not work up to their potential. Those closest to the child are in the best position to help them cope and they are the ones who most likely can impact best in helping the child cope. Of course, people trained to help troubled children, like mental health professionals, can be a valuable resource for help also to both children and parents.

Question: Do you think all types of hurt affect children the same way? Like, does losing a parent hurt a child the same way as getting an awful beating from one's father, or having to evacuate your home because of war, as recently happened in Kosovo?

Answers from participants. It's most likely that participants will rightly agree these don't affect children the same way.

Discussion: Of course, you're right that they don't. This is why, in order to be helpful it is important to understand what caused, or is causing, or may cause the child to feel overly hurt. Many things can hurt kids badly. All serious hurts may cause similar symptoms, but each hurt tends to impact on the child differently. It's important to understand what it is that hurts the child, why this hurts the child and why to this degree, in order to help the child most effectively. For example, children face different coping challenges when they are abused by their own parents, or by an older sibling, or they are bullied on the street. These differ from one another. And what if the problem that hurts

is that someone the child loves died? Or is very sick? Or the child just saw someone the child knows get killed by a stray bullet? And what if your country is at war and terrible things are happening? Or what if your child looks very upset and tells you he was pushed around by 3 older guys and called a Nigger, or a dirty Jew, or a f . . . Spick, or a Yellow whatever!

There are things parents can do to help the child cope. Again, it will depend on what the hurtful thing is that is happening or happened. We'll talk about this in some detail in these Workshops. For now though let's consider two things:

- (1) What type of trauma are you trying to help your child with? And
- (2) Let's talk about some basic things parents can do that will help whatever the type of trauma the child experienced. By the way, these basic things parents can do are beneficial to children in all relationships, whatever the child's age, even when the child is not traumatized.

Facilitator: You may already know what major trauma is affecting the group of participants you're working with. In that case, target the Workshops to address their specific life situation. Obviously, if you're working with a war-stricken group, there is no point talking about familial abuse—even though such may occur at the same time. Select the Workshops that apply best to your group of participants. (You probably have screened the group for what they experience as their most urgent area of concern.)

If you don't know what the specific traumatic experiences have been, it might be best to ask now so that you can be most effective and hold the participants' interest. If the trauma is uniform, say all were subjected to an apartment fire, or a war was just terminated like in Kosovo and has seriously traumatized people, or whatever, you can just focus on the Workshops that apply to the specific trauma. In a mix of traumas, you and the group of participants can decide which Workshops you will cover. Once that's decided, you're ready to start with some of the generalizations we want to make about helping children of all ages handle trauma.

You can start right here.

Question: Are there some basic things parents can do that might be helpful no matter what kind of hurt the child is experiencing or experienced?

Answers from participants.

Discussion: Again, each type of hurt is very likely to call for different help from parents, and we'll talk about some of these in the Workshops that follow. But, yes, there are basic things parents can do that will be helpful in all instances of a child's being overly hurt.

1. It's invaluable to **be empathic**. **To empathize** means to perceive what another person is feeling, experiencing. We are all born with this ability. In some, this ability is sharper than in others. In addition to the fact that we are all born with different abilities in all kinds of things, our ability to empathize is also affected by the way we have been reared. Often, because parents are overburdened, or they don't know how to respond comfortably to their children's expressions of feelings, children are discouraged from expressing their feelings. This leads to the child's suppression of feelings. As a result the

child's inborn ability to empathize may be lessened. In a similar vein, a child whose parents are easily responsive to a child's feelings, welcomes the child's expression of feelings, that child's inborn ability to resonate with how someone else is feeling will be better developed. That child then, later as a parent, is likely to be better able to empathize.

2. **Accept the child's expressing what he/she feels.** Don't deny, avoid, depreciate, or shame the child's expression of feelings. "Don't be a crybaby" is rarely warranted or helpful. Most often it is neither. When a child cries, or anybody cries, there is always a good reason. No one cries to exercise his/her lungs.

3. **Talk about what happened.** Talk about it with your mate, talk about it with the child. If it's appropriate for the other children, talk about it with the whole family. Don't worry if the child is young and you fear the child may not understand. When we complain about being hurt, we are expressing a very basic experience. It's not advanced math. We are equipped from birth with a system to feel, to understand what hurts us, to express feelings, and to welcome comforting and TLC (tender loving care—a nurse's most effective "medicine"). If you know what happened, tell the child you do, sympathize—express your own feelings of pain at the fact that your child feels hurt—and verbalize your understanding of why it hurt the child. Even babies will understand a mother's efforts to explain something that happened that hurt the baby. That an infant can't talk doesn't mean the infant can't understand and take in a sympathetic tone—it works!

4. **Listen to what your child is saying.** Listen. Don't feed the child ways of expressing herself/himself. Let the child find her/his own words and ways of telling you. Listen, it will pay off in more ways than one. Do you want your child to listen to you, to hear what you say? Then, listen to what the child says to you. And do it from the time the child is a baby. Don't wait till she's/he's a teenager; it will then be too late for the child to buy into having a dialogue with you. Listen, let the child talk (and complain—if you can't complain to your mother, who can you complain to?), even encourage the child to talk.

5. **Don't pretend it didn't happen.** Children are young, but they are not dummies. They know when something happens, they remember what happened—even if it is repressed because it's too painful to think of—and they will be seriously hurt if you try to convince them that what they think they remember never happened. It may damage your child's developing ability to judge what's real and what isn't. And the child may lose trust and confidence in you.

6. **Don't dismiss the child's expression of hurt feelings or the symptoms** that may come from the traumatizing event. It's understandable that parents hope the child will grow out of the hurt and the symptoms. Sometimes children do. Then they have not been traumatized by the experience. But too often, they do not grow out of the hurt they experienced; they repress the feelings and the thoughts the experience generated, and they may maintain symptoms that the family gets accustomed to. You may hear, "That's

the way Suzy is!" It may be so. But it may not. Suzy may behave as she does, because the traumatizing event did traumatize her. She then suffers the residue of trauma.

7. Don't discourage the child from talking about it over and over again.

Going over a painful event again and again, especially by talking about it with freedom to express and put into words the feelings one has, is a key factor in healing an emotional wound. Mental health professionals call this "working through". And "working through", going over something again and again is at the heart of our gaining mastery over what happened to us. This is what mental health clinicians do in intensive psychotherapies.

Facilitator: Ask for discussion of these preliminary generalizations about what can be done when a child is experiencing a traumatic event.

Facilitator: After discussion of these how-to-help generalizations, this might be a good time to go into further elaboration of two key factors that are highly advantageous for parents to know. These are that **(1)** it is enormously helpful for parents to help children learn to cope with whatever feelings they experience and **(2)** that, among the feelings they need to cope with, feelings of hostile destructiveness are among the most difficult. It's because traumatic events are excessively painful, that they invariably generate hostile destructive feelings in us. These feelings then burden the child over and above the fact that the event itself hurts the child. We find that the hostility generated by trauma seriously burdens and too often harms children, and they need help to cope with these. Whatever the trauma then, one of the largest problems it will bring will be for the child to cope with a flood of feelings in the face of which the child may feel quite helpless. For this reason, and knowing that this will apply no matter what the type of trauma, we want to spend some time talking about

- (1) Helping children cope with painful feelings constructively, and
- (2) Helping children cope with the hostility generated in them by traumatic events and deal with this hostility in constructive ways.

Discussion:

What about the parent's feelings of annoyance, impatience, feeling overburdened? Explore and discuss how to try to deal with these.

Discuss dealing with "excessive complaining". What it is and what it is not.

Facilitator: Because some of the Workshops are long you may want to carry them over for more than one meeting. Of course, you may need to condense or delete parts as you go along.

Helping Children Cope with Painful Feelings

Question: Do you think young children feel pain? Do they have feelings that cause them pain?

Answers from workshop participants using examples.

Discussion: Of course children, even very young infants feel pain. It used to be believed that they don't; but doctors and nurses no longer believe this. In addition, infants feel all kinds of **painful emotions**, or feelings, from fear, dread, anxiety, and panic to depression, hopelessness, and despair.

Infants become capable of experiencing depressive feelings from the middle of the first year of life on. Prior to that age, excessive deprivations and poor attachment to others usually do not lead to depressive feelings but will lead to withdrawal and even failure to grow and thrive.

Young children who are depressed (even infants as young as 8-9 months) will tend to be withdrawn, inactive, move slowly, not explore their environment, and respond to another person's approach with little experience of pleasure. Some infants will even withdraw into sleep. Depressed children, even infants who crawl or walk will tend to move more slowly and sluggishly. The child may refuse to eat, may tend not to demand food and perhaps not even feel hungry and will respond to efforts to feed him with sluggishness.

Question: You might wonder: "How do you know that children experience emotional pain?" Do they?

Answers from workshop participants using examples.

Discussion: Many adults have much difficulty in seeing the various expressions of emotional pain that children show. A major obstacle to an adult's recognizing depression in children comes from the adult's need to deny the child's painful feelings. It is just too difficult for many of us to acknowledge that children can suffer so. This fact makes it difficult for adults to help depressed children.

Anxiety in young children is much easier to recognize. But it tends to upset parents and they may then just believe that the child is spoiled or just frightened of things too easily. Not able to tolerate anxiety in their young, they are unable to help well enough.

Question: How can adults remedy this "blind spot?"

Answers from workshop participants.

Discussion: Without opening oneself to experiencing a young child's depression or anxiety, one cannot hope to help the child cope with it constructively. It is essential that parents open themselves to attempting to feel what the child is feeling in order to help their children well.

Any painful emotional feeling, like any other kind of unpleasure, when excessive will generate HD in the child. Thus to help the child with painful feelings--whether depression, anxiety, etc.--will protect against the further development of yet another load

of HD in the child.

Empathy is to perceive emotionally what the child is feeling. All parents are capable of empathy--it is one of the most important capabilities required of parents to provide growth-promoting parenting. To discern what it is the child is experiencing the parent must rely on her/his empathic resonating with the child's experience. It is important that parents trust their "reading", or emotional perceiving, of their children's emotional reactions; and parents should trust the feelings that their children arouse in them.

Question: What are some of the painful feelings that infants and children feel?

Answers from workshop participants using examples.

Discussion: Human beings must all learn to cope with feelings of anxiety and depression, with feelings of shame and guilt, shock and dismay, etc. Most of these feelings are unavoidable although pre-dispositions and life experiences influence the intensity, frequency and duration of one's painful feelings. Take depression for instance, by 6-8 months infants are capable of intense feelings that look like sadness and within several months are capable of full-blown serious depressive reactions. Whatever the biogenetic predisposition in any given child, excessive feelings of deprivation, excessive feelings of rejection and insufficient attention all lead to depression in an infant, child or adult. Once a child becomes sufficiently attached to his mother/father--usually by 5-6 months of age--the loss of that parent, unless satisfactorily substituted for, will lead to depression. (Where the child is insufficiently attached to the parents at 6 months such a depressive reaction will not occur--but such insufficient attachment is extremely serious!) And, of course, losing someone who is highly valued by us, like a parent, will lead to grief, a normal depressive reaction that follows such a loss.

It is important to know what these feelings "look like", a task that is not easy since some feelings like shame and guilt can't be distinguished from a person's facial expression and both shame and guilt often lead to similar behaviors. On the other hand, anxiety and depression can be distinguished and identified although anxiety and fear may not be. Each child tends to develop his/her own way of expressing these and it's best for parents to try to learn what these are.

Question: Many parents can't altogether be sure what the child is feeling, though many parents may have a pretty good idea. But what can we do to try to what the child is feeling?

Answers from participants.

Discussion: Here's a way that can help us try to figure out what our child is feeling. It's actually an exercise in *empathy*—feeling what someone else may be experiencing. No matter how old your child is,

1. Look closely at the facial expression and at the behavior that goes with it. What does it look like to you? Be careful, don't jump too quickly to a conclusion. To check yourself on your impression of what the feeling is,

2. Imagine yourself with that look and behaving the way your child is behaving. What do you think might cause you to look like this and behave this way? What would you then be feeling?

3. Try to talk to your child about what is going on. Many years of working clinically with children of all ages leads us to say that children can sometimes be amazingly clear in what they feel and think. More later on how parents can help.

Question: We hear a lot about anxiety, and about depression. This may sound simple-minded to you, but just what is anxiety? And what is depression? What's the difference between anxiety and depression?

Answers from participants.

Discussion: **Anxiety** is the child's feeling helpless in the face of what he experiences as terrible danger. When anxiety is intense and prolonged, since it is very painful, anxiety generates hostility. As we already said, it's important for parents to know what anxiety looks like, sounds like and feels like in their child. Also it is useful to know what kinds of experience commonly cause anxiety in children. Under 5 years of age, the most common sources of anxiety are: separations from parents; being looked at by strangers or being with them without one's parent present; fear of losing the love of one's parents; fear of bodily harm; and dread of losing one's autonomy and sense of self. All these experiences create a situation in which the child feels too helpless and vulnerable; this makes him feel anxiety.

While **anxiety** is the feeling of helplessness in the face of what one believes to be an **imminent** threatening imagined event which brings with it "a feeling of impending doom", **depression** is the reaction experienced **after** such an event has occurred. The threat of danger has materialized and now there are feelings of helplessness, hopelessness and of giving up. Since depression is painful, when it is intense it, too, generates hostility. This is especially evident in that when children [and adults] recover from depression one of the first signs of recovery commonly is that they become angry or even overtly hostile and destructive.

Question: Are there "normal anxieties" that all children experience during childhood?

Answers from workshop participants using examples.

Discussion: Most definitely. Anxiety reactions are normal at specific developmental periods. There are a series of emotionally perceived dangers that emerge sequentially during the course of normal development; and they may be present to varying degrees in the personality. These include:

1. Separation and stranger anxiety: 5-6 months of age and last several years (or indefinitely.) This is linked with the fear of losing the parent(s) to whom the young child is becoming and eventually is attached.

2. Fear of loss of the integrity of the sense of self, of one's growing sense of self-boundaries.

3. Fear of losing the love of one's parents: end of 1st year and through the 2nd year.

4. Fear of bodily harm and fear of losing vital body parts--especially genitals--begins around ages 2 1/2 through 6 years.

5. From about 4 years of age on, the child who is developing well will begin to experience anxiety when she/he does something the child feels is "wrong", something the child already knows she/he should not do. This anxiety comes from the child's own developing conscience. It is as though the child now threatens her/himself with loss of love/approval for doing something "wrong".

All of these fears may remain with an individual to a more or less intense degree, for a longer or shorter amount of time.

These sources of anxiety are commonly evident in the behavior of children under 5 years of age. They may also occur in children older than 5 from time to time and especially under traumatic conditions.

From about 2-3 years of age on, the source of anxiety may be difficult to discern from the child's behavior and may even be unknown to the child. (E.g., fear of the dark and fear of sleep typically have causes that underlie them.)

In addition to anxiety arising out of some undetermined inner conflict, young children also often react to some stimuli with sharp fear. For instance, an eight-month old, would react with much distress when a very nice man with a deep voice would speak loudly. This often looks like anxiety and causes a great deal of pain and excessive unpleasure. An 8-year-old may react with sharp fear to a blasting thunderstorm—so may many an adult.

All of these experiences bring with them excessive unpleasure and therefore have the potential for generating or mobilizing hostility in the child. Whatever the experience, if it is sufficiently pain producing, it will generate hostility in the child at any age (as it will in any adult as well), even if that hostility does not become evident in behavior or is not discharged right away. We'll talk about helping a child deal with his/her hostility in Workshop #2.

Question: What are some growth-promoting ways for parents to help their children with painful emotions like anxiety, depression, shame, etc.? Why is it important to help the child?

Answers from workshop participants allowing time for ample discussion with examples.

Discussion: Intense and prolonged painful feelings color the child's emotional experiencing of life. When pain is intense and lasts long or recurs frequently, it may lead the child to develop a pessimistic view of life, expecting that pain will always be there and often more intense than the child can take.

One critical way of helping a child is to help him feel he is not alone in attempting to deal with that which is causing him/her emotional pain, whatever its source and whatever the kind of pain. The parent can let the child know that she/he is ready to act on the child's behalf, to be a helping hand. It is very helpful when the child feels the parent is making an effort to help him cope with the anxiety or depression the child is feeling. It's more complicated with guilt and shame because with these feelings, the child may resist the parents' wish to help since the child may feel he/she does not deserve to be

helped. But with anxiety, depression, shock, and dismay, for instance, side by side with reassurance, the parent's commitment to help the child cope of itself helps to decrease the child's anxiety, depression, etc. It can even decrease the child's perception of the intensity of the pain. Many a child quickly feels better when he/she feels that the parent is ready to help. The parent's helpful actions can then be highly instrumental in making the child feel more capable of coping even on her/his own.

Responding to a child's appeal for comfort, if indeed the child does appeal for comfort, may be the first step to take in any effort to help. Children do not seek comfort when they do not need it. Parents have the opportunity to help their children "work through" an unpleasant experience—be it a trauma or emotional conflict by maintaining a readiness to comfort when needed.

Anxiety-induced or fear-induced crying requires talking about what is upsetting the child and providing reassurance and comforting. The child's being ornery requires empathic and reasonable limit setting.

Anxiety is painful and although it is often not resolvable by parents, parents can limit its impact on the child by the way they help the child deal with it. Even though a parent's efforts to comfort their child's anxiety may not bring immediate results, in the long run such efforts do build a base of security, trust and feeling cared for within the child. Trusting her/his parent(s) decreases the level of the child's anxiety and unpleasure experienced at times of anxiety-inducing occasions, and this leads to a lessening of the generation (production) of hostility within the child.

When a child is depressed, unless one opens oneself to experiencing that feeling of depression one cannot hope to help the child cope with it constructively. It is as if one needs to temporarily join the child in this feeling of pain. It does not mean one needs to become depressed, but just to let oneself feel what the child is feeling.

The next critical step is to try to sort out what could be causing the child's feeling of depression. If it can be undone it is very wise to do so. If it cannot be undone, the parent should talk to the young child about what happened, how very painful a thing it is, and that gradually the child will get over it. If the parent cannot help well enough, professional help may be needed.

It is very productive to work through anxiety reactions and depressive reactions when these are in the process of waning and after they have stopped. It is an opportunity to talk about what caused the child to be upset and angry, in the context of which the parent can be reassuring and comforting. It is also an opportunity to repair the hurt caused by the anxiety and the depression and to undo the hostility these generated.

It is important to allow the child to complain within reasonable limits. Allowing the older child to go over the experience and talk it through lessens the experiences' traumatizing potential. And again, it is important to allow the child to express feelings of anger—even if it's toward you—in ways that are acceptable to you. Not allowing a child's expression of feelings of anger prevents him from working through these feelings of hostility and burdens him with a larger load of hostile feelings. Of course, episodes of this kind may also require your setting limits to help your child learn how to express and discharge hostile feelings in reasonable and acceptable ways.

Question: What further steps can parents take to help a child overcome feelings of anxiety, depression, shame, etc.?

Answers from workshop participants with ample time for discussion with examples.

Discussion: As we suggested, where circumstances that cause anxiety, depression, or shame can be undone, action should be taken to do so. This is why, for instance with regard to anxiety, knowing what some of the common anxieties of childhood are can help a parent deal more knowingly with the child of a given age. (Facilitator you might want to refer here to some of the key sources of anxiety we enumerated earlier.) If the child's behavior for instance suggests that she is anxious about a school assignment or test, talking about it and letting the child talk about it, including fussing and weeping some, is a start. Offering some strategies to help the child deal with the assignment or test may help. Of course, it may not. Listening to the child is most important, one to make the child feel he/she's being heard and second to find out just what the anxiety factor may be. Offering a strategy that you think you might use to deal with such anxiety if you were the one experiencing it, and presenting it that way, may be useful to the child. Be creative.

With regard to depression, since one of the common causes of depression in early childhood is due to a feeling of losing one's mother or father or the mother or father's love, talking about such thoughts and feelings is crucial. For instance, if mother is in the hospital, be it to have another baby or for some illness or surgery, talk to the child about her being there, explain why she has to be there, for how long, and reassure the young child that she'll be back, and when, etc. When the sadness or even depression is due to feeling mother's anger, such as following disruptive behavior, talk about what caused mother's anger and reassure the child that the loss of love is temporary, if indeed present at all.

Explaining why the depression-inducing event occurred is important. It is essential that the parent allow the child to react to explanations. It is common that explanations need more than one go-around. Each such explanation, each going-over, contributes to the working through and the lessening of the traumatizing effects of the event that caused the depression.

These are basic requisites to help the child cope with depressive feelings--even infants under 1 year of age. The earlier one talks about such experiences with the young child, even very young ones, the better.

With regard to feelings of shame or guilt, the task is more difficult. This is because both shame and guilt have a lot to do with internal conflicts the child is having. Because of their nature, internal conflicts are much more difficult to access than are many issues that cause the child anxiety or depression, or shock or dismay. Of course, anxiety and depression that come from internal conflicts will be as difficult for parents to access as guilt and shame. When anxiety and depression come from such internal conflicts, this most likely is when mental health professionals may be needed.

Dealing with guilt is just tough. The best parents can hope to do is to try to reason with the child about what the child is thinking and feeling. Care is needed. For instance, parents need to know that when a child feels guilty, shows of love and caring may make the child feel even guiltier. This would be because the child then can't believe or even tolerate being loved since he/she feels deserving of punishment, not of love.

Objecting to the child's harshness with her/himself can be useful. "I just don't agree that you're bad, or stupid, or (whatever the child called her/himself)". Or, "Heh, I don't like the way you're talking about my daughter/son. I happen to think my daughter/son is a great kid who's having some trouble right now."

Dealing with shame can work. First and foremost, don't use shaming the child to get your way, or get the child to do what you want or don't want him/her to do. You'll not only unnecessarily hurt your child, you'll also add yourself the task of trying to make your child feel better about him/herself down the road.

When the shame comes from elsewhere than you, like school for instance, being sympathetic and arguing the child's depreciating him/herself can be very useful. "You know, you're not the only smart kid who has sometimes failed a test! Even smart people sometimes just drop the ball. You can make it up. Do better next time." And, many a younger child is likely to feel discouraged at not being able to do something and may feel ashamed. Encouraging him in a supportive way to try again can be invaluable to the child.

Question: That brings us to the crucial question: "Why talk to an infant who can't yet talk?"

Answers by workshop participants. Ask for examples of when and how they do this with their infants and small children.

Discussion: Talking to an infant who cannot yet talk is absolutely feasible, appropriate, and helpful. This holds for every aspect of parent-child interaction. Talking to an infant who cannot yet talk has many advantages.

First of all, although the child may not yet understand your words, he will understand your feeling tone and the general message it conveys.

Second, he will feel your empathy, your effort to communicate and your wish to receive communication from him/her.

Third, it will encourage your infant's language development.

Fourth, your child will feel that what he/she is experiencing is appropriate, permissible, unavoidable and understood and, when it is the case, that efforts are being made to make painful feelings go away (social referencing).

Group Discussion:

Review the following principles:

Because excessive unpleasure leads to hostile destructiveness (HD) then intensely painful feelings can lead to HD. (Painful feelings include anxiety, depression, shame, guilt, etc.)

If the normal common fears and anxieties of children are misunderstood and mishandled by parents, it can increase the generation (production) of HD in the child. (Typical anxieties include separation, stranger, dread of disorganization, physical injury, etc.)

Depression is always linked with hostility toward self and others.

When it is intense, depression of itself can produce hostility.

Often the first signs of recovery from depression are discharges of HD, such as children becoming ornery, or complaining a lot, etc.

Role-plays: "What can the parent do? "

Have participants provide common scenarios.

Emphasize using empathic skills and being emotionally available.

Focus on the importance of acknowledging the child's feelings.

Focus on the importance of reciprocal communication with emphasis on verbalization.

Review basic steps:

1. Learn the signs and signals of excessive unpleasure experienced by your child.

To do this, **empathic skills are required.**

2. **Be emotionally available**--discuss with class: what does this mean?

Receive examples from class and develop role-plays, switching roles among players as needed.

3. Try to stop the source of the excessive unpleasure. If the child cannot tell you directly, try to figure out, from the child's point of view, what it might be.

4. Help the child work through the excessive unpleasure experience. **Talk to your child**--even infants!

5. Discuss the value of talking to children, even infants.

TRAUMA WORKSHOP # 2

TRAUMA AND AGGRESSION

Helping Children Cope with Trauma-Generated Hostility

Facilitator's Introduction:

When we work with children—adults too—who have been traumatized, we find that among the feelings trauma causes them to experience, feelings of hostility, hate and rage are among the most troublesome for them to deal with. In addition, these feelings of themselves cause children—and adults—much harm.

Question: Do you think children feel hostile or furious when they are traumatized?

Answers from participants. How have participants felt when something or someone hurt them very badly?

Discussion: Because traumatic events are by definition extremely painful, they invariably generate hostile destructive feelings in us. The people who developed these Workshops have studied the development of aggression in children for many years. They found that as aggression develops in children, aggression proves very hard for them to deal with—in fact, for both the child and her/his parents. It might be helpful to just say a few words about what the authors found in studying aggression in children.

First, they found that aggression is not just one thing. They found 3 different types of aggression:

1. Aggression that is *not destructive*, aggression that in fact helps us adapt to life, to overcome obstacles to our goals, and helps us stand up for ourselves. This type of aggression they call **nondestructive aggression**. Some theorists call this *assertiveness*. We agree that it fuels assertiveness, but we think it does more than just make us assertive. We think it helps us cope with all kinds of challenges in life; it helps us adapt to life's demands and it's more than just feeling "I want what I want".

2. Then, there is aggression that *is destructive but is not hostile*. For example, when we eat, when the butcher slaughters the animals we eat, or the lion chases a deer, something is being destroyed. But we don't destroy the other animal because we hate it but because we need it to survive. This type of aggression is known in biology as "prey aggression". Our authors call it **non-affective destructiveness** to emphasize that it's not hostile or hate-based aggression.

We don't need to talk about these two types of aggression. It's the third type that concerns us.

3. This is **hostile destructiveness**. Here's what we mean. From the first weeks of life on, children show evidence of feelings that look like anger. Their crying often sounds angry; some even sound and look enraged. By 6 months of age, one can see clearly from the way they sound and from their facial expressions and some things they do, that they are angry. Some will have temper tantrums and rage reactions¹. Then by 18 months of age, they now become able to feel not only anger, rage, and hostility, they

now also can feel hate.

All of these feelings, anger, hostility, rage, and hate, are the basic feelings that belong to what the authors of these Workshops call **hostile destructiveness**. This type of aggression, we say is what we are all so concerned about in society these days. The reason for this is simple. As this type of aggression gets more and more intense, its aim becomes *to hurt something or someone*, and as it increases further in intensity the wish and intent to hurt goes *even to the point of destroying or killing the thing or person*. This is why the authors call it **hostile destructiveness**. It sounds a bit clumsy, but it makes it clear that this aggression is a problem. The other types of aggression actually are not a problem, because they are not driven by hostile feelings. (Sure, some people feel we shouldn't eat meat because it requires killing some animal. But the motive behind killing in order to eat is not a problem the way acts of violence against innocent others are.)

All 3 types of aggression are needed for survival. But this 3rd type, hostile destructiveness, is the type that causes enormous problems for society as well as for the individual. We all know only too well how much hurt, damage, that type of aggression causes. But at the same time, there are times when we need this hostile aggression to protect or defend ourselves. If a robber comes into your house and tries to hurt your child, what would you or their father do?

Question: That's very interesting though a bit confusing. And it's a big problem. But what does it have to do with trauma? How does knowing this help us help our children cope with trauma?

Answers from participants.

Discussion: It's both confusing and a big problem. But, troublesome as it is this nasty stuff of hurting and killing has a place in our lives. The big problem is that society, and many individuals, don't have enough control over what we do with this hostile destructiveness we all have and that we may need for survival.

To the question, what does it have to do with trauma, we'll get to that soon. But it's exactly to guide us to how to help our children cope as best as they can with trauma, that the fuller understanding of what this hostile destructiveness is and the problems it can cause our children, is needed. For instance, we just said that many individuals don't have enough control over the hostile destructiveness within them. Why is that? Because too often, the load of hostile destructiveness many people have in them is so large that it presses them, even against their will, to act on it. And here's the amazing part.

Most important to know about hostile destructiveness is that it's the only type of aggression we are **not** born with. **Children are not born feeling hostile and hating.** They're not even born feeling angry and enraged.

¹ *In Aggression in Our Children: Coping with it Constructively*—published by Jason Aronson in 1987—Parens, Scattergood, Singletary & Duff described rage reactions and temper tantrums. They defined these and proposed ways to handle them.

Question: So how do so many people become so angry and become criminals and murderers?

Answers from participants.

Discussion: Something happens to them that generates so much hostile destructiveness in them and makes them feel such massive hostile destructive feelings. They were not born with these feelings. But they, like each of us, were born with a protective mechanism or system that, **if turned on**, causes the person to feel and react, openly or not, with feelings of anger, hostility, hate, and rage. Actually, this system that makes it possible for us to react with the need to destroy out of resentment, dislike, hostility is in the service of self-preservation. It is set up to protect ourselves against things that aim to destroy us!

Here's what happens: When you watch a young child closely, you'll find that what invariably precedes an outburst of anger or rage or hostility, is in one way or another **an experience of pain**, and this pain may be **physical or emotional**. This pain the authors call "unpleasure" just to stick with the lingo psychodynamic theorists use. Whenever a baby cries every mother knows there's something more or less **significantly bothering** the baby. You may think of it as just something bothering the baby but they say "something **hurts** the baby," whether it's something physical or something emotional. So the authors in their research pointed out that whatever the character of it, it's **pain that triggers that mechanism that makes us feel angry or hostile**.

Now, most important is that the **amount of pain** the child feels has everything to do with whether the child will show anger, hostility or rage. The authors proposed that **intensity of pain** is a big factor in all this. This is why there is a range of intensity of feelings that belongs to this type of aggression: from the mildest negative feelings to the harshest, from **annoyance and irritability**, to **anger**, then **hostility**, then **hate and rage**. Pain, or unpleasure is what causes all of these feelings in us. In fact, the unpleasure **generates**, or creates these feelings in us. The feelings were not there at birth; but the potential for their being generated was. And the authors say it works like this: mild unpleasure causes annoyance or irritability; more intense unpleasure generates anger. Then as the unpleasure intensifies, it gets to a critical point which is that it crosses a line where we now feel "I can't stand this! This is too much!" This crucial line they suggest separates what we experience as moderate "unpleasure" from what we feel as "excessive unpleasure". When we feel "excessive unpleasure" is when hostility gets generated. In contrast to **anger**, which aims **to stop the unpleasure or the person** who is causing the unpleasure, **hostility** brings with it the aim **to hurt or destroy the agent** causing the excessive unpleasure.

Facilitator, see if participants are still with you. Do they have any questions?

Question: You said that hostile destructive feelings are hard for kids to cope with and even that these feelings cause them harm. Why and how?

Answers from workshop participants allowing time for ample discussion with examples.

Discussion: When hostility is generated it doesn't just evaporate. It stays inside us as if it were glued to our bones. In some way it needs to be discharged or metabolized or it will just stick within us. If it is not discharged or metabolized—appropriately and

constructively dealt with by the child—it not only accumulates, but it stabilizes and becomes patterned within the personality. This then usually colors and affects all aspects of a person's experiences, ways of behaving and coping, personality, and life. There's a very good chance that the accumulated hostility and hate will become routinely discharged outwardly, on others, on things in the environment, or it will routinely be discharged against the self, in depression, self-hurtful acts, self-defeat.

It falls to the parents then to help their children learn how to cope with hostile feelings in constructive ways before they accumulate, before they become excessive and stabilize within the child. If they have accumulated over time, we need to help them learn to metabolize these in constructive ways. In doing this we just help our child to not become a person who is hostile and destructive toward others or him/herself.

Question: Well if it causes them harm why do children sometimes act mean and hostile?
Answers from workshop participants; get them to give examples.

Discussion: As we said earlier, children are not born with aggression that is hostile and hateful.

Children are not evil when they are angry or act mean.

Given what we said before, that the hostile destructive feelings children have are always caused by being hurt too much emotionally or physically, **it's not complicated, children act mean and hostile when they are hurt too much.**

Question: That's interesting. It sounds reasonable. But, what about trauma? Again, what does this have to do with helping our kids cope with trauma?

Answers from participants.

Discussion: When we work clinically with people who have been traumatized we find that they have loads of hostile destructive feelings within them. This is because what generates hostile destructiveness (HD) within us are experiences of excessive displeasure (EU), thus **EU → HD**. Since a traumatic event by definition (which we define in Workshop #3) is an event the child experiences as overwhelmingly painful, to the point of making the child feel helpless, the pain experienced generates high levels of hostile destructiveness within the child.

And these highly negative feelings create the kinds of problems within them we mentioned before. That is, the child is left with an accumulating load of hostile destructive feelings that will continue to accumulate unless the child discharges or metabolizes them. If he/she does neither, the child is very likely to become a hostile person or a self-hurting person, or both. In this miserable way then, **accumulating loads of hostile destructiveness burden the child over and above the fact that the traumatic event itself hurts the child.**

Bear in mind that hostile destructive aggression is an extremely powerful form of aggression that can not only burden but of itself overwhelm the child's adaptive abilities. This form of aggression, if not handled constructively by the child, will not be usefully integrated by the child into his or her adaptive system and will frequently have serious negative consequences for the child both intra-psychically (within the child's mind) and inter-personally. Intra-psychically it will lead to guilt, shame, depression, self-attacks,

and more. Inter-personally it will lead to hostile and even destructive behavior toward others and the environment. Since the 1950s studies of delinquents and criminals have informed us that severe traumatization and the hostility it generates in the child are at the core of their having become delinquents and criminals.

So let's talk some about how to help children cope with their hostility, hate and rage.

Facilitator, if more information is sought by the participants you may want to look into the set of *Workshops on Aggression* for much more detail on handling aggression.

Helping Children Cope with Hostility in Acceptable Ways

Question: How can we help our children learn to cope with feelings of hostile destructiveness?

Answers from workshop participants.

Discussion: The best place to help the child is home. This is because this is where children, even older ones, tend to most experience hostility and hate. Furthermore, home is the best workshop for the child's learning to cope constructively with the hostility and hate he/she will inevitably feel; life does it to all of us. Why home? Because no one will be as careful in this teaching, care as much for the child, and treat the child better. And, the child will want to please no one more than her/his own parents. Besides, like it or not, our kids get mad at us—and we get mad at them—more frequently than with anyone else.

Let's assume that the child is feeling really very angry with you for whatever reason. Start with what starts it. When your child is being hostile to you, know that something is **hurting the child**. It's best to ask the child what is hurting the child, what is causing the child to feel angry or hostile or feel hate. The child is likely to say you did this or did that. If it's so, accept it; don't deny having done something you did. If the child does not say what it is and you have a good idea of what you did or did not do that upset the child, say it. See what the child makes of it.

Then, the task is to help the child find acceptable ways to express, to **verbalize** these feelings of anger, hostility or hate. Tell your child that he can **tell** you how he/she is feeling; and when your child begins to talk, listen. And then ask her/him what he thinks caused the hurt. Bear in mind that the child may abuse words and intonations and can go too far. This is not a helpful way to communicate. If the child uses words and tones that are insulting to you or others, let him/her know this is not allowed; she/he is fully capable of saying what he/she feels without making things worse with insults.

Question: This sounds like a problem. You really think that children **should be allowed to express their feelings** of anger and hostility—or other feelings too for that matter?

Answers from workshop participants.

Discussion: Absolutely. Children must be permitted to express hostility and hate toward those they love, especially toward parents—but it must be done in words and reasonably.

In order to help the child cope well with the hostile feelings she/he has, it is useful to help them learn to **constructively** express feelings of hostile destructiveness (HD).

Question: What specifically can the parent do to help the child **express** feelings of anger, hostility and hate **in constructive ways**?

Answers from workshop participants. Ask for examples.

Discussion: Our aim is to help the child learn to **constructively express feelings of hostile destructiveness** (anger, hostility, hate), to express these in ways **acceptable** to the family. That means that the child needs to learn to do so

- (1) **Not in physical acts**, but as we just said a moment ago
- (2) **In words** that are **not insulting** and
- (3) **In tones** that **appropriately** express these feelings.

When we experience excessive pain, it not only generates HD, it also automatically, naturally and normally, leads to the wish to strike out! to knock somebody out cold! But that can have drastic consequences for the self and for the other. And we all know that some things that are broken cannot be fixed.

Like so many situations in human relationships, when problems arise between people, the most constructive way to solve problems is **not** to lash out physically. It is to **talk together**, to put one's feelings and thoughts into words. This holds as well for children and others, their parents or peers.

In fact, the great facilitator of reducing internalized or freshly generated HD is to be able to talk and experience the feelings one has in a meaningful relationship; for the young child this means to talk with the parent.

Given that anger, hostility and hate are activated by pain (remember EU ==> HD), when your child is being hostile, tell her not to hit! Ask yourself, and ask her: "What is hurting you now?" Then, tell her to talk about what is causing her to feel hurt and angry as well as what that feels like. Take the time needed, it will pay off.

Children are best helped in handling and recovering from excessive unpleasure experiences **in the context of the loving parent-child relationship**. Here the child can be best helped to express his/her full range of emotions in the safe, comforting care of the parent and can more quickly work toward constructive solutions.

Of course, the parent must be able to empathize and sympathize with the child and to offer comfort if needed.

Also important is that a parent has to be able to tolerate the child's feelings of HD without rejecting the child. All children are capable of violent feelings and wishes, of wishing to hurt, to tear apart, of wishing to destroy those they also love. Experiencing too much pain (emotional and/or physical) is what leads children to feel and wish to

destroy.

Normal, healthy, well cared for children, in the face of unavoidable conflicts, will experience hateful feelings toward their parents. Most commonly these will arise when the parent is setting protective limits. Because such limits are needed, it is unavoidable. Do not despair. Loving and respecting the child and the child loving the parent make it possible to help the child reduce feelings of hate they feel.

Question: What happens to the child if they are not helped with their feelings of hostility?

Answers from workshop participants. Do they have examples?

Discussion: The generation of hostility is a cumulative phenomenon; when it is not appropriately and constructively dealt with by the child, hostility accumulates, stabilizes and becomes patterned within the personality. This can create problems in all areas of the child's life, and eventually in the adult he becomes.

It is therefore essential for parents to help their children learn how to cope with hostile feelings before they accumulate, become excessive and stabilize within the child. And, it falls to the parents then to help their children find reasonable and acceptable ways to express these feelings.

Question: You may feel, my kids hit first and then they talk. What can I do about that?

Answers from participants.

Discussion: We have to make clear to children that discharging hostile feelings by striking out physically is just not acceptable because it causes more damage than it helps. The child may argue that he/she feels better when he/she hits. Yes, but even though for the moment it may feel good, things can happen when we hit that can end up hurting us very badly. And, even if it makes your child feel good to hit, insist that in most cases that's not allowed.

Let the child know that certainly at home, it will not get his point across better than a good verbalization. People are just much more likely to listen and hear him than if he hits. Children are best helped when parents start from the point that the child is not allowed to hit her/his mother or father. In general, it is best for children not to hit their way out of feeling angry. There are exceptions to this such as when the child is being bullied and/or is being attacked; then he may need to hit back in order to defend and protect himself reasonably. Make clear that although your child can tell you whatever he feels and thinks **he/she is not allowed to hit you**. It may help to generalize that the child should never be the first to hit someone. It can be a problem to insist that the child never be allowed to hit. Regrettably, bullies are encouraged to abuse by kids who don't hit back. It's best to draw the line at telling the child that he should not be the first to strike when in an argument with someone else.

Of course, it's very important that parents in general should not hit their kids and certainly not each other. (**Facilitator**, there are exceptions when a swat on a young child's bottom may be a last resort for some parents. But it should be no more than one

swat on a padded bottom" [see *Workshops On Aggression*, Workshop #6]).

Facilitator, some parents may have trouble with this. Pressing our point is not desirable. Just state it, discuss it, that's all. It's important for parents to decide what course they want to take on this point.

Whatever position we take on this hitting issue, it remains that one critical way of helping a child is to help him feel he is not alone in attempting to deal with that which is causing him/her emotional pain. Here the parent is acting in the child's behalf, as a helping hand. It is very helpful when the child feels the parent is making an effort to help him cope with the anger or hostility or hate the child is feeling. This is because side by side with the reassurance of help, the parent's positive attitude is comforting and this helps to calm the hostility-generating system that is activated within the child in times of actively feeling hostile. All in all then, the parents' being there to help decreases the load of the child's hostile destructiveness. This means a great deal in terms of the child's inner experience.

In addition, the parent's helpful actions can be highly instrumental in lessening the intensity of the pain the child is experiencing. For all these reasons, letting the child know she/he is not alone when the child has experienced excessive unpleasure can be highly growth-promoting.

Question: Do you think children really need help to learn how to express the hostility they feel in acceptable ways? Don't they know that?

Answers from workshop participants.

Discussion: Think of it. When we are hurt, there is within us a built-in tendency, really a biological tendency, to lash out physically, to rid ourselves physically of that which is causing us pain. In addition, in clinical work, again and again, we've heard patients say with pain, "How am I supposed to get over being so furious with my mother (or father)?" Experiencing and handling our feelings of hostility and hate is difficult. And, have you ever felt enraged? How easy is it to contain feelings of rage?

So yes, young children need help in learning how to constructively express, discharge, and contain some of the feelings they experience. This is especially true when they feel anger, hostility, hate and rage.

Children often feel they need such help and expect parents to provide that help. For instance, even though they may protest the parents' actions, children expect parents to set reasonable limits on their hostile behavior. Many especially appreciate it when their parents prevent them from being destructive. In other words, they know that they sometimes need to be protected against acting on their own normal but troublesome hostile and destructive feelings.

Children want help and need help to develop constructive inner controls, to develop self-discipline, useful skills, and good judgment.

Question: Since hostility and hate and rage cause so much difficulty is there any way parents can prevent their children's developing hostile destructiveness?

Answers from workshop participants.

Discussion: This can be done only to a degree. But, of course, the more these can be **reasonably** prevented the better. It is important to bear in mind that experiencing hostile destructiveness (HD) too often, too intensely, usually has serious negative influences on the child's developing personality.

For this reason, parents should, as best and as reasonably as they can, protect their children from too frequent, too intense experiences of excessive unpleasure. Bear in mind that **hostility and hate are normal affects (feelings)**. These affects are **not inborn. They are generated**—they are **produced by experiences of excessive unpleasure**. It is unavoidable that in life, even in the best of circumstances, we all get ample doses of feeling hurt one way or another.

But the point here is twofold. (1) That traumatizing experiences which by definition means experiences that hurt a great deal are prime generators of HD. And (2), that the more we can protect our children against **unnecessary** experiences of excessive unpleasure, the better we will be preventing our children's becoming filled with hostility, hate, and rage. And the reverse holds as well. The less we protect them against avoidable pain, the more hostile they will become. This is the more so when those who cause the traumatizing experience are those from whom the child duly expects love and protection, the child's own parents. We'll talk more about this in Workshops that follow.

Question: Let's sum up then, what can parents do to help their children with their HD feelings?

Answers from workshop participants (using examples)

Discussion: Parents can help in several crucial ways--some we have already talked about in prior Workshops:

(1) By far the best way is to prevent any unnecessary experience of excessive unpleasure in their child--such as by not setting limits where limits are not truly needed.

(2) Where experiences of excessive unpleasure unavoidably occur, parents can help by making themselves available to comfort the child, to help the child cope with the experience, to talk about what happened and about what the child can do to feel better. This can be done more than just one time; it helps the child work through the painful experience.

(3) The parent can help the child learn how to express hostility in constructive ways, the topic of this Workshop. Let's go into some detail on this point.

Question: What are positive goals for parents in handling our children's angry and hostile aggression?

Answers from workshop participants using examples.

Discussion: Positive goals for parents in considering handling angry and hostile aggression include:

1. Using reasonable guidelines, to prevent experiences of excessive unpleasure from happening.
2. If that is not possible, to remove the source of pain as quickly as possible.
3. To allow the child to express his feelings but restrain him/her from harming

himself/herself or others.

4. Talk to the child to help him/her understand what is happening and to cope with it positively.

5. To comfort him and reassure him of parents' continued love and respect.

6. From the beginning it is important to begin to spell out what behavior is expected of the child.

Group Discussion:

Review necessity and benefits of reciprocal communication between parent and child. Emphasize the value of verbalization.

Facilitator: it may be timely to inform and discuss with participants that it is common for children—and adults—to displace hostile destructiveness outwardly, onto others. This is an important facilitator of the development of prejudice. This of itself, makes enormously worthwhile parents' helping their children learn to handle their HD feelings constructively.

Small group role-plays:

Use various examples from the participants and practice role-plays where a child tells a parent in one way or another that the child hates her/him.

Help participants (parent) tolerate non-insulting verbalizations but put constructive limits on excesses. (Allow plenty of time for brainstorming among workshop participants and encourage discussions.)

Role-play:

Help the child talk about upsetting occurrences.

Help parent tolerate painful affect from the child.

Help parent tolerate rage from the child to the parent.

Group discussion:

How do we recognize if the child is angry and displacing his/her anger onto other objects or things? This leads to the question, can prejudice be prevented? (Our answer is, Yes!) What about violence among school youth in recent years: were there any warning signs? What could the parents have done sooner to help the child better channel his rage?

(Facilitator, again, if participants want to know more about helping their children cope with their aggression, you may find the set of *Workshops on Aggression* useful.)

PART II:

TRAUMAS FROM WITHIN THE FAMILY

TRAUMA WORKSHOP # 3

TRAUMAS FROM WITHIN THE FAMILY

What is Trauma? and Physical Abuse and What Can We Do About It?

What is Trauma? And What Does it Do to the Child?

Question: Because we think this may help the parent understand the seriousness of the problem she/he faces better, let's back track and ask, what do we mean by "trauma"?

Answers from participants and use examples.

Discussion: A **trauma** or a **traumatic event** is an experience that the child or adult, at any age, feels is **far too painful, or dangerous, or threatening, and is too difficult for him or her to handle**. It is not just a momentary feeling. It sticks. The child feels overwhelmed by pain, fear, or shock and feels unable to cope with the situation. This is because his/her adaptive functions and abilities (what in mental health we call the child's "ego" or his/her "ego functions") have been overwhelmed and have become incapacitated.

How long the child feels this way, to what degree he/she feels overwhelmed is very important. The longer and the more intensely he feels overwhelmed, the more severe the trauma and its effects. And then, the more likely that the child's recovery from the trauma will require more help and take longer to be achieved.

Not all traumas or traumatic events will actually end up **traumatizing** the child (or adult). If the traumatic event can be dealt with adequately within a reasonable period of time—what this time is depends on the state of the individual when the traumatic event occurs—the child (or adult) will not be traumatized. **To be traumatized means that the trauma is leaving its mark on the child well after the traumatic event is passed; its effects continue and the child's ability to cope continues to be more or less handicapped.**

The more frequent and the more severe the traumatic events, the more will the child feel overwhelmed and the more he/she is likely to be traumatized, to have become emotionally and adaptively handicapped.

Question: What do you mean when you say that "the trauma leaves its mark on the child well after the traumatic event is passed and that its effects continue and the child's ability to cope continues to be more or less handicapped?"

Answers from participants.

Discussion: The trauma leaves its mark in two ways. One is visible; the other is hidden.

One can see the child's reactions to the trauma. There will be symptoms of troubled behavior like anxiety, depression, bad dreams, and much more. We'll talk about these in the Workshops that follow and especially in Workshops #9 and #10.

Let's talk here about the hidden ways in which trauma leaves its mark. Medical researchers, including especially brain researchers, have found that stress affects many systems in our bodies that have much to do with our physical and emotional health. For example, it's now known that stress lowers our body's defenses against infection; it lowers our immune system's cells that fight off infection. This is why when we are subjected to things that we experience as stressful, be it being intensely worried, or too exhausted, or if we are particularly sensitive to too cold air, we may develop a cold. It's not the tiredness itself, nor is it the cold air that causes the cold. It's the "bug" we carry around that does. But we are able to fight it off until we experience enough stress which lowers our immune system cells and then, our bodies can no longer fight off the micro-organism we've been walking around with for days.

But there's a more troublesome thing medical scientists have found. They have also found that intense stress leads to the suppression (lowering) of brain chemicals (neuro-transmitters) that are needed to maintain the life of our undeveloped brain cells. We have many brain cells that are in an undeveloped state. It's as if they are there waiting to be developed, waiting to be put to use. It has now been found that when intense stress is experienced the key brain chemical that stimulates nerve cell development (L-glutamate) is suppressed. This means that nerve cells are not being stimulated to develop and that some of them will die off. And in fact, this has been found to occur (by brain scanning methods) in crucial areas of the brain in people who have been traumatized. To what degree such brain matter loss will occur is variable. But we now have evidence that it does happen.

Question: Wow, so how do we prevent this from happening? Can a parent prevent traumatic things from happening to his/her child?

Answers from participants.

Discussion: There is no such thing as a life without some trauma. Traumatic events occur to all of us, even those most financially secure, and those who have the good fortune of being in a well-related family.

How we react to trauma depends to a large degree on how able we are to cope with the challenging event to which we are subjected. This means, the less psychologically developed we are the less we are able to cope with stresses; the younger the child, the less developed adaptive abilities and skills, the less likely it is that the child will be able to cope well on his own with stressful events. Also, even within any developmental period, we have good days and bad days, even good hours and bad hours. We will handle a stressful event better when we are having a good day than when we are having a bad one. We are most likely to handle such an event better at the beginning of the day when we are rested and fresh, than at the end, when we are tired and hungry.

Question: So, what do we do if our child is subjected to a traumatic event? How can we parents help?

Answers from participants.

Discussion: To address this question we have to go into some detail. Both preventing and helping can be best facilitated by first understanding what may be traumatic to one's children and what kinds of traumatic experiences children have. And then let's talk about steps that can be taken to prevent trauma and to help the child cope. This will probably take more than one Workshop.

Question: What kinds of experiences can make the child feel traumatized?

Answers from participants, get examples from them (and be ready with two yourself).

Discussion: A number of common more or less painful experiences, which researchers have proposed are at the basis of what can traumatize us, have been described over the past fifty years.

J. Dollard and his team of researchers (1939) proposed that **too much frustration** may do this.

R. Spitz (1945, 1946) was among the first to point to how traumatic **emotional deprivation** due to long-term separation from the mother, or the actual loss of the mother to whom the child is becoming attached, can be. This can also occur when a child is simply too **physically and/or emotionally** neglected, even when the mother is there.

J. Bowlby (1950s) proposed that growing up in families where children were much neglected and abused traumatized these children and that many eventually became juvenile delinquents. He proposed this because he found in studying juvenile delinquents that all had histories of much neglect and/or abuse in their homes.

Rochlin (1973), and Kohut (1977) found that when we feel **narcissistically injured**, when we feel our sense of self to be hurt, it causes us more or less intense pain and, if intense enough, frequent enough, and of long duration these emotional hurts can become traumatizing. This is much talked about these days as feeling one's self-esteem to be injured.

Question: But wait a minute. Didn't we say that traumas happen to all of us, to ourselves and to our children? Doesn't every child at times feel hurt in his/her self-esteem? Doesn't every child at times feel neglected or frustrated? You mean we should never let our children feel neglected or frustrated? Or our children will suffer awful injury if they feel disappointed in themselves, in what they are able to do?

Answers from participants.

Discussion: Heh, let's be reasonable and let's be clear enough. As we said, every human being feels hurt many times. We feel hurt in our self-esteem, we often feel frustrated by others and by ourselves, and we often feel disappointed in what we can't do or in things we've done. In fact all of these unpleasant feelings can push us to do better, to try harder to become capable and self-reliant. These unpleasant experiences can lead to growth in us.

What we need to sort out is, is this experiencing **too** hurtful? Is it **too much** pain for the child? Is it in fact making the child **not able** to cope? Not able to make efforts to overcome the pain of disappointment in himself, of narcissistic injury, or of feeling insufficiently loved and neglected?

Is it too much for the child (or adult) at this point in time?

This is a big topic, and it can affect a child for life. So let's look at important details. We'll come back to what we just started but let's first make a list of traumas mental health professionals tell us they most commonly find. We all hear about these virtually everyday.

Question: What kinds of traumas are there?

Answers from participants. Acknowledge and facilitate dialogue among participants.

Discussion: We like to sort of break things down into categories that can help us understand trauma better and, equally important, help us deal with them as best we can.

First of all, children experience traumas that come **from within their homes**. Do you want to hear the good news about this first, or the bad news? (Facilitator, of course, do what the majority chooses.)

The good news is that if it comes from within your home, you are probably in the position of being able to do something very meaningful about it. You may be in the position to change it, or in fact, you may be able to eliminate it.

The bad news is because it comes from within the home, it comes from the people to whom the child is emotionally attached, and that hurts more than if the hurt is caused by someone the child is not deeply emotionally related to. This is because everyone of us, child and adult, is hurt more deeply when it is someone we trust, someone we love, someone who is supposed to be loyal to us, who hurts us. If your enemy hurts you, or a robber hurts you, it hurts but it does not take you by surprise. You expect that your enemy might want to hurt you; you may well want to hurt your enemy. You know a robber will want to take something that belongs to you. If you resist or if he is loaded with hostile feelings he may hurt you. Yes, it hurts. But it does not make you feel betrayed as when someone you love hurts you badly. It does not make you feel mistrustful of all people. It does not make you feel you were wrong to love, to care, to trust certain people.

So, first of all, a trauma can come **from within the family** and it can come **from outside the family**. Obviously, this is very important for understanding the child's hurt, and for what to do about it.

Question: What are some of the traumas that can come from within the family?

Answers from participants. They no doubt will mention the ones we want to have them consider.

Discussion: One way of considering these is to assume that there are two major categories of home-bound traumas:

1. Those that are caused by someone the child is attached to, Mother, Father, a brother or sister, a close relative; and
2. Those that are impossible to prevent, namely Acts of Fate.

With regard to traumas caused by someone to whom the child is attached, there has been much recognition lately of the traumatic effects of **physical abuse** and of **sexual**

abuse of children. It is well established now that both are prone to be experienced by the child as traumatic and may leave its scars, i.e., cause trauma.

Not enough is said about the **emotional abuse** of children. Maybe this is because emotional abuse doesn't stand out as clearly as the other two. All 3 types of abuses can cause trauma. We'll start to talk about these in a moment. But before we do we have to consider one other point.

We have to consider what a child may experience when a trauma occurs to her/him and the parent has not prevented it from happening. Children, not just young ones, feel that their parents should be able to prevent awful things from happening to them. This comes from the fact that very early in life children tend to think that if they wish something to happen, it will. Their parents, who are all-powerful—in the infant's eye--will see to it that it happens. It's "magical thinking". This magical thinking can get activated when a child is terribly hurt. It will often lead the child to think, "Why did my parents let this happen to me?" This then leads to these questions for us:

1. A trauma occurs and the parents have not been able to prevent it.
2. One parent traumatizes the child, say by physical abuse. Where was the other parent? Why did that other parent allow this to happen? Let's say a few words about this now and we can talk about it more in the specific Workshops that follow.

Question: What do you imagine is the impact on the child of the fact that the parents did not prevent the traumatizing event from happening? And how does this affect the relationship between the child and his/her parents?

Answers from participants

Discussion: This is not simple. The child may be able to grasp that what happened was not preventable by Mother or Father. Or, on the contrary, the child may believe deeply that the parents could have prevented this traumatic event from occurring and did not. Then, regrettably, kids, not just young ones, may feel that the parents could have prevented the event when in fact, they could not have. Let's take each in turn.

If the child grasps that the parents were unable to protect the child, that the parents had no control over what happened, the child will not feel hostility toward the parents as agents of the trauma. Take the child being victimized by war, for instance. Ravaging as the war experiences may be, that the child does not hold the parents responsible for these traumas makes it much easier for the child to overcome the ill effects of the traumas. In this case the trauma will not have caused damage to the child's relationship with the parents.

If the child feels that the parents could have prevented it, could have done more than the parents did, the child will feel deeply hurt and resentful and probably feel that the parents don't care enough about the child to do more. Obviously, this will generate hostility within the child toward the parent, it is likely to lower the child's regard for the parent, and it will cause substantial damage to the parent-child relationship. It is enormously important for the parents to explain to the child, whatever the child's age, that they were not able to prevent the trauma. This may require saying it more than once; however many times it comes up, it ought to be gone over again. The child who comes to

grasp the parents' not being able to prevent the trauma will dramatically reduce his/her feelings and with it the hostility that hurt generated.

It is unfortunately common for children to hold their parents responsible for traumas happening to them when in fact the parents were truly helpless to do so. Here, the parents just have to continue to try to help the child heal and slowly, gradually, help the child understand that the parents were unable to prevent the trauma. In this task, parents should never stop trying to help the child—whatever the child's age—re-evaluate what in fact did happen and that the parents could not have stopped the event from happening. And, this may take quite a long time. For however long it takes, parents should continue to help the child, even if already grown-up, to metabolize the past traumatic experience. This, because repeated discussions of what happened, part of the process of working through the trauma, help the growing child gain mastery over the traumatic event. But it is important for the parent to both recount and explain her/his view of the experience but also to listen attentively to what the growing child thinks and feels. In going over it again and again, the child is better able to organize the experience and, change internally (in her/his mind) the meaning of the traumatic experience.

Let's bear in mind, that kids can learn something useful to them from every experience they have. Even when something painful, in whatever way, happens to them. In this, of course, we parents can function as helpful role models for the child in sharing with the child when we ourselves are dealing with a painful experience.

Question: What about if one parent traumatizes the child, say by physical abuse, and the other parent does not intervene to stop the abuse?

Answers from participants.

Discussion: This too is not simple. Unless the innocent parent is victimized at the same time as the child, say by a physically battering father, the child will hold that innocent parent responsible for not having stopped the abuser. The hurt and the rage may not be at the same level, but both parents will be experienced negatively by the child, one for abusing and the other for not protecting the child against it.

Facilitator, take any questions before proceeding.

Physical Abuse and What Can We Do About It?

Question: What do you consider to be **physical abuse**?

Answers from participants.

Discussion: Physical abuse is the inflicting of pain **that is intended** to hurt the child. A child may accidentally be hit by a ball thrown to the child by the parent, and will be hurt. But the father did not intend to hit the child. Even though the child may immediately feel his father did this on purpose—due to the sting of being hit—he will soon recognize that this was an accident. It was not intended.

On the other hand, if the father is angry with the child, picks up a stick and starts hitting his son, the son will feel with certainty the father's intention to hurt him physically. The hurt was intended. The child experiences as very painful the fact that his father wants to hurt him. The child looks to the father to protect, guide, and love him. In addition to the physical pain, the child may feel let down, insulted by his father, and even feel betrayed. This reaction brings with it much emotional pain as well. It's especially the emotional pain that makes the physical abuse psychologically traumatizing.

Question: When is physical abuse most likely to occur?

Answers from participants. No doubt someone will answer "When you punish the child."

Discussion: Physical abuse by parents happens most commonly when parents are punishing the child. Here's how we have found it to usually occur.

A child is doing something the parent does not want the child to do; or the child is not doing something the parent wants the child to do. The parent tells the child to do this or that, or to not do this or that. The child—any age—does not comply. The parent repeats the admonition: "I told you to do this. Do it now!" The child still does not comply. This interaction may go on one more time or more. As this interaction repeats itself, the parent gets more and more frustrated with his/her child. This frustration is painful to the parent and this generates hostility in the parent toward the child. As the parent's hostility escalates, he/she may blow up. This is most commonly when a swat, or a fist, or a belt, or a stick starts to fly. The child is the target.

What happened? The parent's limit setting failed and the parent, unable to tolerate the child's non-compliance, loses control and reacts harmfully.

Most hitting—not all, as we'll see shortly—of children by their parents is traumatizing. But it is so more or less, depending on its severity of the hitting. Incredible as this may be, most severe cases of physical abuse are perpetrated on 2 to 4 year old children! Usually, around toilet training.

Question: Can traumatization by physical abuse be prevented? If it occurs, how can the trauma be minimized? What can we do about it?

Answers from participants.

Discussion: Of course, physical abuse can be prevented. And the best way to prevent it is to **learn to set limits constructively** with our children. Most children will respond to limits that are set well. Some children will be difficult, to be sure. And in few cases will limit setting be easy. In fact, we think it's one of the most difficult parenting tasks.

Here is an outline we developed that is intended to guide parents in setting limits constructively.

(Instructor: Decide whether or not you want to go into the following detail with the participants. Also know that in the Aggression Workshops set there is a Workshop #5, "Setting Limits Constructively -- Protecting Healthy Assertiveness")

What is limit setting and **how** to do it most constructively.

(1) **Limit setting** is acting in the child's behalf where the child is too young to know what is in his best interest. **It is not punishment.** Punishment occurs where limit setting has failed. **Punishment** is the withdrawal of privileges or the inflicting of pain that usually follows the child's not complying with the limits set.

(2) **Do not set limits when they are not needed.** Too frequent limit setting can discourage exploration and curiosity. As a result it **can discourage learning!** Home is the child's first classroom. If the limit is needed, though, follow through.

Setting limits requires the child's ability to understand the parent's words. For this reason **setting limits with children under six months old is unreasonable.**

(3) Baby proof the house to reasonably avoid too frequent limit setting as well as to make it safer for the young child.

(4) When setting limits, **explain why** the limit is needed, have a **strategy** or pattern of limit setting you intend to follow, be **reasonable** and be **firm.**

Why explain? So your child will understand your good reason for stepping on her sense of self. It should be in order to protect her, someone else, or something you value. Don't say "Because I said so" or "Because I'm the boss"; your child will not be impressed! She'll think you're just a bully.

Pattern your limit setting so that your child will learn what to expect from you. Take a set number of steps before you feel you have failed and go to punishment. It is great to avoid punishment; but not by giving in to the child who is stubbornly refusing to comply with the limits. When you do, you both lose.

Here is a pattern that works pretty well:

Step 1: Nicely tell your child what to do or not do. If your child does not comply, take

Step 2: Repeat what you said a bit more firmly, and a bit louder. If your child still does not comply, go to

Step 3: Now tell your child this is the third time you're telling her to do what you said, and you don't like that. Remind your child how unpleasant things turned out the last time you went through this with her. Your tone is now still more firm than before. Don't plead! It produces guilt and meanness. If you still get no compliance, go to

Step 4: Now go to your child, with firmness and moderate anger tell her you really don't like her behavior! If she does not do what you said now, there will be a punishment. This is a warning of things to come, it is not a threat. Your child should know where you stand. If you still get no compliance, go to

Step 5: You now tell the child she will not be allowed to see her favorite TV program tonight, or the like. And you physically help her do what you told her to do 4 steps before.

(5) If in the course of setting limits you realize the limit is really not necessary, be brave, admit it, say you changed your mind not because your child protested but because you see it really is not necessary.

(6) Vary your pattern according to the kind of child you have. That is, if your child is a bit **shy** and **timid**, slow the pace of limit-setting down, go easy; if your child is quite **vigorous** and even a bit **hyperactive**, move into limit setting more quickly and take two or three steps instead of five. If your child is hyperactive, and getting reasonable compliance is a problem, you and your child would very likely benefit from some professional help.

Question: But let's say you lost your cool and smacked your child. What can you do to lessen the traumatizing effects of what you did?

Answers from participants.

Discussion: By the way, we like to say that in order to be a good parent we need to be perfect 75% of the time. We can make mistakes and still be good parents. Children don't need perfect parents. They're not going to be perfect either, nor is anyone else.

What you did when you lost your cool will dictate what you need to do to try to lessen the harmful effects of what you did. That is, what you later do to repair will depend on what you did that was harmful. It is different to give the child you love one hefty swat on his clothed bottom or a hefty swat on the back of his shoulder than to strike him a number of times with a belt, a paddle, or a stick. The difference is even greater and much more problematic if you punch your child in the face or whack him across the face that sends him flying under the table. And, of course, scalding a child with hot water, burning the child's back with a hot clothing iron, locking him in a closet or cellar are extremes, as is breaking a child's bones, etc.

Of course, the harsher assaults on a child, like punching a child in the face or hitting a child with a bat, will always leave their traumatic mark. In such cases, professional help is essential for both the child and the parents. For the child it is to help the child deal better than he/she has with this insult; for the parents it is to help them find ways of handling the unavoidable frustrations that come with parenting. Total repair of the intense assaults on children we described is not likely, indeed cannot be expected.

But the lesser assaults on our children's bodies can be dealt with in ways that can repair. These assaults too, though, require additional specification. If a lesser assault occurs very infrequently, say once in several years, it will be experienced differently by the child than if it happens once a month, or more frequently. Again, when it happens more frequently, professional help for the family would be very helpful. The reason for this is that a parent's apology is less likely to feel convincing to the child when the offense by the parent is repeated often. It just will not ring true. And the hurt then will continue to fester within the child. Work needs to be done to undo the harm caused the child.

When a parent has lost her/his cool and dished out a lesser assault, one that occurs infrequently, it is to the advantage of the child and of the parent for the parent to open a dialogue with the child about what happened. The parent is the adult. It's **the parent who should initiate the effort to repair** whatever hurt was experienced between child

and parent. It is best to be open and honest about it. It's important to not rationalize, to not make the mistake we made sound reasonable when, in fact, it's not. For instance, "I did this for your own good" or "I hit you because I love you and to help you" are not the reasons a parent strikes a child. We do this when we lose control. Calculated spankings that follow on "Wait till your Dad comes home; he'll take care of it!" occur when parents feel they have no other way of dealing with their child. Calculated spankings are not desirable; even more than spontaneous spankings, they are inevitably seen as intentional.

Rationalizing that the spanking is for the child's own good is problematic. This is because the child may come to believe that indeed he deserves to be hit for what he did, is likely to rationalize that this is good for children, and will probably use the same strategy to get compliance from his children when he or she becomes a parent. In addition, he may also come to abuse others, including his/her spouse.

It works well to first empathize with the child's pain which we the parent inflicted. Secondly, it's well to apologize for hurting the child. "I'm really sorry I lost my cool and hit you" works very well. Then how you proceed will depend on the child's age and ability to carry on a dialogue. With the younger child, say under 5, it's well for the parent to simply tell the child that he is expected to comply better than he is with what Mom and Dad tell to him to do, period. "It's really very annoying when you (the child) act as if you didn't hear what I said to you." It's OK to end with "It's our responsibility to take proper care of you, and that includes helping you become a reasonable kid who knows he has to listen to his parents, his teachers, police officers, and other grown ups he knows from the neighborhood."

With a child older than 5, the parent can get into "Look, let's talk about what happened between us. How do you see it?" And let your child say what he/she thinks. It's not wise to let the child be too harsh with himself/herself. "I deserved it" is **not** a great answer. Nor is a child's saying he did nothing wrong and he doesn't need to listen to you 'cause it's a free country! And you end up with a firm statement that you expect the child to comply with what Mother and Father tell him to do. If it isn't necessary for the child to comply, the parent will not tell the child to do or not to do whatever it may be. Just as you expect the child to be reasonable, the child can expect that you will be reasonable too.

Question: But, shouldn't it be the child who apologizes first for not listening? Shouldn't he know he deserved to be hit?

Answers from participants. Try to get participants to reason this out.

Discussion: We think that parents' acting responsibly is appropriate, and that they should take the lead to repair, not the child. Furthermore, it sets a good example for the child. The lesson is: if you made a mistake, apologize and try to repair. Since the parent is the grown-up, we ought to act like grown-ups and not expect the child to do so. Furthermore, most children really appreciate it when parents make an effort to fix things that go awry in their relationship.

Then to the idea that the child deserves to be hit, we would say no one deserves that. The child may deserve punishment, yes. But hitting is not the best way to punish, at any age. Punishment is best dealt with by withdrawing a child's (or adult's) privileges. When we talk about "emotional abuse", we'll talk about the condition where we believe a

swat on the child's clothed bottom may be the mildest of ways to handle a challenging child.

(Facilitator: A full discussion of punishment can be found in the Aggression Workshops, in Workshop #6 "The Miserable Task of Punishing Our Children")

As we said there are two other large categories of parents traumatizing their children: by sexual abuse and by emotionally abusing our children.

Because children are traumatized when they are taken advantage of sexually and because this is a complicated problem, we'll take that up in the next Workshop.

Facilitator: if time permits you may want to restate the main points of this Workshop.

TRAUMA WORKSHOP # 4a

TRAUMAS FROM WITHIN THE FAMILY – PART II

Sexual Abuse

Question: Sexual abuse? What's that?

Answers from participants.

Discussion: No doubt, we've now all heard of this. There's been much in the press about it during the last 10 to 20 years.

Sexual abuse, is the engagement of a child into sexual activity by a person substantially older than the child. When it is not invited by the child, or even when it is, engaging in sexual activity with a child substantially younger than oneself is a misjudgment of appropriate conduct that is potentially harmful to the child. Such abuse happens even to very young children. But, it's not simple. According to several studies of a large number of adults who as children were engaged into sexual activity by a person quite older than they, 50% of these adults reported that it caused them problems and the other 50% reported that they did not feel it had hurt them. Although it does not always harm a child, that it harms 50%, accepting for the time being that this is how frequently it may hurt a child, is a large percentage.

Question: But, what is it that makes such activity potentially harmful to 50% of children?

Answers from participants. It is not advisable to probe for revelation of sexual abuse among the participants. Of course, we welcome examples but this may just be too difficult for participants to bring up in a group. However, if a participant does reveal sexual abuse, it may require much sensitivity and careful handling of what comes out.

Discussion: Yes, why does it harm 50% of children? And, what might make the difference between its being harmful and its not being harmful? Because we know that understanding a problem gives us a strong basis for problem solving, let's go into some details of

- (1) The child's sexual development, then let's talk briefly about
- (2) What factors may make it harmful or may not, and then let's talk about
- (3) What to do where sexual abuse of your child has occurred.

Question: People are sometimes very surprised when a mental health person tells them that young children have sexual feelings and thoughts. What do mental health people mean by that? Have you found anything like that in your children? Do you remember any such feelings and thoughts from when you were a child?

Answers from participants **with no pressure** to get them to remember. Discuss the participants' thoughts about childhood sexuality.

Discussion: For nearly 100 years scientists have found and documented sexual behavior and experiencing in young children. Of course sexual behavior in adolescence has been accepted as fact from the beginning of time. In fact, there was a time when adolescence was when actual sexual and reproductive life began. It was not uncommon for 14-year-old girls to get married and start families. Those were not the good old days! And nowadays, when a 14-year-old gets pregnant, no one celebrates the event!

But what the scientists found were sexual behaviors of varied kinds that are evident from the first days of life on! This form of sexuality is different from what we find in adults and it has been called “infantile sexuality.” Not altogether a good name because, though it begins in very early childhood, it develops and becomes quite well organized during childhood. “Childhood sexuality” would be more accurate.

Question: What kinds of behaviors are they talking about? And, what do you think they mean, “from the first days of life on?”

Answers from participants.

Discussion: We know that from the earliest days of an infant’s life the infant experiences sensations we know to be part of adult sexual life. We mean, the kind of feelings in our skin, our mouths and other parts of the body—including our genitals—we speak of as **erotic**. In fact, no doubt those among us who have baby boys probably have found even from the first days of life when diapering the baby, that the baby might have an erection. This, we assume, is because the infant feels stimulated in one way or another, probably due to feelings associated with having a full bladder. According to the “psycho-sexual theory” of development, the child develops through phases when these erotic sensations seem to be most prominently experienced in one part of the body then another.

The first of these is the mouth, and this is why the first phase is called **the oral phase**. The oral phase runs from birth to about 18 months of age.

The second is the anus—associated with toilet training—and it's called **the anal phase**. The anal phase runs from about 18 months to about 3 years.

The third body area then is the area of the genitals, and it's called **the genital phase**. This phase goes from about 2½ to 6 years of age.

This is then followed by a supposedly quieter phase, from about 6 to 10 years of age which is called **the latency phase**—because it was thought that perhaps sexual life then takes a break from developing.

This then is followed by **the phase of adolescence**, with which we are all very familiar. It runs from about 10—with a **pre-adolescence phase** from 10 to about 12/13—to about 18 or 21, depending on the mental health professional's point of view.

And to complete the model of human sexual development, adolescence is then followed by adulthood, and specifically by **the phase of parenthood**.

(This topic is described in great detail in the Workshops on Sexuality. The Facilitator and Participants may want to refer to these Workshops for a fuller discussion of this topic.)

To get to the issue of sexual abuse in the young, let's consider children younger than adolescents.

Question: How do we know it's true that young children have sexual sensations (feelings) and thoughts? Does one see this in their behavior?

Answers from participants. If they feel comfortable, can they tell us examples of what they thought were sexual behaviors and at what ages did they see these?

Discussion: From about 2 years of age, and especially between 2 and 6 years, sexual behaviors are readily visible. Much of what we see in the sexual activity can be catalogued in 3 clusters of behaviors:

- (1) Much interest in their and others' genitals and other physical body parts;
 - (2) Interest in babies and where they come from, and
 - (3) Growing preferences for the parent of the other sex and related behaviors.
- Let's look at this briefly.

It's very common for 2 to 6-year-old children to say things about their genitals and those of others. They'll ask questions about them, make comments about them, even express much concern and worry about them. These behaviors become more hidden from parents after 5 or 6, and in some even earlier.

Question: Have any of you seen such behavior in your children? If you have, what makes them do that?

Answers from participants. Hopefully some will volunteer examples. If they do, ask them what they think makes a child do that.

Discussion: Because during this time they experience a large increase in sensations arising from their genitals, they become aware of them. Not only do they then ask questions about them, such as "Why doesn't Suzy have a penis?" or "Why does my penis sometimes get big (or, get hard)?" etc. This increase in sensations also leads them to stimulate themselves manually or by pressing their genitals against an object in a rhythmic manner. They seem to be pushed to such self-touching by the sensations and then discover that they experience pleasure when they do so. This leads them to repeat such self-touching to a greater or lesser degree. By the way mental health people speak of this as "infantile masturbation".

This is a very normal behavior. It serves the child's need to release built up tension in the child's body that naturally comes from these sexual sensations and excitation. This "infantile masturbation" differs from adolescent masturbation—which is when adult sexuality begins—in a number of ways. The young child's initial masturbatory activity is not driven by fantasies as it is in adolescents. In the young child, it's the sensations that will lead to the development of fantasies. Also, for the male for instance, the culmination of this behavior does not seem to end in a climax, and certainly does not end with ejaculation of semen. It is debatable whether or not girls, prior to puberty, achieve orgasm through masturbatory activity.

Instructor, discuss this point further with participants if the group interest is large.

Question: What about babies? Are young children really interested in babies? In what ways do they show interest if any?

Answers from participants. Try to get examples.

Discussion: Researchers who studied by direct observation children twice weekly from the time of their birth through about age 4-5 years have reported that young children show a striking interest in babies. This is especially so in little girls, starting from about 2 to 2½ years of age on. Prior to this time, both boys and girls seem more or less attracted to babies, and interact with them with an attention that differs from their interest in toys. It's interesting too that from very early on, boys seem to interact with babies more in a play mode sometimes tickling them or gently shaking them or offering them a ball, whereas little girls seem more inclined to pat them or hold them or comfort them. Then from 2 to 2½ on many a little girl really becomes quite serious in her interest in babies, often selecting one in particular for special attention. Her behavior then may be quite striking. She'll ask about the baby, talk about the baby at home, want to be the only one paying attention to the baby; when she can, she'll hold the baby with visible tenderness, gently rock, smile and talk to the baby. At times she'll look at the baby as if awe struck. One little girl so engaged with a baby would chant "My baby, my baby." One 4 year old sent a shock wave through a group of mothers when she declared for all to hear that she wanted a baby—of her own. And none of us thought she meant anything other than a real live baby.

Now the question for us is "What causes this behavior?" Whatever contributions may come from what goes on between the child and her parents, these researchers propose that there is a biological-genetic program that is activated from about 2 to 2½ years of age that drives this behavior. These researchers have proposed that this is part and parcel of what the sexual drive does within children. It's the equivalent in humans of other mammals being born with instinctive mechanisms that make them know at a pre-programmed time how to engage in that activity that will preserve the species. This includes sexual activity and child caring activity, both essential for the preservation of the species.

Facilitator, address any question participants have about this.

Question: If you have children older than 3, have any of you seen such behaviors in your children?

Answers from participants. (Facilitator, don't push.)

Discussion: Take up any issue raised by the examples and any question asked about it.

Question: But what does this have to do with sexual abuse?

Answers from participants.

Discussion: Those psychodynamic mental health people tell us that this bio-genetically driven behavior both stimulates desires, wishes, and fantasies about getting a baby. There is striking behavioral evidence for this. Some children, as already noted, will put their wishes into words, "I want a baby" the 4-year-old said, and the 3-year-old chanted "My baby, my baby." There was a fantasy in this 3-year-old's mind that led to her saying

this.

These wishes and fantasies are peopled. This having a baby fantasy is not a solitary fantasy. Which people? Does it make sense that so pressured a wish, a fantasy, would become attached to someone the child already loves? Would a young child just imagine that anyone would do to be part of this fantasy? Children don't attach strong feelings to just anyone, only to people who are special to them.

So when someone to whom the child has attached strong feelings engages the child in sexual activity, it tends to gratify the child's sexual wishes and fantasies. But it does more. It also causes the child to feel threatened and guilty. The child feels threatened once she/he has recognized that such an act is a transgression against one of the parents, a parent the child loves; most commonly it's the parent of the same sex. And the child feels guilty because he/she believes that being so "favored" by a parent is very hurtful to the other parent the child loves, to whom the first parent is married.

The next piece we take up will help to clarify this further.

Facilitator, allow questions, doubts, skepticism. Just present the ideas. People will either feel it makes sense to them or they will not. For those who don't think this possible, only having such experiences directly with children will make these ideas useful to them. Twisting their arms won't. The topic causes anxiety, so pressuring to conviction is not a good strategy.

When the group is ready, go on.

Question: What is this growing preference for the parent of the other sex? And what related behaviors do you mean?

Answers from participants. Have any of them seen this in their children? Anyone with a girl who's "real sweet" on her Daddy? Or a boy who's "real sweet" on his Mom?

Discussion: It's not uncommon for a 3-year-old boy to say "I'm gonna marry my Mommy" or for a girl to say she's going to marry her Daddy. And "psychodynamic" mental health researchers and clinicians have informed us that this leads to the child's developing a complicated fantasy of taking father's place with mother or taking mother's place with father. This too they tell us is driven by the sexual drive and furthers the development of sexuality in the child.

These mental health professionals have called this "the child's family romance"; analysts have called it the Oedipus complex. Some are now talking of an "Electra complex" that applies to girls. It's not our plan to elaborate on this here. What matters for us is that it goes right to the heart of what may make sexual molestation of children a traumatic experience for about 50% of them.

The central conflict in this "child's family romance" in a nutshell is this:

When the child's fantasy—which leads to having wishes that it come true—of "marrying" one of her/his parents does not seem to make headway, the child begins to feel frustrated, hurt, and even angry. Soon though she finds that the parents seem to be sticking together pretty well, and gratifying each other in romantic ways. Like they go out on Saturday nights, kiss, hug, and make some funny noises in their bedroom—walls in all houses are too thin to keep out normal sexual activity sounds—and they look at each other "funny" sometimes.

This makes the normal child jealous. And that stirs up much hostility within the child. And, this hostility, of all things, is felt toward the parent of the same sex, who as luck would have it, happens to be the child's mother or father!

Question: Well, why is it the child's mother or father? Why can't it be a pretty neighbor or that really nice man down the street?

Answers from participants.

Discussion: Because when those genital-sexual feelings begin to come out at about 2½ they are going to be directed not to just anybody, but to those to whom the child is already attached. These feelings, that are activated by the sexual drive—whose aim is to preserve the species—will become attached to those the child already loves. They are not frivolous feelings. They are felt very meaningfully by young children. According to the researchers and clinicians who tell us about these things, sexual feelings are strong from the time they begin to emerge in the young child.

Question: Now wait a minute. Where do kids get these feelings and ideas? Or maybe we should ask where these mental health people get their ideas!

Answers from participants.

Discussion: One of the problems is that we all tend to think of sex as that stuff we're all so pre-occupied with, most of us enjoy so well, we all tell jokes about, feel some discomfort and embarrassment talking about seriously, many of us feel guilty about, etc. We fail to remember that **sex is really a critical function whose primary and sole purpose—biologically speaking—is the survival of the species.** If this is sex's sole biological purpose, there is no way that Mother Nature would have made it a feeble inner force. We speak of it as the sexual drive. Given all the hazards every species faces in surviving, it would make sense that the sexual drive in all species is biologically strong.

Question: Well, does the sexual drive come out that strong this early in life? Isn't it in adolescence that the kind of strong sexual interest you're talking about comes out?

Answers from participants.

Discussion: We all used to think this. But researchers and clinicians who work with young children tell us that in fact, it is strong already from its earliest manifestations in behavior.

Again, you might ask, why can't it just be attached to just anyone the child finds likable? We would say that to a degree this does happen. But, as the great Ethologist (student of animal life) Konrad Lorenz found and taught us, there seem to be strong inborn instincts in all species to initially direct their sexual feelings to those to whom they are already "emotionally" attached. It is in fact one of the tasks of every child's life to disengage this process, to channel these sexual feelings to a selected person or persons other than those to whom the child originally attached. This is a task that starts when the child begins to feel the misery of the conflict created in him by his/her "family romance". This process of disengagement begins at about 5 or 6 years of age, consolidates during adolescence, so that in fact, one is then ready in young adulthood to look for a mate and

start this task of preserving the species.

But in the young child, that inborn tendency to attach one's sexual feelings, yearnings and desires to one of the parents to whom one is already attached is in full force, and is strong.

Question: OK, OK, already, but how do all these ideas help us understand why molesting a child can be traumatic?

Answer from participants.

Discussion: This is a long discussion but we feel that it really will help people, parents especially, to see why sexual abuse can be so hurtful to 50% or so of children.

We said earlier that the child's seeing "the other" parent gratified whereas the child is not, makes the normal child quite jealous. And that stirs up much hostility within the child. And, this hostility is felt toward the other parent, the child's own mother or father. This creates within the child an intense psychic conflict, a conflict within the child's own mind. The conflict results from the fact that the child at moments feels hate toward one of his/her two parents, both of whom the child loves. When we hate someone we love, when we want to hurt—a natural outflow of hating—someone we love, it causes us to feel guilt. This is why normal children show much remorse, much guilt, when they feel they have done something that hurt their mother or father.

We feel that this is one of the most powerful producers of guilt in people, to want to hurt one's own mother or father. We think that this becomes the basis for feeling guilt when we want to hurt someone.

Question: So, what does this have to do with sexual abuse?

Answers from participants.

Discussion: When a young child is engaged into sexual activity by another, the feelings associated with that sex play, the stimulation, the excitement, resonate within the child's mind with the child's "family romance" feelings and fantasies. This is why children seem to feel bad about engaging in sex play. This is even if their parents have not said a word to them about sex, or sex play, etc. Quite commonly one finds that children are sure that Mother and Father will somehow know they engaged in sex play.

It would seem reasonable to think that the closer the person who engages the child in such play resembles or is somehow identified with the child's parents, the more intense will the feelings of being bad be. The more intensely will the feelings of guilt be stirred up!

Question: Wait though, do children really “understand” sexual behavior? Do they really have sexual thoughts, feelings and fantasies of the kind you've described?

Answers from participants. Depending upon the “climate” of the group discussion can be thorough and comprehensive or factual and brief.

Discussion: Mental health scientists have during this past century learned much about children, their development, and they tell us that young children do indeed have sexual thoughts, feelings and fantasies and that they do understand sexual behaviors.

Of course, children need to get helpful and factual information as they reach appropriate ages about the complexities, the pleasures and the hazards of sex. But, for many psychiatrists, psychologists, social workers, there is no doubt now that children do “understand” sexual behavior.

Many adults don't know this vitally important aspect of their children's life and serious consequences have come from this. For our purpose here it is most important that adults realize that children do understand sexual behavior: they understand when someone is doing something sexual with them.

Question: OK, they understand. But what are the chances that children will remember that they were engaged in sexual activities? There are many things that happen to them that they don't remember, right?

Answers from participants. Facilitator: monitor the group carefully for comfort/discomfort level among participants.

Discussion: **Children remember, including very young ones,** things that happen to them that acquire enough meaning to the child. Many people make the mistake of thinking that children do not remember experiences that mean something to them. It is a highly prevalent and destructive myth that children do not remember anything prior to the age of 5 or 6. It's probably based on the fact that when asked to recall, most of us (on being asked) do not remember events that happened to us prior to age 5 years or so. And, no doubt there are many things we do not remember from those early years even though so many things happened to us.

But the fact is that most of us remember more than we can recall on demand. And those events that were meaningful for us are more deeply recorded in our brains than events that were not. And it is especially those events that created conflict in us, or pain, or guilt and shame, that tend to be inscribed in our brain's nerve networks. And the fact is that there are more ways of “knowing” and “remembering” than just to recall on demand. Frequently something that is upsetting or traumatic is removed from conscious memory and is stored at an “unconscious” or “preconscious” level of the mind.

This unconscious knowing and remembering impacts the child in significant ways. In fact this form of knowledge tends to be more destructive to the child because when an experience is repressed, it tends not to be available to the child's conscious mind for better resolution as time passes. Over time, even over years, the experience remains unchanged and unchanging in the person's mind. And one of the problems then is that the effects of the memory are felt but the actual memory may not be. In other words the person may be suffering without knowing specifically why. This is known by clinicians to have proven additionally burdensome to the person, and may be so for many years.

Mental health clinicians who do intensive psychotherapies have found again and again proof of people remembering hurtful things that happened to them from quite early in their childhood. Sexual abuse is among those things many a person remembers, often at an unconscious level until it emerges in intensive psychotherapy.

Question: Now, let's back up a bit. There is much confusion about what might be actually traumatic to the child. When do you think an activity might go too far and

traumatize a child?

Answers from participants. Any examples? How old is/was the child?

Discussion: Let's go back to our definition of **trauma**. A person is being traumatized—experiences a trauma—when **the person's adaptive functions** (what mental health people call the person's "**ego**") **are overwhelmed** and the person is then unable to reasonably interpret, evaluate or "compute", and cope with the event that is occurring. It's as if the child's ego is being overly challenged and disorganizes and it then can't function to help the child adapt satisfactorily. Depending on the character of the event and its meaning to the child, this trauma can be mild or severe, of short duration or chronic. A number of factors, including age of child, temperament, genetic predisposition, relationships with parents etc. will determine how a particular child will interpret, evaluate and cope with the traumatic event.

Question: Well, how might engaging a child in sexual activity traumatize the child?

Answers from participants.

Discussion: Those who did the studies we mentioned propose that two factors seem to most determine whether or not sexual activity is likely to harm the child or adolescent:

1. The character of the event(s) itself or themselves if it happens more than once, and
2. The relationship to the child (or adolescent) of the person who is involving the child in sexual activity. Let's explain.

1. The character of the event: When what is being done to the child/adolescent is **physically hurtful**, actually causes pain, or in some way **frightens** the child it will cause harm. How harmful it is likely to be depends on the degree of pain or fear that comes with the activity. It may be that when the child experiences the act as loving and not physically hurtful it may cause no harm. This could be a factor in the 50% who say it did not harm them. Whether or not the child will experience the activity as loving and not physically hurtful cannot be predicted and, therefore, can't be used as an excuse for such activity.

Another factor is if the child is **threatened** during the act or after. For instance, a teen-age baby-sitter told a 4-year-old that if he told his parent what she had done with him, she would kill him. The child was terrified by the threat not by the sexual activity. But the threat became linked with the sexual activity. We found that in the child's mind it came to mean that sex is really very bad.

In addition then, if the activity is continued **against the child's/adolescent's protest**, if the child/adolescent is coerced, this too will increase the potential for harm to the child.

Another factor too is **how far does the sexual activity go**. That is, looking and touching are quite more benign than actual sexual interaction, oral, anal, or genital.

2. The relationship of the person to the child: The closer the older person comes to be associated in the child's mind with the internal idea and image the child has of his own mother or of her own father, the more harmful is the activity likely to be. This is because the child experiences the activity then as a fulfillment of the child's transgressive fantasies and wishes. This brings with it much guilt as well as self-blame.

The child becomes convinced that she/he caused the activity to occur. "I wished this to happen, and it happened. It's my fault!"

Along this line then, the greatest harm is caused when the perpetrator is either the child's own father or mother. Next in line are stepparents, grandparents, uncles and aunts, or adults close to the family. The most commonly found cases of harmful sexual abuse occur to young teenage girls at the hands of stepfathers who abuse alcohol.

Siblings who are quite older are likely to at times be experienced as one of the parent substitutes. It is common for siblings to stand in as substitutes for the child's parents. Older cousins are likely to cause such problems as well. Sexual play even with near-age siblings tends to cause problems because of the link in the child's mind to the parents. In this, how far the sexual activity goes, and the degree of hurt and threat involved matter especially.

Such activity with near-age cousins and with peers is least likely to cause harm. It may cause fear of being found out as well as shame and guilt, but this level of negative experience may cause no harm.

Question: Well, what about what mental health people tell us is normal sexual curiosity and play? Most of us can remember this form of activity as children with peers and even with siblings. When can this be harmful?

Answers from participants with relevant examples.

Discussion: This answer has to do with appropriate and inappropriate standards of behavior as defined by a particular family within a particular cultural, religious and social milieu.

It is not harmful for children to explore their own bodies. This activity is usually healthy and helps the child in his or her need to satisfy his/her curiosity and need to know. Self-exploration and masturbation can also help quiet sexual sensations that the child is experiencing. It is common that this activity takes place with peers or close in age siblings. It's when the age difference is greater than several years and when the relationship is unequal between the participants that harm is most likely to occur. As we said before, if a child is forced (subtly or overtly) or in other ways intimidated into compliance this may be harmful.

Question: With regard to children's curiosity and concerns, answering their questions goes a long way to satisfy these. So, what are good ways to handle a child's normal sexual questions, interests and concerns?

Answers from participants. Can they provide relevant examples?

Discussion: The easiest and most common first step to take is to answer the many questions children ask us. In doing so, no matter what the topic, **the best way to answer any child's questions is to be factual, to be truthful.** If the child's questions are personal, you have to choose what to do about that. It is not necessary to answer very personal questions like "How often do you and Dad have sex?" This is really not the child's business. Just as the child needs to have some reasonable degree of privacy, so do you. If you tell your child that the stork brings babies, you'll soon enough be found out to not have given your child reasonable information and you will lose status as someone the

child can turn to for serious questions. You'll lose out and so will your child. If you feel you want help to answer questions about sex, there are many very good books on this topic written for parents that are easily available and not costly.

Children are genuinely curious, they really need to know about all kinds of things. If the information you give your child is not sufficient, your child will seek out information from other sources. Regrettably, the most common source is the peer group; and the peer group, important as it is, is however not a good source of information on such matters. Given the anxiety sex causes kids, peers in their anxiety will distort even accurate information they may have gotten. And many are likely to be quite inventive and inaccurate. So, facts and the truth coming from you are the best you can count on.

Question: What about their sexual curiosity, their interest in seeing and experiencing?
Answers from participants.

Discussion: Again, books can be enormously helpful. There are some with good diagrams. They're safe and informing.

Actual explorations of self cause no harm and inform well. Explorations of others can be a problem. If you find your child and his near-age little cousin playing "Doctor", it's wise to tell them to play another game. Tell them that they have time to find out about other people's body parts when they get older, and that for now, you'll be glad to tell them what you know and even show them some pictures of what body parts look like. In order to really find out about those body parts, they'll have to wait till they're older. There's a lot to understand and learn about and that takes being older. The principle here is to pace their interest to their age and to address that interest verbally and with discussion.

Question: What about the worries and concerns they have about sex?
Answers from participants.

Discussion: Worries about anything ought to be taken seriously. Worries should not be dismissed. In fact, it's wise to take time to talk about these, whatever they are. No topic should be barred from discussion at home. Furthermore, it's highly advantageous to the parent-child relationship to talk about worries and concerns the child has. Parents who talk to their children about their concerns and worries gain in the child's trust and feeling that the parents are helpful people who know a great deal, and that they are happy to help the child. And, **parents who talk to their children and listen to their children when they are young will find that their children will talk to them and even listen to them when they are teenagers.** Listening and talking together as parent and child does not start when the child is an adolescent; it's too late for it to start. That has to start early in the child's life.

Facilitator: This is a long Workshop. For this reason, at this point we have divided it to go into a second session. You and the participants have to decide whether to go on or break here and take up the rest of the Workshop at your next meeting.

TRAUMA WORKSHOP # 4b

TRAUMAS FROM WITHIN THE FAMILY – PART II

Sexual Abuse (Continued)

Group discussion:

Discuss in whatever size groups participants wish various ways to handle the child's curiosity about his/ her own body and the bodies of others. Talk about what to do when the young child is curious about the parents' body. It's normal for children to be curious about the people they love.

Discuss how to best talk about and handle childhood and adolescent masturbation. **Facilitator**, you may want to refer to the set of Workshops on Sexuality that belong to this series.

Discuss how to sufficiently answer the child's questions about parent's bodies, bodily functions, etc.

Discuss what kinds of details are helpful to the child and unhelpful to the child. (For example: should a parent discuss the parent's sex life with the child?)

Discuss how to best handle the topic if a parent is uncomfortable and/or does not feel able to competently answer their child's questions and/or concerns.

Question: Some parents feel that because sex is such a personal matter it's best for the child to learn about sex and sexual functions directly from the parents or the siblings. What thoughts do you have about this?

Answers from participants.

Discussion: Certainly from all the things we talked about earlier, it should be clear that such activity is not desirable. Even if both parents think it's a good idea—as once was believed by some parents—it is not. What was found in such cases is that seeing the parents having intercourse was far too stimulating, too frightening, and led to distortions on the part of the child of what the child felt he/she saw. Some children distorted what they saw as the parents fighting!

Parents allowing sexual activity between siblings or parents not intervening when such activity goes on ends up causing both kids guilt and self-blame. In addition, they blame their parents for this happening and experience the parents as misguiding and feel much hostility toward them as a result of the harm it causes the child/adolescent.

How Can Parents Best Help Heal Harmful Effects of Sexual Trauma

Question: What can we parents do to help our children heal the effects of having been taken advantage of sexually? And what if on top of it all the child was in fact hurt or threatened with hurt by the perpetrator if she/he reveals what happened?

Answers from participants.

Discussion: First, we parents need to be able to hear talk about sex from our children; it is not the easiest topic to take up with our kids but it's got to be done, and done well enough. We have already talked about and most of you have known a long time that children are not "too young" to have sexual feelings, concerns, fantasies, wishes, desires and behaviors. Denying the child a chance to talk about sexual matters with you is a serious loss of opportunity to help the child in many important ways. And in no way might it be more important than if your child is or has been sexually abused.

In working with children and adults who have been sexually abused, one of the most distressing findings is their report that they were not believed. They were not believed by their mothers or by their fathers. When they tried to tell their mothers or fathers about having been touched in their genital area or invited to sexual activity by a person older than the child, the parent turned the event against the child. More than once a mother said that this wasn't possible and she'd better stop making up things like that, or perhaps worse, she accused the child of having done something to invite the activity or even to have started it. This just pulls the rug from under the child. To whom then can she turn?

Needless to say, when your child tells you that someone touched her genitals or in one way or another tried to or did engage her in sex, allow for the fact that it might very well be true. It may not be true, but it may. It is very unwise to doubt what the child is saying. It's OK to be surprised and to wonder, but it is not to convey disbelief of what the child is saying. Don't hesitate to ask for details of what was done. You will also want to know from your child when, how, what the circumstances were that led to such event(s). You will also want to try to help the child tell you who the person is who did this to her.

Parents should know that they are much advantaged by their children telling them about these or any other hurtful experiences our kids have, as young children or as adolescents. One of the big problems is that many children are hurt in this way and do not tell their parents until much later, if ever.

Question: How come many children don't tell their parents about such things happening to them?

Answers from participants.

Discussion: As we said this is one of the most troublesome things about sexual abuse. Many children in fact do not tell their parents about it, **even when the abuse happens within their own homes.** The reason lies in the fact that all children have a "child's family romance" which we talked about before. They have sexual fantasies and wishes. This leads to their belief that when a sexual event occurs it's because they wished it to happen, or they invited it in some way, and that all in all it's their fault. Now if they tell mother or father the abuse took place, the child fears the parent will not only blame the

child for it, but also know that the child has the transgressive fantasies and wishes she has. She doesn't know that we all had such fantasies and wishes when we were children—even if we don't remember them. This is also why many young women don't report date rapes. They fear being accused of having invited or incited the rape.

This is another reason why it's best for parents to let their children know that they do want to know of any hurtful thing that happens to their child be it in school, when they go to a neighbor's, or anywhere.

Most problematic in this not telling is that it's most difficult for children to report such improper behavior toward them when it's an adult to whom the child feels close who has or is doing this to the child. It will be especially difficult if the perpetrator is one of the parents or a sibling. Again this is because the child fears that her fantasies and wishes will be uncovered and she will be blamed for causing this to happen.

Question: Well, isn't it sometimes the child's fault?

Answers from participants.

Discussion: We would say **no**. Yes, it's normal for children to have feelings, fantasies and wishes for sexual activity, and even at times to behave seductively. But they are children. They should not be held responsible if they are taken advantage of by someone substantially older than they are. The older person should be held responsible. Similarly, if a young adolescent is brazenly seductive with someone quite older than she, however enticing it may be, it's up to the older individual to behave responsibly. This position is widely accepted in society that no one questions that responsibility be assigned to the adult when an adult has had sex with an adolescent. At times politicians have had a hay day of their opponent's transgressing propriety in this manner.

Question: Once a sexual trauma has been found out, how can the parent best help the child?

Answers from participants.

Discussion: Parents can help in many ways. Their efforts to help are usually appreciated as are their understanding and sympathy. It is enormously important for parents to understand the child's need to talk about what happened. It is highly valuable for parents to not tire of their children's going over what happened again and again. In fact, the child/adolescent who is able to talk about it is far better off than the child/adolescent who is not. Going over it again and again serves the child/adolescent's efforts to master the trauma and to lessen its hurtful effects.

Parents help by persistent and thoughtful efforts to help the child to feel better, be less afraid and feel safer. Parents help by helping the child cope with his/her array of emotions many a child feels as a result of the traumatic activity, most commonly shame, self-blame, and guilt. Let's not disregard how difficult it is for parents to tolerate the child's feeling hurt. Yet, we have to be able to do just that, tolerate our child's being in pain and torment, in order to help the child cope constructively with the effects of the trauma.

In many cases professional help will be needed for the child. Parents can help by cooperating with the professional and his or her guidelines. And the parents' TLC, which

is always very healing medicine, can go a long way in helping the child to feel better.

Question: If the parent in one way or another insufficiently protected the child against any form of sexual abuse, how can this parent now best help the child?

Answers from participants. Can they provide specific examples if relevant?

Discussion: The parent who is able to recognize that perhaps she/he did not help protect the child enough, would be helped by considering all the points about helping that was previously discussed. Highly important, though, is the parent's being able to admit that she/he was not as helpful as she/her could have been. To deny this does more to lower the child's regard for the parent than if the parent admits it. Children can forgive; but they need help to be able to do so. Such admission, painful as it may be for the parent, should also be accompanied by an expression of regret at having let the child down, and an apology. Occasionally repeating this admission and apology may be needed. But at the same time, it is important **for the parent to not be too harsh with herself/himself**; this might only make the child feel bad that mother/father feels so bad about it all. Admission and apology are fine, beating oneself, punishing oneself, becoming depressed are not.

And the parent needs to know this. Compounding all this, the child will most likely be angry with the remorseful parent for not having helped enough. This is facilitated by the parent's admission—and it's good that it does facilitate the child's anger to surface. It is far better that this anger come out than that it stays in the child's gullet—and psyche. And now it is important for the parent to help the child express this anger toward the parent but to do so in acceptable ways. The parent's tolerance of the child's **reasonably expressed** anger toward her/him for what happened is greatly facilitating of the child's efforts to heal the harm caused by the disturbing sexual activity. Don't let the child be abusive to you; that will only cause the child now to feel further guilt.

Then, it is important to let the child know that the parent now knows what needs to be done to protect the child better and will take all needed action to do so. If the parent is uncertain about what to do, professional help can be enormously guiding. The parent needs to reassure the child that the abuse will not go on and take steps to insure this.

Question: What if the parent perpetrated the sexual activity and therewith the child's trauma? What can this parent do?

Answers from participants. (If anyone volunteers that this happened at home, take care to protect this parent from ridicule or humiliation, etc. that might come from the anxiety this is likely to trigger in some of the other parents.)

In such instances the parent will most likely need professional help to develop guidelines for how to take this up with the family and the child in particular. Treatment will be in order for the perpetrating parent to sufficiently overcome what drove him/her to so traumatize the child. There are many things this parent will need special attention to come to understand and accept, such as that it's hurtful to many a child to be engaged in sexual activity and why, the parent's not knowing what it could do or denying such knowledge and why such denial, etc.

We have found that often the parent who engages his/her child in sexual activity

was at one time or another in childhood taken advantage of sexually too. That parent was subjected to the kind of trauma he/she perpetrated on his/her own child and will need professional help to facilitate healing from both his/her past trauma and present harmful behavior. It takes a brave parent to face this and in good faith seek treatment for it. In most though not all instances perpetrators are ordered to get treatment by a Court. Even though this may initially be felt as onerous by the parent, such parents can take to treatment well and benefit much from it—to the advantage of the whole family. Unfortunately but understandably, such discovery has led many a time, but not in all cases, to a separation by the parents and a breakup then of the family.

In order to prevent this kind of occurrence from happening again the parent has to fully recover and gain mastery over the behavior and the emotions that resulted from it.

Facilitator: discuss this question in more detail if participants are receptive. Be available to offer referrals to mental health professionals for this form of treatment if asked.

Review salient portions of Workshop with participants.

Especially emphasize that sexual abuse can cause the child to feel not only **physical pain but especially emotional pain in the form of guilt, shame, neurotic symptoms, difficulty in relationships, and even psychological disorganization.** And we know from our understanding of aggression that intense pain, physical or emotional, will generate hostile destructive feelings in the child.

Address the fact that children often feel angry or even hostile after being sexually taken advantage of. This is because the sexual activity, even if the child's bodily sensations were pleasurable, will cause guilt and shame. Guilt and shame, in turn, cause much unpleasure, and will therefore cause the child to feel hostile toward the perpetrator and herself or himself. Then, in helping a child overcome feelings of guilt and shame caused by the trauma it is necessary to allow the child to express and discharge feelings of hostility that are generated by the pain guilt and shame cause. What the parent has to do is to allow, tolerate and help the child find **acceptable ways of expressing the hostility.**

Helping the child find ways to express and discharge the hostility in ways that are acceptable to both the child and the parent is a vital task. This is an opportunity not only to repair the hurt caused by the trauma and to undo the hostility it generated, but also to learn to deal with hostile feelings in constructive ways.

We find it crucial that parents hold in mind that **excessive unpleasure—intense pain of any kind--generates hostile destructiveness (EU → HD)** in all of us. It will be a factor to contend with when a child is traumatized.

Emphasize growth-promoting parenting techniques and stance.

TRAUMA WORKSHOP # 5

TRAUMAS FROM WITHIN THE FAMILY – PART III

Emotional Abuse, Separation and Divorce, and Loss of a Parent or other loved one

Let's first talk about *Emotional Abuse*.

Question: What about children being traumatized emotionally by their parents? What do we mean by that?

Answers by participants.

Discussion: There are many ways we parents may traumatize the children we love. Some of the things we do to them **directly**, some we do to them **indirectly**. For instance, a parent shaming a child for unwanted behavior is **directly** hurting his/her child; as the shame is intensified, the hurt will mount and the narcissistic injury the child feels may become traumatizing. We have seen too many times when children's and adults' self esteem is so damaged by parental emotional maltreatment that their sense of self-worth for years to follow is irreparably low. A well-known and too common example of parents **indirectly** traumatizing their children is parental separation and divorce. What the parents are doing is not at all directed at the children. But it affects them deeply.

Question: Do you mean to say that telling a child he should be ashamed of himself for hitting his little sister is traumatizing?

Answers from participants.

Discussion: We are not saying that. That a child may be hurt when his mother says that he ought to be ashamed for hitting his little sister does not mean he will be traumatized by it. It may be in fact what makes him determine to not hit his little sister. This example takes us just to the point we want to make.

And that point is trying to get a child to do something or to not do something the child is not doing **by shaming** the child into it is a very weak and potentially very hurtful way of getting the child to comply. Shaming is very hurtful. It does not **encourage** desirable behavior; it **negatively pushes** the child into it. Shaming is a negative way of coercing someone. It is far better to encourage a child to do something. This does not mean one should not disapprove of a child's behavior. On the contrary. If the child's behavior deserves disapproval, parents should verbalize the disapproval. And then, encourage the child to behave differently. Shaming is not the best way to do it.

James Gilligan, who extensively studied prisoners on death row, has reported that the most uniform causative childhood experiences he found that lead human beings to become vengeful destroyers of others comes down to experiences that caused them to feel profoundly ashamed of themselves. Although different than other explanations that also account for criminal behavior—such as Lonnie Athens' hypothesis (according to

Richard Rhodes' *Why They Kill*) that criminals he studied had been terrified by physical abuses they suffered as children—Gilligan's hypothesis that shaming leads to criminal behavior also makes much sense. So does the fact that adults who become sexual abusers of children tend to predominantly be adults who themselves were sexually abused as children. Henri Parens' hypothesis that what generates excessive hostility, hate, malignant prejudice and violence in humans are **experiences of excessive unpleasure**—which are experiences of intense pain a person feels as being "just too much to bear"—brings these different hypotheses together. His hypothesis accounts for the fact that all kinds of excessively painful experiences will do this. This pain can be caused by injury to a child's (or adult's) self regard—as is caused by shaming—or by excessive frustration—as caused by neglect or deprivations, or by abuses as the 3 basic types we are talking about here, with physical and sexual abuses terrifying the child.

Shaming, when pushed far enough is experienced as humiliation, which is extremely painful and generates rage and hate in people. The consequences of shaming as a technique for rearing children, getting children to comply, are the generation (meaning "production") of hate and rage in them. This can only lead to trouble, whether the rage and hate is directed toward others or toward themselves.

Putting a child down, embarrassing a child, telling him/her he/she will never amount to anything good, etc. all hurt too much. Where such insults occur often, the hurt they cause will accumulate and lead to traumatization. Clearly, not using such shaming to express disapproval is the best way to prevent this type of traumatizing of our children.

Question: What can one do to repair having said something like that to one's child?

Answers from participants.

Discussion: That's a most welcome question. It is always worth thinking what can I do, as a parent, to repair any hurt I may have caused my child in a moment of high stress. Just feeling guilty about having hurt your child is only a start; it does not help the child when that's all the parent does. Besides, it's very useful to model for your child how to be brave and try to undo whatever mistakes one makes.

A simple apology as "I'm sorry. I lost my cool. Sometimes I get so angry because you're not getting better grades, not trying harder in school (or whatever), I say things that are hurtful. What can we do to get you to work better? But it's no excuse for my saying mean things. Again, I'm sorry." Use your creativity, say what you think is likely to repair. Be reasonable; don't smear yourself with mud; it doesn't make the child feel better when you do.

Question: Fine, but sometimes my kid gets me so angry, I feel like slugging him. I don't want to do this so I let the words fly. Is there a better way?

Answers from participants.

Discussion: Let's look at this question in a way to make what to do more understandable. Children, even the best of children, are very challenging to rear. Their strong and good "strivings for autonomy" make them want to have their way, do things the way they want, indeed, do just what they want. They are not ornery when they act like this. Here's what that's about.

We're all born with self-protective mechanisms for survival. Among these is the inner push to be oneself, to be an individual who is able to survive in the face of the many challenges which confront the child from birth on. This inner push is fueled by healthy aggression, which we've called "nondestructive aggression". It's visible in young children's (and older ones') behaviors as strivings to do things oneself, as strivings to be oneself. This we've called the "thrust to autonomy", autonomy meaning to feel like a self and be able to do things oneself. To be sure, we all want children who will someday be able to stand on their own two feet, capable of coping and of achieving their (constructive) goals. The "thrust to autonomy" is where this starts.

When the child, of any age, does something he/she wants to do, the child finds interference with that as not allowing him/her to be who the child wants to be. It's like stepping on the child's developing sense of self—of which a sense of autonomy is a part. That's why children resist their parents setting limits with them. "You're stepping on my self" the child would say if he knew what mental health professionals know. Disapproving of a child's behavior runs into this. So does wanting the child to do something the child does not want to do, including doing his homework, or learning to be reasonable, like complying with parents and teachers, and eating a healthy diet. Sure we want the child to feel secure in her/his sense of self. But we also want the child to be reasonable and do constructive things.

In this way then, the child's goals and the parents' goals sometimes come into conflict. And this is a large child rearing challenge. So we have to respect our child's developing sense of self, but we also have to stand our ground as responsible parents. This is what leads to battles of wills between child and parent. It will continue through adolescence.

Now, in the course of a child's persistently resisting Mother or Father's admonition, there will be times when, as was said, we may feel like slugging the kid we love—though not at that moment. Our focus here is what can we do that will be the least emotionally traumatizing to the little brat—this is how we feel right then. In parenting young children between the ages of 1 and 8 years, we have found that one swat on the child's clothed bottom may be much less hurtful than saying depreciating things to the child. Often, hands tied by well-intentioned warnings of child abuse—with which we agree—in a fit of anger a parent is likely to call the child a brat, or tell him he'll come to no good, or say whatever other demeaning thing one might want to say to him. Hostile feelings make us want to say things like that. One swat on the bottom is much less harmful than giving your child "the evil eye", or telling him he's making your life miserable, or he's upsetting the whole house, etc.

There's a problem here. The very valuable effort to prevent the physical abuse of children has led to an exaggerated fear that any punitive physical contact by a responsible parent will traumatize the child. What is lost here are first, the fact that emotional harm often comes from the parent's efforts to not give the young child a swat on the bottom and second, that a swat on the bottom is not traumatizing. But we insist that one swat is not three or four; it's **one**. And, it's with an open hand, and on the child's clothed bottom. Baring a child's bottom can be embarrassing to the young child and feel humiliating. The aim is not to humiliate the child, it's to get the child to comply.

Facilitator: Allow any discussion coming from the participants. We have found this a

difficult point of view for many parents to accept. The impact of the warnings of child abuse is good; it has unfortunately gone too far. Nonetheless, parents should not be coerced to accept our line of thinking. It should simply be offered to them for consideration.

Let's now talk about *Separation and Divorce*.

Question: What about we parents indirectly traumatizing our children? When parents divorce we don't hurt our children directly. So how do separations and divorce really hurt children?

Answers from participants.

Discussion: Lately, much has been said about the **very painful experiences** children have that come from their parents' separation and divorce. Of course, separations and divorce are very painful for parents. But as we all know, they are very problematic for children.

Let's be clear here too. We are not saying parents should or should not separate or divorce. Keeping the child in mind, there are times when divorce is the best solution to a very troubled and irreparably damaged marriage. Serious strife between parents, with much hostility experienced between them—whether expressed or silent—is invariably experienced by children as threatening chaos and danger within the family. When children experience their parents in frequent fights, in fights that are very hurtful to them, physically or psychologically or both, they experience much emotional pain, fear, dread of injury—physical and/or emotional—and more. These experiences are traumatizing. And they may lead to the child's being traumatized. The pain of this trauma is such that it may leave its mark on the child's relationships, on his/her sense of self—being burdened with guilt and shame. This pain in turn may lead to costly psychic defenses such as denial of the pain and avoidance of interpersonal conflicts that need to be resolved.

On the other hand, divorce too creates its problems. In fact it may lead to the same experiences as do frequent hostile fights. It is difficult to know which of the alternatives is potentially more traumatic. The parents, human beings in their own right, are the only ones who can decide whether a separation and divorce is the least destructive alternative for all concerned.

Question: Yes, but what about the kids? How do we deal with this?

Answers from participants.

Discussion: There are good books out that tell us what divorces do to kids. Judy Wallerstein who studied families of divorce has written much about this that is well done. Here are some of our thoughts.

1. It's best to be aware of the pain and fear children experience when their mother and father are fighting, verbally, and even more so physically, although we want to

emphasize that words can be as destructive as physical acts. Children **feel, recognize, and understand** violence between parents. They may deny that their parents' fights are upsetting, but they are. A child's "I don't care" should be believed with benevolent skepticism.

2. Parents must know that trying to get the child or children to ally with one parent against the other is loaded with problems. It creates serious problems for the child "to be put in the middle," in any way. Children should not carry messages from one parent to the other; the parents need to contact each other when they have something to say to one another. The parent who tries to talk the child into alliance against the other parent is the one who has most to lose. Depreciating the other parent, accusing the other parent of wrong doing, etc. will not make the child a true ally. The child will be torn by what we mental health people call a "loyalty conflict". Siding with one parent against the other usually is experienced by the child as a burden, making many a child feel he/she should fix the other parent's wrong doing, and lead to negative feelings about the parent who is doing the depreciating.

3. It is important for parents to know that children inevitably feel it's their fault that their parents fight, and that they divorced. There are a number of reasons for this. One of the largest reasons for this is advanced by psychodynamic clinicians. They tell us that the natural love children have for their parents leads the child who is developing normally to come to have very special feelings for the parent of the other sex. From about 2½ years of age on, boys tend to develop romantic feelings toward their mothers, and girls toward their fathers. We all know about being "daddy's girl". Although we don't use a similar term for boys, it happens. These normal romantic feelings make the child have romantic fantasies.

(Facilitator: For more detail of this topic, see the *Workshops on How Sex Develops in Children, Workshop #5, The Development of Sexuality in the Child, Part III, Section II: The Family Romance.*)

These romantic feelings commonly lead to fantasies of the child's someday marrying his mother or her father. When parents fight and especially when the parents separate and divorce the child tends to feel that his or her romantic wishes are about to come true. The child also sees the hurt the parents feel when they fight and divorce. If the child's wishes coming true brings with it such visible parental hurt, it's easy to see why the child might feel he/she caused it all to happen. I wished it and it came true; it's all my fault!

It is therefore, wise for parents to listen for any hints in what the child says of the child's feeling "It's my fault that you and Dad are fighting." Simple reassurance that this is not the case is most helpful. It may not fully stop a child's feeling he/she caused the fight; but it will lessen the unrealistic feeling of self-blame. And it's likely to come up on a number of occasions, each of which gives the parent an opportunity to repeat the fact that the parents' fights are and were not the child's fault, it was the parents'.

Question: How long does it take for kids to stop feeling so bad about their parents getting a divorce?

Answers from participants.

Discussion: We can't predict how long that will be. Let's think of it this way. Children always have an immediate or acute reaction to parents' fights and they also have a long-term reaction. The acute reaction tends to range from a very high to a moderate level of anxious, disturbance, and intense pain. The long-term reaction will tend more toward depression with a low-grade feeling of constant pain, fear of fights erupting in the house, not just between the parents, mistrust in relationships, perhaps even pessimism.

The same goes for a divorce. The acute reaction will be much more threatening, anxiety producing, and painful than will the long-term reaction. But the long-term reaction will be more one of pain, possibly depression, a sense of insecurity and fear that the child's world may come apart, and in adolescents, wariness in forming intimate relationships with peers of the other sex. In both cases of parental fights and certainly in the case of divorce, the child will always be more or less pained by these experiences.

4. As the child quiets in her/his distress at his/her parents having divorced, as the pain of it all decreases to a more bearable level, parents can try to explain to the child what happened that led to the divorce. Here several considerations may guide the parent. As always, it's best with children to be honest, up front, and in this case to not depreciate or unfairly blame the other parent. What led to the parents fighting so much? And what led them to then divorce? In most cases of divorce, one of the major factors leading to it is that the choice of marriage was made before Mother and Father came to really know each other well enough. They did not sufficiently recognize incompatibilities between them. Whatever really happened is the best reason to give.

This being said, it is important for the parent to use her/his judgment about how quickly and how much to disclose to the child. For instance, if Mother or Father had an affair that led to the divorce, the child's age ought to be taken into account. A teenager is more likely to be able to tolerate that information than might a 6 year old. The same goes for sexual incompatibilities. On the other hand, if there was physical violence, it is highly likely that the young child witnessed it and this can then be said to the young child. "Mommy didn't want to get hit anymore" is readily understandable by young children. Or "Daddy is sick. He drinks too much beer that makes him do things that hurt us too much. Mommy didn't want that anymore. I know you miss Daddy being here and I'm really sorry." And if you feel so you can add, "I sometimes miss him too". Use your judgment, think of not hurting the child more, and then trust yourself to say what you think.

Just bear in mind that this effort to help your child will be a process, not just a one-time talk. Going over it again and again gives the child a chance to digest the experience and reduce the inner pain the divorce caused the child.

What about the *Loss of a Parent or Family Member*?

Question: What kinds of things can happen in a family that may traumatize children that are not caused by what parents do?

Answers by participants.

Discussion: Acts of fate like the death of a family member especially a parent, job loss, all kinds of physical or emotional illness or injury to a family member, etc. all affect children deeply. So does having a handicapped sibling, from as soon as the handicap is uncovered. It is highly advantageous for parents and their children that we are all—well, many of us—becoming aware of the many things kids can be subjected to that can cause them to be traumatized.

All of the above experiences—and others—can become traumatic when the child's (or adult's) adaptive capabilities(ego) are flooded by very troublesome feelings. He is then likely to feel unable to cope with these events constructively.

We say again that **all of these experiences that can cause trauma have a crucial thing in common**. It is that they all cause the child to feel **intense physical and/or emotional pain** (excessive unpleasure). And we know from our understanding of aggression that intense pain, physical or emotional, will generate hostile destructive feelings in the child.

We find it crucial that parents hold in mind that **excessive unpleasure--of any kind--generates hostile destructiveness (EU → HD)** in all of us. It will be a factor to contend with when a child (or an adult too) is traumatized.

Question: Do all children react to traumas this way? Do they all feel hostile?

Answers from workshop participants using examples.

Discussion: No, for several reasons. But first let's repeat, if EU ==> HD, then a trauma by virtue of its causing intense pain (EU) will generate HD. Life stressors invariably bring with them heightened unpleasure, with this then comes the potential generation of hostile destructiveness. So children should not only be protected as best we can against preventable traumatic events, they also ought to be protected against too frequent and too prolonged excessive unpleasure experiences.

It is important for parents to know that children vary widely in the way they tolerate unpleasure.

1. Some children seem more sensitive to pain than are others. For instance a shy child, because he/she is born more highly sensitive to feelings than the average child is more likely to feel pain sooner than a socially engaging (non-shy) child. Also, some children seem more sensitive to certain types of pain than other types, for instance again, a shy child is more likely to more easily feel hurt by the pain of shame than the pain of a toothache; a more active child may feel the reverse.

2. The experience of unpleasure varies widely within the same child from day to day and even from hour to hour. For instance, a child who is tired or hungry or ill is more likely to experience unpleasure events more quickly and sharply than when that same child is well rested, fed and feeling well.

3. Children who experience much pain, physical and/or emotional, in the way they are cared for, are more likely to accumulate increased loads of hostility within them resulting in the least little hurt or frustration setting them into a rage.

4. The meaning to the child of the cause of pain is crucial. For example, pain that is caused intentionally is much more likely to be felt as more intensely unpleasurable than that pain caused accidentally.

5. Enormously important to note is that not all children who suffer much necessarily develop quick and intense reactions to pain (unpleasure). Many factors account for such differences including the child's inborn dispositions, intensity and frequency of hurts and neglect, the meaning to the child of the experience that hurts and the efforts made by caregivers/parents at care-giving and to repair hurts. Often reactions are not immediately evident too, and may emerge later or in a disguised form.

Question: Other than just not having traumatic experiences—which is virtually impossible in life—is there any one factor that most protects children, that leads them to be less affected by traumatic experiences than others?

Answers from workshop participants.

Discussion: Of course, many factors as those mentioned before account for such differences. But here we are underscoring the protective power of the positive experiences children have with their own parent(s). Other things being equal, the more positive—loving, respecting, considerate—the relationships with Mother, Father, and siblings, the better the child will be able to cope with traumas. Where the child does not have the good fortune of having such a family, one good, loving, positive relationship can make it possible for a genetically well endowed child to grow and develop in a healthy manner.

Whether in a wonderfully loving and comfortable family or in an overly stressed and burdened family, children need help in learning to cope with pain and with their own hostility and to find appropriate and acceptable ways of discharging these very troubling feelings. Children whose parents know this will better be able to cope with trauma constructively. When parents understand that when children are hostile it is because they are suffering or have suffered excessively painful experiences, they will be more sympathetic. They will also then be more empathic (perceive emotionally), and will be much better able to help their children.

Question: In trying to prevent trauma, how can parents know that the child is experiencing excessive unpleasure (pain of any kind)?

Answers from workshop participants. Encourage the use of examples.

Discussion: The parent is helped and at a significant advantage when she/he knows how her/his child reacts to experiencing physical pain or emotional pain. This ability in the parent develops as the parent increasingly comes to know how the baby reacts to all sorts of painful situations. This includes being hungry, having a tummy ache, feeling anxiety when Mom leaves the room. As the parent's relationship with the child develops the parent will, of course, come to know how the baby expresses himself.

The parent mostly uses his/her empathy skills—her/his ability to perceive what the baby may be feeling—to get a good idea of how the experience of any particular unpleasure is affecting her/his child.

Frequently the child will not verbalize that he/she is upset. He/she will just react upset. Here, in particular, the parent who is attuned to the child will best be ready to help the child in constructive ways.

Question: Should parents protect their children from all experiences of unpleasure?

Answers from workshop participants.

Discussion: Occasional feelings of anger are unavoidable in children and in relationships and will cause no harm. We cannot always give our children what they want or even need. Dealing with such experiences in growth-promoting ways will, in fact, help the child learn to cope with life's unavoidable frustrations and disappointments.

In fact, we do believe that moderate doses of excessive unpleasure helps the child learn to adapt to "real life."

If the child, has mostly good experiences and is helped to deal with those unpleasure experiences that come along, he/she will learn to cope well with and learn to adapt constructively to excessive unpleasure experiences. In this way the child will be stronger and more adaptable than he/she would if he/she never had to cope with difficulties, and she/he learns that she/he can endure some discomfort.

What the child needs to be protected against are **experiences of repeated and prolonged excessive unpleasure** (pain of all kinds) which generate hostile feelings and rage that are too intense, last too long, occur too frequently. This is especially so when these are not well enough prevented due to the parents' insufficient or inadequate responses to the child's needs and experiences.

It is essential that human beings all learn to cope with pain producing events, and with the resultant anxiety and depression that can occur. Depression is unavoidable in life, for all of us, although both genetic predisposition and life experiences influence the intensity, frequency and duration of one's depressions.

Our aim here is to help parents prevent undue depressions, help parents help their children cope with unavoidable depressions and to help parents help their children work through experiences of depression after they have occurred.

Even the best concerned and loving parents cannot prevent all experiences of excessive unpleasure and trauma. But they can be on the alert to prevent most of them and then help the child to cope with the ones that are unavoidable.

Question: How can parents best help their child's coping with traumas?

Answers from workshop participants with examples.

Discussion: The parent can help in many crucial ways.

Obvious as it is, it is worth emphasizing that **the best help available to the child**

are the relationships the young child has. The best among these are the ones with the child's own parents (biological or adopted). No one will go as far as "parents" will, to do all that is possible to care well for the child. We want to say that when we say "parent" we are referring to both **biological** and **adoptive** parents. When we think of ourselves as a child's "parent", as a mother or father, it brings with it a commitment to care for and rear the child that is different from that of any other relationship the child may have as with an aunt or uncle, a teacher, or doctor, etc., or even a grandparent. A "parent" is unique to a child.

With this in mind then, first of all, **parents should make it possible for the child to communicate, talk when that becomes possible, with the parent about the pain experienced and the thoughts that go with the experience.**

The best way of coping with feelings of hostility is for the child **to be allowed to communicate these feelings, verbally or just in sounds (such as crying or complaining), within a meaningful, positive, valued relationship.** Thus, when parents and their children develop a positive--loving, respecting, reasonable--emotional dialogue with one another, anger, hostility and hate can be communicated and talked about meaningfully in a hostility-reducing way.

The power of this way of coping is well known to mental health professionals. We know that the parents' efforts to develop, maintain and enhance a positive emotional and verbal (expressive) dialogue with their child--even when dealing with angry feelings and hostility--provides a vehicle for the constructive coping with painful experiences, with hostility and hate. It also secures one of the most powerful vehicles (communication) for healthy development in the child, including the formation of good relationships and heightened well being.

Talking to one's child about painful experiences helps him resolve the pain and acquire a feeling of being capable of mastering painful, difficult and even challenging events.

Remember that insufficiently resolved reactions to painful experiences continue to remain a source of traumatic feelings within a child's psyche [**Facilitator**, emphasize: to try to just "forget" or not talk about painful experiences simply leads to insufficient mastery or metabolization of such pain experiences]. From there, these feeling experiences continue to impact on that child's emotional development as long as they continue to be insufficiently mastered or metabolized--like an undigested lump in one's gut.

Question: What else can parents do in the face of trauma?

Answers from workshop participants with examples.

Discussion: Comforting in the face of painful feelings is always helpful--even when it cannot stop the source of pain. It is amazing how a parent's comforting a child who has a tooth ache or ear ache can make the young child feel a little better even though that has done nothing for the actual pain! Most mothers (especially, but fathers too when they are honest about it) and nurses know that. Many doctors know that among the best remedies we have are rest and TLC.

Children never seek comfort when they do not need it. In comforting, parents have the opportunity to help their children "work through" an unpleasant experience--be

it a trauma or an emotional conflict. Comforting when asked for by the child, helps the child gain mastery over an experience in which he/she felt hopeless and often helpless. On the other hand, not comforting when the young (or older) child asks for it, may make the child feel unloved, unlovable, ashamed (he is "acting like a baby"), neglected, hurt and hostile, etc. and crave affection.

A parent's efforts to comfort the child and help with his/ her distress may not bring immediate results. However, in the long run such efforts do build within the child a baseline of security, basic trust and feeling cared for. This trust can serve to decrease the level of anxiety and unpleasure experienced at times of trauma, strengthen the young child's abilities to cope, and on top of it all it leads to the lessening of hostility within the child.

Question: What do we mean by "working through"?

Answers from workshop participants. (They may not understand our exact meaning so find their relevant context and work with that.)

Discussion: "Working through" is a process whereby one gains mastery over an experience in which when it occurred we felt helpless. This can be done through the emotional dialogue--talking with and feeling understood and sympathized with--between child and parent. The earlier such dialogues occur, the better.

To repeat, talking to an infant who cannot yet talk is most appropriate, feasible and helpful because the child will feel your empathy--effort to perceive what he is feeling--as well as sympathy for what he is experiencing. In addition, the child will feel that what he is experiencing is normal and appropriate, is permitted and understood and that efforts are being made to make the painful feelings go away.

Talking about what happened after the immediate experience has subsided and then, again, talking about it later can be very beneficial.

When possible, it is helpful to prepare a child for an event that one anticipates may be painful by talking about it **before** it happens. For example, when a child's mother has to leave her child to enter the hospital the child is already upset--whether he/she shows it or not. It is very helpful to tell the child that mother has to go into the hospital, for what reason--and be truthful! Then tell how long Mother will have to be there, when Mother expects to be back home, and that she will call and see the child as often as possible.

While Mother is in the hospital, Father (or other caregiver) should allow the child to talk and be upset about Mother's being away. In fact, the longer the absence and, if not discussed adequately, the longer the silence, the more intense and entrenched the upset feelings become. The less the distress is vocalized, the more it becomes embedded in the psyche. Unless sufficiently worked through this can have serious negative consequences for the child. If the child does not bring up the subject, Father (or other caregiver) can start to bring it up, e.g., by talking about mother's being in the hospital, saying why she is there, reassuring the child that she'll be back and when--all of which can serve to help the child and lessen the negative consequences. These are basic requisites to help the child cope with painful feelings--even infants under 1 year of age.

Question: Do children need to complain?

Answers from workshop participants. Encourage participants to consider if complaining HELPS the child.

Discussion: It is important to allow children to complain. When the parent explains why a painful event has occurred it is essential for the parent to allow the child to react to explanations. Such complaining and explanations always need more than one go-around. Each such complaint and explanation contributes to the working through and the lessening of the traumatizing effects of the event that caused the unpleasure.

When children are allowed to express their feelings and even to complain--which is usually advantageous--unless it is abused--the child may bring up the painful subject again for the purpose of further working through and mastering the painful experience. Usually, when children bring up an event that caused them pain, it is because they have insufficiently mastered it and want a further opportunity to do so. Therefore it is generally useful to allow the child to talk about an event that caused pain and help the child emerge with a better sense of being able to deal with such events.

Question: What can the parent do when the event has not been anticipated?

Answers from workshop participants using examples.

Discussion: After the painful event has occurred, it is useful--especially where the child has experienced it highly painfully--to make opportunities for talking about what happened. It helps to talk about how it came about and to talk about how the child felt. If it is appropriate, it helps to talk about how the child can protect himself from being subjected to that kind of experience again. It helps just to let the child know that experiences of this kind benefit from being talked about.

Remember, explanations and complaining are a necessary part of this process. Each such complaint and explanation contributes to the child's working through and eventual sufficient coping with the traumatizing event.

Question: Does the child often feel angry or even hostile after the trauma?

Answers from workshop participants. Do they have examples?

Discussion: Yes. Again, this is because any experience of excessive unpleasure will produce hostility. In helping a child overcome feelings of pain caused by the trauma it is necessary to allow the child to express and discharge feelings of hostility that are generated by the pain. What the parent has to do is to allow, tolerate and help the child find **acceptable ways of expressing the hostility**. For instance, "It's not OK to hit me; you can tell me that you're angry with me!" For an infant who can't yet speak: "It's not OK for you to hit me; let me know with your voice that you're angry with me!"

Helping the child find ways to express and discharge the hostility in ways that are acceptable to both the child and the parent is a vital task. This is an opportunity not only to repair the hurt caused by the trauma and to undo the hostility it generated, but also to learn to deal with hostile feelings in constructive ways.

Question: What happens in the child if he/she is not permitted the opportunity to express feelings of anger and hostility?

Answers from workshop participants.

Discussion: Again, we want to emphasize that constructive limit setting to help the child learn how to express and discharge hostile feelings in reasonable and acceptable ways is most critical.

Not allowing a child's expression of feelings of anger and hostility prevents him/her from working through those feelings and burdens him with a larger load of hostile feelings. When the child has not been able to express these feelings, these feelings will be stored in the psyche. Later, a child will express that stored hostility using a number of psychic maneuvers; here are 2 of the most commonly used ones:

1. he/she will displace that stored hostility onto another person or thing than that which originally stirred it up, and
2. the feeling of unpleasure may have been changed into one of pleasurable hurting of other things and/or persons. This is the changing of an experience of unpleasure into one of pleasure-fully hurting others.

Question: Does trauma make children anxious or depressed?

Answers from participants. Can they give examples?

Discussion: Absolutely. Children become anxious. In fact, the definition of anxiety is to feel helpless in a situation, to be unable to cope comfortably enough. A trauma is an event that makes the child feel helpless. Therefore, an event becomes traumatic when the child's coping abilities are rendered extremely helpless. The child is by definition excessively anxious.

In addition, the trauma is so disturbing, so shocking, that it brings with it a feeling that terrible things do happen in life and this sets off the feeling of depression even in very young children. We have seen depression in 6 month old infants! Clinically, depression is always associated with hostility. And we have found that the resolution of depression generally is associated with the discharge of depression-bound hostility. In fact, the opportunity to express and discharge that hostility in ways tolerable to the self is assumed to be essential for recovery from depression in children, as well as adults. The more constructively that depression bound hostility is permitted expression and is discharged, the better the success of working through the depression.

Question: What are the goals of parents when dealing with painful events?

Answers from workshop participants.

Discussion: Trying first to remove the source of anger and hostility where indeed it can be reasonably removed is most salutary. (Preventing the experience from happening in the first place is most ideal!)

Second, to allow the child to express his/her feelings but to restrain him/her from harming him/herself or others.

Third is to help him /her understand why the situation happened.

Fourth is to comfort and reassure him of the parents' continuing care and affection, and the reassurance that his/her hostile feelings toward the parent will not cause rejection or abandonment.

Group Discussion: Review and discuss the following topics and encourage dialogue among participants.

1. The effect on child if parent could have prevented the trauma or not.
2. Differences between acute trauma and chronic trauma and how it affects the child at various ages.
3. The effects of physical/ emotional/ sexual abuse upon the child.
4. The effects on child when the abuser is a stranger or a trusted person.

Further Discussion: Consider with workshop participants the following principles:

1. The value for the child of his/her parents, siblings, extended family, and secondary relationships including community resources.
2. The value of "constructive listening" on the part of the parent.
3. Discuss this quote: "Insufficiently worked through feelings of hostility toward those we love produce all kinds of emotional disturbance and misery in people. Such feelings cannot be worked through unless they can be acknowledged, given reasonable ways of expression and discharge and be reasonably dealt with."
4. Crises can become opportunities to enhance family relations and growth.

Role-plays:

In small groups practice helping the child work through feelings related to the experience of a traumatic event. Use examples from your own life or from those close to you.

Alternate the role of parent and child.

How do you imagine the child felt within each role-play?

With great care, get the participants to critique the role-play:

What did the parent do well?

What could the parent have done better?

PART III:

TRAUMAS FROM OUTSIDE THE FAMILY

TRAUMA WORKSHOP # 6

TRAUMAS FROM OUTSIDE THE FAMILY—PART I:

Neighborhood Violence and Crime, Home Hazards: Assault of Family Member, etc.

Facilitator's Introduction: There are many things that can traumatize kids that come from outside of family relationships. Of course these can be more or less severe, more or less very recent and last a short time or they may last a long time, they may be more or less sudden or increase gradually. These traumas can be highly variable. And children are highly variable in the way they react and cope. So each traumatized child has to be helped uniquely, taking all these factors into account.

In this Workshop #6 we'll talk about the many different types of **traumas that can and do happen to children in their neighborhoods, schools and community.**

In Workshop #7 we'll talk about traumas that come from what we call "**malignant prejudice**".

In Workshop #8 we'll talk about **traumas that are caused by hate crimes.**

In Workshop #9 we'll talk about **traumas caused by war** and in this Workshop we'll start to look more closely at **how to help children cope with trauma.** Toward this end we'll start by looking at **the major factors that help us understand how children react to these traumas.** And,

In Workshop #10 we'll continue to talk about **the major factors that affect how children may react to traumas** and about **the types of symptoms they may develop,** and then we'll spell out some **guidelines and principles of how to help children cope with trauma.**

Facilitator: Workshops #9 and #10 are the ones most detailing of "how to help children cope".

The strategies for helping children deal with traumas and the effects they may have on them are essentially the same for the different types of traumas that come from outside the family. Therefore, Workshops #9a and #9b ought to be turned to any time that their contents are needed in any discussion during the following Workshops. Rather than tedious, we think that **repetition** of the factors that go into how the child experiences a trauma, the symptoms commonly found in trauma, and how to deal with these, i.e., the contents of Workshops #9 and #10, may help participant-caregivers grasp better what to do to help. We put these strategies last because we think they may make more sense to participants if they are discussed after participants have a chance to discuss how kids may experience the various traumas caregivers may need to deal with.

Now let's get to some questions. We want to start with what we think is a very important aspect of trauma, one that we think is often not sufficiently recognized.

Question: What do you think it might mean to a child, or an adult too, to be traumatized by someone within the immediate family as compared to being traumatized by someone outside the family? Assuming the same intensity of trauma, which do you think is the more harmful?

Answers from participants. (**Facilitator**, if the participants did Workshop #3 of this set ["Traumas from Within the Family—Part I"] they will have briefly talked about this question—middle of Workshop.)

Discussion: Let's take a few minutes with this issue. We bring this question up because we have found that some traumas have gotten due recognition while others have been quite underestimated. Here's what we mean.

Most of us are horrified by "crimes against humanity", crimes against others on the basis of ethnic, or racial, or other differences. Indeed, such crimes are horrible whether it's the lynching or the tearing apart of one Black (African-American) young man in America by dragging him for several miles behind a truck, or the torture and murder of a homosexual, or the killing of several Jews in a pogrom in Eastern Europe. And it is horrifying if it is the murder of a village of Kosovar Muslims or of 6 million Jews, for reasons we all know.

Question: Well, isn't that in fact horrifying? Can you think of anything worse?

Answers from participants.

Discussion: It is horrifying. But can we think of anything worse?

Yes. Too many people don't seem to be horrified when a mother or father abuses her or his own child/children. Yet, all factors being equal—i.e., actual physical or emotional hurt being equal—**being intensely hurt by one's own father or mother is more traumatizing than when the perpetrator of the hurt is someone outside the family, someone outside our more intimate relationships.**

As we said in Workshop #3, because it comes from within the home, when the intense hurt comes from the people to whom the child is emotionally attached, it hurts more than if the hurt is caused by someone the child is not deeply emotionally related to. It traumatizes more. This is because everyone of us, child and adult, feels the hurt more deeply when it is caused by someone we trust, someone we love, someone who is supposed to love and be loyal to us. It's even more so if that someone is supposed to nurture you, protect you, comfort you, help you, as all children feel about their mothers and fathers. If your enemy hurts you, or a robber hurts you, it hurts but it doesn't take you by surprise. You expect that your enemy might want to hurt you; you may well want to hurt your enemy. You know a robber will want to take something that belongs to you. If you resist or if he/she is loaded with hostile feelings he may hurt you. Yes, it hurts. But it doesn't make you feel **betrayed** as when someone you love hurts you badly. It doesn't lead to your feeling mistrustful of all people. It doesn't make you feel you were wrong to love, to care, to trust certain people.

Sure, it's more horrible if 6 million Jews in Europe or thousands of Muslims in the Balkans are killed than if 10 children are individually killed by their enraged parents in the course of toilet training their resistant toddler. But is it?

Those who don't die when subjected to serious traumas—and some who have spoken out tell us so—end up more traumatized when the perpetrator is their own mother or father than when it's an outside the family perpetrator. H. Parens—who survived the Holocaust as a child—has written about this way:

"And this point pertains to one of the most critical determiners of how we experienced this [the Holocaust] traumatization. It is that the trauma was perpetrated on us *by an enemy*. Unlike home-based child abuse, be it physical or sexual abuse, emotional abuse or abusive neglect at the hands of one's own parents, all of which do effect a degree of 'soul murder' (Shengold, 1989), the Holocaust experience, however enormous the traumas, was perpetrated on us children by a source **outside** of the crucible in which our development most takes place, from outside our families, our ethnic family, our immediate social communities. Although the Holocaust did ravage our lives, that the ravaging did not come from those we love, just this rendered the trauma a lesser degree of destructive potential. Anna Ornstein weaves her thoughts about this question side by side with another important aspect of the trauma. She notes that 'traumas that have been suffered by whole communities, such as . . . war or the Holocaust, create memories that can be shared with those who participated in it. Rape, incest, or child abuse, on the other hand, [tend to be] endured in silence and emotional isolation. [And she adds,] Most importantly, child abuse is most frequently perpetrated by people who are supposed to love and protect the child. Hitler, on the other hand, never promised the Jews of Europe anything other than persecution and extermination' (1994, p. 139)" (Parens, 1999, Address to the Annual Meeting of the American College of Psychoanalysts, unpublished).

Facilitator, again, allow as much discussion of this issue as needed to reduce as best you can—time permitting—whatever resistance to this painful truth you can.

Question: You know that we don't mean that seeing a kid get shot or get cut up with a knife on the street isn't going to really scare kids. It will. But it won't have the added terrible feeling of being betrayed by someone who is supposed to love and protect you. It won't be packaged with the heading, "My father did this to me!" So, what do we do to help kids cope as best as they can with violence in or coming from the street? Let's first look at what kinds of traumas kids experience that come from "outside the family".

Answers from participants. Get examples.

(Facilitator, categorize the examples you get according to the types of experience we'll suggest below, or in whatever way makes sense to you.)

Discussion: Many types of traumatic events happen. In some neighborhoods there are dangerous fights in the street with guns and knives, there are robberies and murders, serious vandalism with the destruction of property, there are fires, accidents, and more. There are acts of terrorism, and in our schools these days there have been shocking shootings. There are people getting wounded and getting killed.

Question: What factors do you think create distress for children when there are violent crimes in your neighborhood?

Answers from participants.

Discussion: A number of factors that make violent crimes impact on us play a role in what altogether causes a child distress. Here are some:

1. The sudden threat of danger to oneself, those we love, the things we value. And with this there is the unexpected loss of safety and the feeling that the world is dangerous.
2. There is a loss of rule and regulation of conduct in the people in one's own environment. This too makes the world a dangerous place.
3. The seeing someone we love get harmed seriously and being unable to prevent it or defend them. Feeling helpless in the face of what happened.
4. The sight of bodily harm, of maiming, of blood, of destruction of things valued. The idea that this can happen to one of us also brings with it the fear that it may happen to the others we love, and to ourselves.
5. **Facilitator**, see if participants can add some distress producing factors.

Question: Which do you think causes the greater distress?

Answers from participants. (**Facilitator**, be cognizant of how impossible it is to rank-order these, that too many dimensions of each of these factors weigh in to make each variably influential.)

Discussion: All thoughts and suggestions are welcome. We find it very difficult to say which of these is more important. Sure, the loss of a loved one is most painful and in the long run more distressing. But it may not be the most distress-causing factor at the time of traumatization. The fact is that all these factors and more than we have mentioned cause distress. They all combine to elicit more or less intense reactions. Among the intense reactions are where we may eventually find which factor(s) caused the greater distress. We will then also find what caused the traumatization.

In helping children deal with trauma we must keep in mind both **(1) what is the type of trauma the child is experiencing** and **(2) what the child's reactions to the trauma are**. We do find that many different types of traumas produce the same types of reactions in children and adults. This is why the same principles to helping traumatized children that we discuss in Workshop 10 can be applied with different types of traumas.

The type of trauma is important because it will have a lot to do with how the child reacts. This is why mental health helpers want the patient to talk about the event(s) and the type(s) of trauma that occurred. This helps the person deal with his/her reactions and symptoms. But in helping their traumatized patients mental health clinicians start their work with their patients by looking at their traumatic reactions. This is what we most address and what we treat. This line of reasoning leads us to feel that we ought to first look at **the types of general reactions** traumas cause in children.

Question: Oh, are you saying that it doesn't matter so much what the trauma is? It's just how the kid reacts?

Answers from participants. (**Facilitator**, make sure that participants did grasp that we

are only saying that it's useful to look at helping kids by addressing their reactions to the trauma? As you go along, you'll make this point again.)

Discussion: NO, we repeat that the type of traumatic event matters a great deal. The type of trauma matters much since **it will give the trauma meaning and will influence the content of the child's fantasies and the feelings that will be woven into the traumatic experience.** It will also influence the way we and the child will deal with it. But our first line of approach to dealing with the trauma will be to take into account **the type of reactions it causes the child to experience.**

We suggest that we consider

(1) Events that are terrifying or intensely frightening such as the random shootings in schools, or a helicopter crash in a school-yard, or an armed robber coming into the house or a bank, etc. Then let's consider

(2) Events that bring intense physical pain such as accidents or gun shot wounds or knife wounds; then

(3) Events that bring much emotional pain, such as losses. Let's start with

(a) The loss of body parts, whether a leg, an arm, an eye; and

(b) Events that cause us to lose *someone we love and/or value*, and

(c) The loss of *something we really value.*

Of course, a traumatic event may cause more than one of these experiences; it may cause any combination of these. It may be terrifying as well as very painful and it may also cause the loss of a body part as well as the loss of someone or something the child loves and values.

Question: When you were children, were any of you ever really **scared out of your wits?** Was it only for a few minutes or did it go on for much longer than that? What did that feel like? Did any of you ever see someone get shot or otherwise wounded?

Answers from participants. (Facilitator, the idea is not self-revelation but the stirring of empathy for children's experiencing. The point is to draw attention drawn to the usefulness of letting themselves feel what they might feel if they were in the traumatized child's place. And of course examples will help.)

Discussion: We all experience scary things. As we'll talk about in Workshops #9 and #10, **how old we are** at the time and **how we individually react** to scary things will play big roles in how we experience being intensely frightened or terrified. And other factors play a part too.

The type of event will influence how frightening it may be. So, you see we have to take what type of event it is into account even if only to consider how scary the event is. For instance, a fire in the house will usually be less frightening than an attack on the child or a loved one. An attack on the child or on a loved one with a knife will be less frightening than an attack with an automatic weapon. The sound of gun shots frighten people. The closer the sound, the more it is frightening. Blood tends to frighten people. The more blood spilled, the more frightening the event.

The meaning of the event especially influences how terrifying it may be. Here again, the type of event matters. If an enraged man with a gun comes into your house, this will be more terrifying than if the child sees him on the street. If a 14 year-old brings

a gun to school it will be more frightening to your child if that 14 year-old is in your kid's class than if he's loose in the hall. If this 14 year-old threatens your child it will be more frightening than if he threatens the whole school. If your son or daughter had been teasing this troubled 14 year-old, your child is more likely to be more frightened than if he/she had not. If your son/daughter had been getting phone calls from the 14 year-old threatening to get back at your kid, seeing him in class with a gun would most likely be terrifying—even if your child pretended not be frightened. If the frightening event happens to you or someone you love, it will be more intensely frightening than if it happens to your neighbor.

The meaning of the event is likely to be amplified if it is **a repetition of a past traumatizing experience**. The memories of past traumatic experiences are rekindled when a new trauma occurs and may intensify the traumatization.

(Facilitator, see if participants can come up with other factors that will make an event more or less terrifying. Again, our goal is to heighten the caregiver's empathic experiencing of what the traumatized child is going through.)

Question: How about the experience of **intense pain**—do children fear intense pain? Did you as a child ever experience a painful event that has lasted with you over the years?

Answers from participants.

Discussion: A number of things can happen to children that cause them intense pain and leave them shuddering at the thought of that experience. In many a case, such experience may have caused the child to develop a number of symptoms such as fear of the dark, of monsters, of being attacked, etc. Some of these experiences include

Scalding water (or coffee) burns to a large part of the body such the thighs or the chest, etc. or more;

Being 3 years old or so and being forcibly held down (even by a caring father) to have a tooth drilled;

Having a compound (multiple breaks) large bone fracture, etc.

Having to have sutures and the doctor getting started before the body part is sufficiently numb;

Getting hit by a hard object, be it a baseball or a bat, a fist or a stick as an act of malicious intent. It does not hurt as much if it is accidental. In fact, this applies to all painful experiences. That is, if the pain is intentionally inflicted it is experienced as much more painful event than if it is accidental. Also important is whether the pain was caused by one's own actions or by someone else. It's common for it to seem to hurt more if the pain was caused by someone else than by one's own doing.

Getting hit by a bullet! Getting stabbed. Accidental or intentional, if they don't kill the child or adolescent, they'll hurt the child or adolescent very badly. And often, the scars are invisible, but make themselves seen under stress.

Question: If an injury causes the child **to lose a body part**, the experience and its consequences can be most serious. Have you seen this happen to a child or adolescent? What were the child's reactions?

Answers from participants.

Discussion: In addition to the fear or even terror, and the severe pain that comes with it, losing a body part can be mortifying. Of course, some body part losses are more impacting than others. For instance, losing a leg or an arm will require a number of steps to restructure one's way of moving about and doing things. It may lead to the loss of plans for the future that were a component part of the self's life plan. The hope for doing certain kind of work may be lost. Certain important activities or hobbies may have to be given up. Losing an eye will lead to the loss of depth perception and will also require accommodation to function nearly as well as before. **Facilitator**, ask for any other kind of body part loss participants have witnessed or had to deal with.

Any body part loss will lead to a feeling of loss of the self as we have known it up to the time of the injury. This will lead to a partial loss of self. It will lead to a mourning reaction and require more or less psychological work to accept well enough the change in one's self-image.

Facilitator, in Workshops #9 we talk about it's implications for the child or adolescent according to age and in #10 we talk about how to deal with it. As we said before, it might be most helpful to have these two Workshops on hand and ready for use if questions of how to deal with it are pressing.

Question: What about events that cause us **to lose someone we love and/or value?**

How does such loss affect kids? How do we deal with it?

Answers from participants.

Discussion: In Workshops #9 and #10 we detail how it affects kids and how to deal with losses of loved ones. Here let's just get an overview of what's involved and then go to details.

The loss of someone we love and/or value affects us painfully no matter how old we are. Mental health professionals have found that how old we are when we experience such loss is highly determining of how we react to it and how we deal with it. A number of factors go into how the child will react and how we will help the child deal with it.

Here's are some of the factors:

- (1) The age of the child at the time of loss.
- (2) The relationship to the child of the person killed.
- (3) The quality of the relationship to the person who is lost.
- (4) The way that loss occurred, what caused the loss?
- (5) The child's individual ways of reacting to stress, hurts and losses.
- (6) How had things recently been going between the self and the lost loved one when the loss occurred?

Question: What about **the age of the child** at the time of loss? For instance, how would it affect a 6 month-old? A two-year-old? A 12 year-old?

Answers from participants.

Discussion: The age of the child matters importantly. From about 6 months of age on, the child will have formed meaningful attachments to those in his/her family. Once we have formed an attachment to someone, losing that person causes us a greater or lesser

degree of pain. The younger the child at the time, the greater the loss. And, it's important to bear in mind that this loss will continue to be felt to a greater or lesser degree throughout life.

One of the problems is that some young children may not show the feelings of loss they experience. Some will. Those that show the feelings are more likely to get the attention they need. Those who don't show feelings of loss—sadness, crying for the lost person, looking around for the lost person, if they are able to talk asking about the lost person, etc—may give the impression that they're not upset. That though is not always the case.

In Workshop #9 we talk about children's experiences of loss according to their age.

Question: What about **the nature of the relationship** of the child to the lost person—how can that affect the child? What if the lost person is the mother? The father? Etc.

Answers from participants.

Discussion: Of course it matters whether the lost one is the mother, the father, a sibling, a grandparent or a favorite aunt or uncle. To be sure, whatever the age, the loss of the mother and father will have the largest impact on the child. But so will the loss of a sibling. If the grandparents, or aunts, uncles and cousins are often seen and the child feels close to them, these losses too will have a greater or lesser impact.

Question: How will **the quality of the relationship** to the lost person affect the child's reaction of loss?

Answers from participants.

Discussion: This is not so simple. Generally, **the better the relationship**—its being positive, predominantly loving and not conflicted—**the more painful the immediate loss reaction, but the easier and shorter the mourning process.** We'll explain this.

When an infant less than 6 months old loses his/her mother, assuming she is the primary caregiver, that loss will be registered by the infant. The infant will feel the absence of an already expected way of being cared for. But because the child has not yet sufficiently developed a stable attachment to the lost person, **if a good substitute caregiver takes over the responsibility of loving parenting**, that loss will not be so difficult.

Where there is a good relationship, for the child from 6 months of age on to about 6 years, the loss will be experienced more painfully than if the relationship is significantly conflicted. Where the relationship is more conflicted, while the immediate pain of loss is less, the child is more likely to experience guilt—because of the large load of hostile feelings the child experiences toward the lost parent. This will make the long-term feelings of loss be over-weighted with hostility and hate and this, in turn, will make getting over the loss more difficult and take longer. The same applies for any age: losing a parent we love but have a conflicted relationship with will make the mourning process more difficult and take longer to resolve. More psychological work will be required to

get over such a loss than when the relationship is good.

Losing a loved parent is difficult at any age. But from 6 years of age on as the child gets older, the loss of a parent will be less and less world-over-turning than it is for the less-than-six-year-old child. But let's not make the mistake of thinking it can be easy. It will be painful; but increasingly as the child gets older she/he will better and better be able to adjust to this tragedy.

Just a quick word here about children losing a parent or very valued other person. We'll talk more about this in Workshop #9. Our clinical experience tells us that children need help to mourn effectively enough. This help is best provided by the remaining mourning parent. Here, of course, we assume that the mourning parent—since the parent lost a mate—will be very upset too. But it's important that the mourning parent help the child(ren) tolerate the pain of loss and mourn.

(Facilitator, see if you want to introduce this issue. This makes us wonder what it might be like for a child like Elian Gonzalez who, having rather suddenly lost his mother, is now separated from the father he knew since birth. Of course we are not informed about how he is feeling. It may be that with all the distraction that surrounds him, all the attention and the gifts he's being showered with, that he is not being given a chance to feel the loss of his mother. What might the consequences of this be for him as time goes by? What do participants think? It is important to mourn a loss. When it is not done in childhood or near the time that the loss occurs, it is very likely to be required emotionally later.)

For a child to be able to mourn, it is essential that the child be permitted to be sad, to cry, to complain about the parent being lost, to talk about it, over and over and over. There should be no ridiculing of the child's feelings, no mocking of the child's distress, no prohibitions of sadness and crying. The expression of feelings and thoughts is highly desirable for the child to eventually get over the loss without excessive problems.

(Facilitator, this is a critical topic and must be addressed sufficiently.)

Question: The way that loss occurred will also factor into how it will affect the child. What event caused the loss? If anything like this happened to you or to someone you know, how did it happen? Or, have you heard of such occurrence in or near your neighborhood?

Answers from participants.

Discussion: How the loss occurred matters for several reasons.

(1) The event that caused the death of the loved one will become part of all the child imagines in the course of mourning. If the parent was killed by a gun, guns may appear again and again in a child's dreams, fantasies, fears. If it was by a knife, images of knives will appear. The child may become pre-occupied by the weapon used. If a car hit the parent, cars may become a source of anxiety and appear in the child's fantasies and dreams.

(2) The degree to which and the way the parent's or the sibling's body was mutilated will impact too. The more the mutilation, the more likely it is to terrify the

child—to think that this is the way Mom or Dad or Johnny died! This too is likely to appear in the child's dreams, pre-occupations, and fantasies.

(3) If the event was accidental or intentional will matter too.

(4) Facilitator, ask participants what other factors they think would matter too.

Question: We all react similarly to disasters, yet we also tend **to react in our own individual ways**. How are your children reacting to the dangers in your neighborhood? Do they react the same way?

Answers from participants.

Discussion: Children do vary in the ways they react to stress, hurts and losses. We'll talk more about this in Workshop #9. For now let's just say that we all have different degrees of sensitivity. Some things frighten us more than others. Some kids can't stand the sight of blood; some may even faint or throw up. Others may even be fascinated by it, intrigued by it, with or without being overly frightened or made nauseous. Some children will be mortified by the event and be unable to react in a helpful way on their own. Others may be terrified but mobilize their resources and help without even being asked to.

Children may react quite differently depending on the nature of the event. Some will be more frightened by the sight of blood, others may be more frightened by a fire or an explosion. Of course, the child's previous experiencing of traumatic events will play a role in how he reacts to different current events.

For the most part, observing parents will have a pretty good idea about how their children will react and to which type of event. Of course, there's always a first time for being shocked by a horrible event that never happened before and for reacting differently than predicted.

Question: We all know that in the lives of our kids and in our own lives too, there are ups and downs, there are times when things go really well and there are times when they don't. What if on the morning of the day when Dad got hit by a bullet in a cross fire between gangs, your child and his father had had a nasty argument? Would that matter?

Answers by participants. Any examples? (**Facilitator**, consider not just the morning of, but also an intermediate (say a week) or longer time (months or more) of unpleasant or outright hostile relatedness between child and parent or between siblings.)

Discussion: How things had been between the child and the lost loved one when the loss occurred may have a very significant impact. Generally from about 2 years of age on, the younger the child the more the child is likely to feel and think magically that the terrible event happened to his father because he wished it to happen. Being enraged with his father, the child very likely, for a moment might have felt and thought "I wish he were dead!" Then, lo and behold, it happened! The older the child, say an adolescent, the less is he/she likely to be influenced by "magical thinking", the less is she/he likely to feel, it's my fault. But, even many an adult may feel this and so blame herself/himself.

Self-blame is much less likely to happen when the child has a largely loving and stable relationship with the lost person.

Question: What about events that cause us **to lose something we really value?**

Answers from participants. **Facilitator,** get examples of *things* that when lost caused a child great distress.

Discussion: We all have things that are special to us. For a younger child it can be his/her special "comforter" (the British call it) like a blankie or teddy bear or even pacifier. For an adolescent it may be his boom-box or the necklace her parents gave her on her birthday. For an adult, it could be . . . whatever (**Facilitator,** get examples from participants).

Of course, it could also be your house or the family pet.

Being very upset by losing some things comes from the fact that we all make some things very valuable to us. We say that we "emotionally invest" these things. We all do this very commonly and it is often a desirable thing to do. For instance, when we move into an apartment or a house, they are just places where we can put our things, can get shelter from rain and cold, and can store our food to make dinner with. The apartment or house is not "a home" until we "emotionally invest" in it as "our apartment/house". A home is not just a place we live in. Home is a special place where we feel safe, warm (hopefully and if we're lucky), sheltered not just by a roof but by the love and care that's felt there. This is because we have invested it emotionally.

We have invested it emotionally because the people we love and who love us are or have been there. To a degree we do this with things we get that come to have special value and meaning to us. For example, for the infant the blankie stands for the feeling the infant feels when cared for by her/his mother or father. This is why in Mental Health we speak of things like the blankie as "comforters" (or "transitional objects"). For the teen-age boy his boom-box allows him to carry his chosen environment along where he goes. For the adolescent girl, the necklace reminds her of her parents' love for her and their wish to make her feel attractive. All of these make our lives better.

Question: But other "things" make our lives better too. For instance, what if the thing that's lost is the child's school, or his church or temple, or her playground? How might this affect the child?

Answers from participants.

Discussion: The age matters much here. For children under 5 years, and for older children too of course, the most important place where they experience their lives is in their homes. But some children younger than 5 who spend a fair number of hours in daycare or preschool and have formed attachments there, the loss of the daycare or preschool with all its meanings may be experienced by the child as a serious loss. The young child may miss playmates, teachers, good times, with much distress.

For children 5 to 12 years of age, the school and neighborhood playground are sites where the peer group is commonly seen, interacted and played with. The loss of these will most likely cause distress. To what degree will vary.

For the adolescent, these losses may impact more harshly. This is because the adolescent is increasingly involved with and emotionally invested in his/her peer group. The increasing importance of the peer group is part of adolescent development. And it is important that it be so; good mental health requires it. This is because the peer group will

increasingly be the principal arena where relationships are formed and where a mate will be found.

For adolescents who become especially involved in religious groups, the loss of their religious institution is very likely to be experienced with much pain and distress.

Facilitator, invite further input on this from participants.

Question: Are there some basic principles we ought to know that can apply to helping children cope with such losses?

Facilitator, you might here ask for some preliminary consideration of this or you might tell participants that you will take this up in the Workshops that follow, but especially in Workshops #9 and #10.

TRAUMA WORKSHOP # 7

TRAUMAS FROM OUTSIDE THE FAMILY—PART II:

MALIGNANT PREJUDICE

Facilitator, use *Trauma Workshops #1, #2 and #3* at any point while doing this Workshop—at the outset, somewhere in the middle, or at the end. The aim of all the Workshops is to try to facilitate the caregiver's own efforts to cope and to help her/his child cope with this particular type of trauma and its effects as best as both the caregiver and the child can. Facilitator, Workshop #7a is long. You may need more than the usual allotted time to get through it.

Facilitator, be aware that the caregiver—be it a parent, a daycare caregiver, or a teacher—is most likely to be traumatized just as the child is. Therefore, we must be aware of both the traumatized caregiver and the traumatized child the caregiver is trying to help.

DEALING WITH MALIGNANT PREJUDICE

Question: We know that in order to deal most effectively with any trauma, we need to know as best as we can just what the trauma is, just what is causing this intense pain. So, let's start with, "What causes pain in prejudice?"

Answers from participants.

Discussion: Prejudice means to feel that those who are not like us are not as liked by us as those human beings who are like we are. We feel we would rather be with someone like ourselves than with someone like this other person.

Question: But, don't we all feel this way? Don't we all prefer to be with people like ourselves? Don't Catholics prefer Catholics? Protestants prefer Protestants? Jews prefer Jews? Muslims prefer Muslims? Whites prefer Whites, Blacks prefer Blacks, and so on? Is this bad? Is it immoral?

Answers from participants.

Discussion: Yes, we all tend to feel this way. There are important basic developmental factors that cause this in all of us. **They are actually necessary for healthy development.** This is why in and of themselves, they can't be bad or immoral. But what they can lead to can be bad and immoral. Two factors stand out:

1. That from our earliest months of life on, in the course of our developing our earliest relationships within our families, we **identify** with those to whom we first become attached. The **identifications** we make—I am like my mother, like my father—lead us to feel we are like those to whom we form our basic attachments. Centuries ago

the Jesuits said something like, "Give us your children for the first 5 or 6 years of their lives and we'll make them Catholics for the rest of their lives". Mental Health development specialists tell us that they were right. Freud said, that it's our identifications that make each child as if the child bears the stamp, "Made in Germany", more specifically, "Made in the (fill in your name) Family".

Now, if we feel we need to be like our mothers and fathers, we will be so in all major defining ways. We will want to be White or Black the way they are, Protestant, Jewish or Muslim the way they are, maybe even truck-drivers or teachers the way they are, etc. In fact, we now know that these identifications make us be like people in the community in which our parents were reared. Freud said that parents are the representatives of Society in their families.

This is what makes people want to live in communities with people like them. Whites in White communities, Blacks in Black communities, Hispanics in Hispanic communities, etc. This is why immigrants move into areas where there are immigrants like they are, be it Korean, Indian, Turkish, etc.

This preference of people like ourselves, we think of as a mild form of prejudice or what we call **benign prejudice**. In and of itself it does **not make us hate or want to hurt or destroy others who are different than we are**. For this to happen, something else is needed. We'll talk about this later. For now let's go to that second factor we said makes this form of benign prejudice develop in all of us.

2. The other factor that leads to our developing this **benign form of prejudice**, is what Mental Health development experts call **stranger anxiety**. In the process of each young child's becoming attached to those who first care for the child, this troublesome yet unavoidable reaction, **stranger anxiety** occurs, that facilitates our pushing away persons who are not just like those to whom we are attaching. It's a normal, attachment-facilitating reaction. We have to go into a little detail.

Infants come out of Mother's uterus with ready-made, inborn mechanisms that will lead the child to attach emotionally to those who most commit themselves to the care of the infant. But the infant's brain develops those abilities needed to form this attachment only gradually; attachment doesn't become stable overnight. In fact it takes about the first three years of life to really develop this attachment to a point of security and stability.

What happens is that during the first months of becoming attached the infant's brain can't yet make it possible for the infant to remember what his mother or father looks like when Mom or Dad is not right there. In fact when a 5 to 12-month-old's mother walks out of sight, the infant reacts with **separation anxiety**. This is because, not being able to retain the image of the mother or father when that parent is not in the child's field of vision, the infant behaves as if he/she feels mother disappeared, for ever! Now, if someone other than the mother or father comes into the child's visual field, because the infant needs to see the mother/father, the child's not recognizing this person as his/her mother creates anxiety in the young child. This anxiety is **stranger anxiety**. We assume that the infant feels because this person is not my mother, it's "a stranger".

We retain this early life deep-seated anxiety about strangers to a greater or lesser degree for years if not for our entire lives. This among other things is what makes many of us anxious about traveling to countries where people differ in some significant way

from us. This stranger anxiety then adds to the process of developing our sense of self out of our identifications in making each of us experience prejudice. But we say that this is **benign prejudice**.

We emphasize that **benign prejudice** does not lead to our wanting to hurt or get rid of people who are different than we are. We soon come to know, to see that **all human beings have a great deal in common**. We are more alike than we are different. We are all so much more like one another than we are like cats, or apes, or any other animal. We just usually prefer to be with "our own."

Question: So what does make people want to hurt and get rid of people who are different than we are?

Answers from participants. Any answer that even partly makes sense is acceptable.

Discussion: Facilitator, as always, acknowledge answers that make sense, even if only partly so.

There are many factors that contribute to prejudice becoming such that we want to hurt or rid ourselves of other human beings. For instance, probably since the beginning of time people have fought over whose land belongs to whom. The recent atrocities in Bosnia and Kosovo, this century's World Wars, the Israeli-Palestinian conflict, the Hindu-Moslem conflict in India, and many such conflicts are in part derived from who owns and wants what land. These also in part have to do with who will rule in a certain area. This has been so with regard to the American atrocities against Africans whom they forced into slavery and is continued even today as manifest in prejudices against African-Americans, this century's reciprocal Chinese Nationalist-Communist atrocities, with the South-East Asia years-long atrocities, including the massacres in Cambodia, and the more recent racial massacres in Africa. There is no end of these. But this rivalry for land and governance is only part of what leads to murdering others simply because they are different.

In all these, none would have led to the atrocities we all know, were it not for that factor that is essential for the experience of **malignant prejudice**. **This essential ingredient that creates and organizes malignant prejudice is hate.**

Question: What do you think causes hate?

Answers from participants. Facilitator, raise doubts about any suggestion that children are born with hate feelings in them, i.e., children are not born feeling hate.

Discussion: An individual feels hate when he/she has a large load of hostile destructive feelings that are stable. These hostile destructive feelings never just pop up. Hostile destructive feelings are generated in us when we feel intense pain, of any kind. Hate feelings are there because they have accumulated over time in reaction to having been hurt too often, too much, too intensively. In fact any and all hostile destructive feelings come from too high levels of pain. We are saying that when people are mean to others it's always due to a load of hostile destructive feelings they carry inside them.

But we can't always express the feelings of hate we carry in us. It's often too dangerous and costly to ourselves. No child will feel free to express his/her hate toward

her own father or mother. It's just too risky. You could get thrown out of the house. So what do you do with it? You walk around with it inside you, and if a good opportunity presents itself, you'll let it come out then. Most commonly, from less than one year of age, children tend to **displace** their feelings of intense hostile destructiveness, including hate, onto others than those they fear too much. **This displacement of large loads of hostile destructive feelings in the form of hate is what leads to malignant prejudice.** Said a bit differently, **without hate there is no malignant prejudice.**

Question: OK, but what does this have to do with how we can help ourselves and our kids cope with what we've been through? How does it help us to help them?

Answers from participants.

Discussion: The better we understand what causes our hurts, the better we can handle them and cope with them. For instance, what factors in prejudice hurt us especially badly? From the most to the least obvious:

1. **Being physically abused.** Crimes of hate are only too well known everywhere. Such crimes always tend to stir up the wish for revenge in those hurt by these crimes.

2. **Having our rights taken away.** All minorities have been subjected to this in many parts of the world. And one group that is not a minority, namely women, have had this experience probably from the beginnings of time all over the world.

3. **Being insulted and treated as inferior beings.** In prejudice, "the other", "the stranger" is always insulted, always represented in distorted ways. It's "dirty Jew" or "greasy Spic" or "slant-eyed Jap". "The other" is always vilified, made to be evil, or dirty, or greedy, or abusive of our wives and children, made into all bad, criminal, and moral degenerate. "The other" always is blamed for some chosen trauma or strain caused by "the other" on our own people, or our families, and this makes the need for revenge right and even heroic.

We have to deal with all of these to help us parents (caregivers) and our children. Let's deal with each. We'll start with "being insulted and treated as inferior" because it is at the base of all 3. Let's also keep in mind that, as we now speak, we caregivers as well as our children not only have been injured but that we continue to be so mistreated.

Question: Well, what's so hurtful about being called by some nasty name? Isn't it true that "sticks and stones may break my bones but words will never harm me?"

Answers from participants.

Discussion: It is not true that "words will never harm me". They won't harm us like sticks and stones, but they do harm us. The reasons can be understood in terms of our "self-image" and our "self-esteem". No one in the world is so well put together emotionally that our self-image and our self-esteem is invulnerable, that these can't be injured.

Our **self-image** is composed of a number of images-ideas we have about ourselves. Our self-image has to do with how we think of and see ourselves. We are adults, a female or a male, a mother, a teacher (or something other), an attractive or

handsome person, a reader, a music lover, whatever we think of ourselves. But we also all have some features of our self-image that we are not so thrilled with. We may see ourselves as too fat, not attractive enough, not smart enough, not tall enough or too tall, etc. It's especially this aspect of our self-image that makes us feel bad when even a stranger says "dirty Jew" or "greasy Spic", etc.

Our **self-esteem** is determined by the experiences we have had in life up to the present. There are different ways of explaining this. We find the model that Freud left us to be of much explanatory value. According to this model, there are 3 major categories of experiences that will determine the quality of our self-esteem.

1. All infants come into the world with an **inborn feeling of self-value**. It's a biological fact that we are born with a more or less strong drive to survive. It's basic self-preservation. This biological self-preservation is experienced psychologically as our feeling that we have an inherent value. To the degree that this self-valuing is protected and preserved the better our self-esteem. This means that the degree to which from birth on our parents value us for ourselves, they have and continue to treat us with love, respect and positive emotional attention, to that degree our self-esteem is positive.

2. The degree to which we are **gratified in our love relationships**. To be loved by those we love is a powerful contributor to our feeling good about ourselves, to our feeling we are valuable. It goes both ways. That is we need **to be loved**, and we need **to love**. Being loved by someone we don't love may gratify our narcissism, but it's not as strong a contributor to self-esteem as it is when we love that person. It's being loved by those we love that makes it work.

3. The degree to which we are **gratified by what we do**. This includes the success we feel in our work, in the deeds we do, the way we behave and act. All are important. But perhaps the most important is how we feel about what we've made of ourselves, how well we did in school, or in some large accomplishment, what kind of worker we've become. The more we value what we do in our daily work, the better our self-esteem.

These 3 categories of experience combine to make our self-esteem what it is.

But we also know that no one feels totally and always valued. Nor do we always feel loved or even always feel loving toward those we most value be it our mothers, fathers, mates, or even our children. Nor do we always feel that we've done as well as we can nor proud of everything we've ever done or do. We all feel this enough to be vulnerable to insult by people who know nothing about us and whom we don't love at all.

Question: Fine, fine, but what do we do about it? How do we deal with this?

Answers from participants.

Discussion: When we are insulted this way the first step to lessen the injury is to take stock of who we know we really are. When our children are so insulted we have to help them take stock of who they really are. Let's look first at how to deal with ourselves, then how to help our children.

How to help ourselves.

1. We have to remind ourselves that those who are prejudiced against us have distorted their image of who we are. They have falsely made us out to be bad in one or more ways. We need to reason with ourselves that it's a distortion. It doesn't take away our anger at this distortion, but it does heighten our awareness that we're not who they say we are. We need to ask and address the question: What kind of person am I? This is no time to exaggerate or distort, nor is it a time to be too modest. We need to be as fair with ourselves as we might be with someone we like. If we have at times stood up to someone and argued with that person, this doesn't mean we're mean-spirited, or that we have bad manners, or whatever. When we look out for our safety and best interest that does not mean we are greedy. We have to sort things out to ourselves to feel with some confidence that what is said about us is not true. Many of us feel confident about our self-value; but many among us do not.

2. It helps to think of those who think well of us, those who love us and those who respect and appreciate us. If we are fortunate, this will include our families, friends, co-workers, maybe our neighbors, or those we've helped in one way or another. Do they think we are whatever negative things are being said about us?

3. And, how do we feel about what we do? About the quality of our work? Are we good workers, giving those to whom we are responsible what we owe them, be it our children, our boss, our students, our patients? About how we conduct ourselves? How we treat others? We have to be fair in how we evaluate ourselves, here again without exaggerations or modesty. Also care is needed in assessing doing work well, being committed and responsible, not just in our degree of popularity or monetary success—though, of course these may go hand in hand.

Obviously, the more positive all these, the better will our sense of self stand up against the distortions of those who are hostile toward us. Note the importance of how we love and feel loved and of how we work.

Question: And what about helping our children? What can we do to help them cope with hurtful things they'll probably hear said about them?

Answers from participants. **Facilitator**, you've already inferred and pointed to what parents can do, try to get participants to put these thoughts into action.

Discussion:

How to help our children:

The same issues that pertain to our adult sense of self apply to our children's sense of self too. There is one large difference: **the child's sense of self is neither as fully developed nor as stable as is ours.**

The development and stability of our sense of self is largely dependent on our developmental age. The child's sense of self develops and stabilizes gradually over the years. In fact, although our sense of self achieves a high degree of development and stability during our young adulthood, it actually continues to evolve over the length of our lives.

The child's sense of self begins to develop from birth on. But the child's "thoughts" about and "knowledge" (cognitive awareness) of his/her sense of self, her/his

feeling "I am a girl/ boy", probably begins from about the middle of the first year of life on. This knowledge gradually develops and stabilizes. Therefore, in order to help our child cope with prejudicial distortions, we have to tailor what we say to her/him to not only the particular insults the child has heard but also to the child's expectable age-appropriate development and stability of her/his sense of self.

The parent's basic strategies to start with should aim at **helping the child maintain a positive self-image and self-esteem.**

Question: Can we have some more detail on this? How do we help the child maintain a positive self-image and self-esteem?

Answers from participants.

Discussion: Even under normal circumstances of rearing our children, when they are not subjected to prejudice, important steps can be taken by parents to help the child develop a positive self-image and self-esteem. These are important as well in helping the child who is subjected to prejudice.

For instance, regarding the child's **self-image**, any questions the child asks about his/her physical features should be addressed with positive feelings. Disregarding children's concerns as silly or not important is invariably harmful to the child's basic developing sense of self. This applies to any concerns about the color of their skin, their hair, their eyes, their nose, features that have ethnic-genetic characteristics. It is important to talk to the child about ethnic-characteristic differences from early in life on, and certainly from the time the child says anything about it.

Furthermore, young children will note some ethnic-characteristic differences even before the child asks questions about them. For instance, during the second year of life children will begin to take note of differences in skin color, the color of their skin as compared to their mother's or father's if there are such differences. Soon after they'll take note of differences in the color of their skin as compared to a neighbor child who visits, etc.

Although individual characteristics are not subject to malignant prejudice against groups, they do affect the individual child's self-image. Important then are also the child's concerns about individual characteristics. For example a child who is smaller than his peers or chubbier than others, or whatever, may feel bad about it. The child may or may not talk about it. It is useful for parents to bring attention to such characteristics, but with the intention of helping the child understand that such characteristics don't make the child a less lovable, likable or desirable human being. The parent who teases the child about his/her height or weight is hurting the child. Even if it leads to a chubbier child eating less, it is not a positive way of getting this result.

With regard to the child's **self-esteem**, the child who **feels valued emotionally by her/his parent(s)** secures the first of the three factors that contribute to positive self-esteem. This is not the parent valuing the child because the child makes the parent feel good about herself/himself. It is the parent valuing the child **for who the child is**, even as a newborn.

When this happens, it almost always secures the second of the three self-esteem factors, namely, the child **feeling loved by those the child loves**. As we all know, loving the child does not mean that the parent has to approve of everything the child does. In

fact, it is important to be clear to the child about what the parent approves of and does not approve of. This includes what the child does and what the child does not do. Here it is important to be reasonable in our expectations of what a child can do. What a child can do will, of course, be determined by the child's age and the child's particular intelligence and abilities. We all know that a very intelligent child is not necessarily more lovable or a better human being than a child who is not so bright. Some criminals are very intelligent; Hitler and Stalin were very intelligent!

The third factor in self-esteem is the quality of what the child does, in her/his work and his/her behavior. **Good work and good behavior should be recognized.** Poor work and poor behavior need to be attended to, not by shaming and insults, but by expectation and encouragement.

With this then, let's explore what we might do in trying to help our children.

Exercise & Discussion:

Ask participants to propose insults they know their children have been subjected to and perhaps even better, that they have been subjected to as well. How do they feel they might handle their child's experiencing these in the following age child?

Facilitator, you might take two or three different types of insults with each age child. You might in fact take examples from the participants who have children in just this age range.

1. A child 6 months to 3 years of age. Bear in mind that a 6 month old feels and understands abusive feelings and tones even though the infant can't yet speak a word.
2. A child ages 3 to 6 years.
3. A child, a boy and a girl, ages 6 to 10 years.
4. A boy and a girl, ages 10 to 14.
5. A teenage boy and a girl.

Question: Doesn't it help our children to know that we hate those who are prejudiced against us? Doesn't it make them feel better to know we all feel and say they are evil, bad people? Shouldn't we encourage them to feel hate for them and think they are evil?

Answers from participants.

Discussion: (**Facilitator**, this is another instance when we have to exercise great care.)

It's unavoidable that we will feel insulted and very hurt by the distortions people who are prejudiced against us will advertise. This will make us feel hostility and even hate toward them. Our children will pick this up. At the same time, they too will feel hurt by the insults and will feel hostility. And, in fact they are much more likely to more quickly than adults feel hate and the wish to harm or destroy our persecutors. It is psychologically reasonable that this happens. Feeling hurt will make us angry. Feeling very hurt will make us feel hostility. Feeling often or continually very hurt will make us feel hate.

The big problem for all of us is that **it is just this psychologically reasonable reaction that leads to the perpetuation of hate between people.** We need to do whatever needs to be done to protect ourselves well enough when we are attacked. Absolutely! But is it to our advantage that we ourselves perpetuate malignant prejudice?

If we encourage our children to hate our perpetrators aren't we setting them up to develop malignant prejudice against these perpetrators? If we want malignant prejudice to stop, where do we stop it? Do we just demand that the perpetrator stop it? But if we expect the perpetrator to stop their malignant prejudice against us, shouldn't the same expectation be made of us? If International Law were to outlaw malignant prejudice wouldn't it have to apply to everyone to work? Let's look at this issue from another point of view.

In times of national conflict, all those who are against our country are deemed to be the enemy. But is this true? Did all Americans really believe that all Japanese are evil? Did all the Germans really believe that all French and British people were evil? Do all Muslims believe all Jews, or all Christians, or all Hindus are evil? What about those who knew each other before an actual state of conflict was declared? What about the French and Germans who knew each other before World War I and before World War II, and after? And what about the Jews and Muslims who knew each other before an actual conflict state was declared? Etc. Not all Germans were anti-Semitic; nor were all French anti-Semitic. But there were many Germans and many French, and many Russians and Poles who were, and are, anti-Semitic. In other words, not all people from any one national, or ethnic, or religious group experience malignant prejudice against those from another group.

For this reason too, teaching our children to hate others on the basis of their national or religious or ethnic identity goes against our belief that we should not be discriminated against because we are descendants of whatever national, religious, or ethnic family.

Question: So what do we do? How do we help our children deal with the hurt and hate they feel?

Answers from participants.

Discussion: First we reassure them about their positive self-image and self-esteem. Then we get into a dialogue with them about what makes people do hurtful and evil things to others. Such a dialogue is not a one-time sit-down event. It is a process, with many conversations about it. A number of points need to be covered.

1. People want to hurt others when they feel the others first hurt them. Again, when we are hurt, we get angry. When we are hurt badly, we feel hostile and when it continues we develop hate. Wanting to hurt someone is most commonly caused by first having been hurt by someone. We may have been hurt by the person we want to hurt or by someone else. When someone else first hurts us, it is by **displacement of this prior hurt** that we want to hurt another person now.

2. When we are hurt and it generates hostility in us, we can't always just discharge that hostility and be rid of it. Many factors may make it impossible for us to let this hostility come out. This may be because the person who hurts us badly is bigger than we are, or stronger, or it might just cost us too much to let this hostility come out then and there. So, this hostility stays within us. Many events like this lead to our accumulating hostility within us.

3. Most commonly, the hostility and hate human beings accumulate and store within them comes from the many experiences of hurt they are subjected to while they

are growing up. And most commonly, unpleasant as it may be to say, those who most hurt children as they grow are their own parents and siblings. **Most perpetrators of malignant prejudice and of crimes of hate are individuals who were profoundly hurt by their own families while growing up.**

4. People who are loaded with hostility and hate—coming from their hurtful past—go about looking for ways and places to discharge this accumulated hostility and hate. This is because hostility and hate inherently, by their nature press to be discharged. We are not conscious of this. Experienced psychologically, hostility and hate don't feel good to us and we feel the need to be rid of them.

5. So people loaded with hostility and hate go about looking for a cause, for something to discharge these miserable feelings on. If they can find something they can blame for their misery, this will become a very good target for displacing the hate they have accumulated inside over the years. Banding together, a group of people who feel this way enormously facilitates finding a cause, finding someone to blame for the difficulties of life.

6. All groups be they national, religious, ethnic, have histories of having been hurt by others. Often, as some Mental Health writers have told us specific disastrous events like the burning down of a religious shrine, or a painful defeat in war, or some other highly charged crime, are held dear by a group as an event around which they can rally. Such "sacred disasters" become a means for discharging hate in a way approved by the group. It can even become viewed as a heroic thing to do. This is fertile soil for rationalizing that those who committed the "sacred disaster" are evil. And all sorts of distortions about them are conceived to make them out as evil and deserving of destruction. Then malignant prejudice is set in motion.

Question: Yes, but in the meantime, what do we tell our children to do when they feel they want to destroy those who persecute them with vile remarks?

Answers from participants.

Discussion: We have to help them realize they can't go around destroying others. Their wishes to destroy are very understandable; they are even reasonable; but they can't act on them. **Wishing is OK; acting on those wishes is not.**

And we have to be sure that we don't make our children feel they are evil because they have such wishes. **Children are not evil when they want to destroy.** They are driven from within to get rid of the terrible hurt they feel. There is a self-preservative pressure in all of us to get rid of those who cause us to feel hurt. There is a self-preservative wish in wanting to destroy.

We also have to give them opportunities **to talk to us** about their hurt, their hate, and their wishes to destroy. Talking about this one time is not going to be enough. It will probably come up again and again. **Repeated talking about it gives the child the chance to work these painful experiences through**—to make less painful the hurt and less pressing the wishes to destroy.

Much care has to be exercised in recommending that the child play-act physically attacking someone, or throwing bottles against a wall, or even punching a pillow. The risk here is that it encourages **displacement**, a troublesome defense because it supports the notion of being destructive and also facilitates the development of prejudice. It is

better to direct the child into some constructive use of the hostile energy such as in kicking a soccer ball or raking the leaves, or jogging around the block, etc.

Question: What do we do if our children have been attacked in the course of some act of malignant prejudice?

Facilitator: Let's take this up in the next Workshop.

TRAUMA WORKSHOP # 8

TRAUMAS FROM OUTSIDE THE FAMILY—PART III:

HATE CRIMES

Facilitator, call for any questions about handling prejudice to which participants' children have been and continue to be exposed.

HATE CRIMES

Question: What about children and participants being physically harmed by ethnic based hate crimes? How can we best cope when we are subjected to physical violence?

Answers from participants. Have they been subjected to physical abuses due to malignant prejudice or other acts of hate? If permitted by participants use examples they give to base discussion on.

Discussion: Where medical attention is needed, this should be among the first things to do. If there is any bleeding, it must be stopped by pressure applied at the site of bleeding and pressure bandaging. If bleeding is heavy or doesn't seem to stop, emergency room attention is needed.

If much pain is felt, pain medications (Tylenol, ibuprofen) should be taken because continual pain drains us of body strength.

If bone injuries and muscle injuries have occurred, medical attention is needed. Always apply ice, not heat, to such injuries as soon as possible —ice because it keeps swelling down, heat does the opposite. If medical attention is available, get it.

All this applies to caregivers and to children. Reasonable attention to both is needed.

But you know all this. What about the emotional side of having been physically abused by prejudice and acts of hate?

Question: How many of you know a child who is showing signs of post-traumatic stress reaction? What are some of the most common visible signs of such a reaction?

Answers by participants.

Discussion: Most common signs of a post-traumatic reaction—which means that a child has experienced a hate crime (actually any severe trauma) as overwhelming—are

(1) Sudden reactions of fear (panic reactions) to sudden sounds, or unexpected but everyday events, or disagreement between parents, etc.

(2) Nightmares are common with waking up and high-level reactions of fear.

(3) The child may fear going outdoors alone or going to the second floor alone, or even going to school (phobic reactions).

(4) The child may over-react to even the mildest of criticism.

(5) Many a child may bring up again and again what happened, ask questions

about safety over and over even when full answers have been given.

(6) Some children will remember nothing and make efforts to avoid talking about what happened.

(7) Some children will try to make things safer for themselves by keeping things in strict order, by routinely doing things step by step in the same way, even doing things they are convinced will keep bad things from happening to them and the family that don't mean anything to us (obsessive-compulsive reactions). All these behaviors are signs and symptoms of post-traumatic stress reactions.

Question: How do we help them with these reactions?

Answers from participants.

Discussion: Such reactions need to be dealt with at home, by parents, and may need to be dealt with by mental health professionals (psychiatrists, psychologists, social workers). If medications are needed, a psychiatrist (a medical doctor) will be needed. If symptoms occur in school, and teachers can't calm a child sufficiently to learn, mental health help will be needed. Let's first talk about what parents can do.

Each type of reaction needs attention. Every effort made toward helping the child with each type of reaction will help to lessen the other reactions too. In fact, dealing with each reaction, be it a panic reaction, or a nightmare, or a phobic reaction, helps the child deal with the whole set of symptoms the child is having. Let's talk about dealing with these.

Question: How would you deal with your child's having panic reactions?

Answers from participants.

Discussion: Dealing with panic reactions: It's important to understand that the child can control a panic reaction only to a limited degree. Such reactions are not due to the child's being weak. Panic reactions happen more readily in some people than in others due especially to a biological disposition (we believe a genetic factor). Sure these are due as well to the severity of a given traumatic event. But subjected to the same event not all kids will get panic reactions. Due to biological dispositions some children (and adults) will more easily develop obsessive-compulsive reactions than panic reactions.

Try to calm the child by talking sympathetically to him/her, by reassuring the child that you will do all you can to help him/her. And if you can't help him/her yourself, that you'll get help from people who know better how to help with these terrible fears. Don't shame the child. You can ask the child to try to calm himself down, and try to do the things he needs to do now. If it's homework and he is afraid to study by himself in the next room, have him do it where you are at the time, be it in the kitchen or wherever.

Talk to the child about what happened and help the child to put into words what he saw and experienced and how he interprets what happened. Why does he think it happened, etc. We'll talk more about this below. Talking about what the child feels and thinks is essential to helping the child gain mastery over and deal constructively with the experience.

Panic reactions will likely happen again and again, so be prepared to try to help your child over and over. Sounding tired of trying to help the child will make things

worse. This is because it will make the child feel more hurt, then more angry, and given that he is likely to become angry with his mother or father, the child will then add guilt to all the misery he already feels now. If the panic reactions persist for a couple weeks and seem to not lessen, mental health consultation ought to be sought to get trained help including medication if it is deemed useful by the professional.

Question: How would you deal with your child's having nightmares?

Answers from participants.

Discussion: Dealing with nightmares: Nightmares vary in intensity, in the level of fear they produce. When they don't wake a child, you need not go to the child's bed. If, however, even though the child does not waken he continues to whimper or cry for more than 3 minutes or so, you may want to go to his bed and waken him. It may help to ask him what he is dreaming about or it may be better to wait until morning to do this. It depends on how you feel too. But the reason for waking him is to try to interrupt the nightmare. It's better for the child to go over the terror of the traumatic event in talking to you than to re-experience it in nightmares. Mastery is better achieved in talking to you; it less commonly leads to fear reduction through having nightmares.

If the nightmare wakens the child, we have to go to the child's bed. He may beat you to it, by coming to your bed to wake you. If he comes to your bed, take him back to his bed in a calming, reassuring way. Ask him what he was dreaming about and tell him that you want to talk about it in the morning. For now, calm your child, reassure him that he is now safe (if it is true), tell him that you (and Dad or Mom) are in their room, that he is not alone, and try to get your child to go back to sleep. You'll talk in the morning.

Then, in the morning, be sure to talk about it. Again, ask the child what he dreamt about. Let him talk. Listen sympathetically. It may be hard to listen to him experience pain as he tells you, but it will help him to be able to talk to you about his monstrous and distorted fantasies. Correct distortions sympathetically; don't ridicule them. Don't shame the child for being afraid. Reassure him that he is not alone, you're there for him.

If nightmares persist for more than several weeks, you ought to seek professional consultation.

Question: How would you deal with your child's having phobic reactions? By the way what is a phobic reaction? What do we mean by that?

Answers from participants.

Discussion: Dealing with phobic reactions: Phobia just means "fear of". It can be fear of the dark, or of being in crowds, or very high up like on a bridge. Like with panic reactions and nightmares, the events that were/are currently traumatic activate in the child **excessive reactivity**, in this case fears of going out, or being alone in a room or a floor, etc. This is due to the fact that the child's abilities to cope with everyday challenges are seriously reduced. What causes this reduction in coping ability is that the child's adaptive system—what we call the child's ego—is over-stressed by the trauma. The system, the ego, has been overwhelmed. The adaptive system is temporarily not functioning at the level it did before the trauma occurred.

It is not desirable to force the child to do something the child is terrified of doing. The old principle that a kid will learn to swim if you just throw him into a pool has a high price tag attached to it. Terror teaches us things to be sure, but it also undermines our trust that we are competent, that we can handle challenges, that we can by our actions make the world a safe-enough place. In addition, it will generate hostility toward the person who caused you to experience the pain of terror. And add to it, that if your own father throws you into a pool when you can't even swim, will you ever fully trust him again? It brings to mind the father who stood his 3 year-old on the table and opened his arms, inviting the child to jump into them. As the child jumps, the father moves aside. And as the child crashes to the ground the father says: "In business never trust anyone!" Well, the child may have learned this lesson, but the price tag may include that he may never again trust anyone he loves. Simply put, don't force or trick a child into doing something he is terrified of doing. Help him to try to do it directly, honestly, truthfully.

Try to get the child to tell you what he fears may happen when he goes outside, or he goes to the second floor, etc. Try to reason with him that these things are just not likely to happen. You can give no guarantees, but you can make some good predictions. Tell your child what you think the chances are that whatever dangers he imagines will happen or may or may not happen. Some you can definitely say will not happen; others you probably will not be able to be sure. Don't pretend that you are. Try to reassure your child reasonably.

Talk with him about these and let him talk with you about them. If after 3-4 weeks these fears do not reduce, get a consultation with a mental health professional.

These same principles apply to the other symptoms as well. Making yourself available emotionally to your child, helping the child to talk about his/her experiencing, making efforts to comfort, reassure, sympathetic tolerance for the child's distress and efforts to work things out, all help. If after several weeks of making such efforts the child's symptoms continue, consult a mental health professional. Emotional problems need to be dealt with the same concerns and reasonableness as physical problems.

Again, be aware that caregivers—parents, teachers, daycare workers—may suffer from just the same post-traumatic stress reactions as their children.

Question: You keep saying caregivers **and** children. Shouldn't the children come first? Don't good parents take care of their kids first?

Answers from participants.

Discussion: Good parents have to do what they can to be available to their children, especially in times of crisis. To be available to them, physically and emotionally, caregivers have to see to it that they are in a good enough state to be available and able to help. This is why on airplanes they tell you to put the oxygen mask on yourself first, then put it on your child. If you don't put it on yourself first and quickly, you may not be able to even get one on your child's face! It's to be able to help your child that you have to make sure that you are able to function as best you can.

Question: So what do we do to cope with physical abuse?

Answers from participants.

Discussion: For both the caregiver and the child, make sure that you or your child do not become victim to a nasty psychological reaction many people have. It's to feel that somehow you deserve what you got. Many people will know they do **not** deserve abuse and maltreatment just because of the color of their skin, or the shape of their eyes or noses, or because they are Muslim or Jewish or Catholic, etc.

But too many adults and children feel they do deserve it. This usually is fostered by one of two sets of reactions.

1. A very religious person may believe it must be God's will. It may or may not be seen as due punishment for prior sinful acts, or it may be seen as a preventative act of purification to protect against a greater future disaster. Or it may be experienced as representing some other more or less well reasoned religious explanation.

2. The second reaction is more problematic. Some very conscientious people worried about things they've done in the past about which they feel guilty, may come to feel that the abuses and injuries they or their children are experiencing are deserved, are deserved punishment of their sins. Of the 2 reactions we can only address this second one. We are in no position to comment on religious explanations.

The caregiver who feels she/he deserves to pay for past sins by being abused is very likely to convey this logic to her/his child. It is important for parents (caregivers) to know that children may readily buy into this, since during the first ten years of life children tend to believe that their parents and God somehow know what sinful acts they've committed. It could be acts of lying or of transgression against others.

Most commonly, children feel guilty because they at times got very angry and even felt hate toward their own parents. This very often stays with them into adulthood. Hating, wanting to hurt someone we love, the strict and narrow definition of **ambivalence**, is the most powerful source of guilt in any of us. Many children tend to explain any punishment they get on this basis. This is why many children who are abused, even by their own parents, don't report the abuse. They will tell you they deserved it or their father never would have beaten them!

When we believe we deserve the abuse we are getting in crimes of hate, it may help us accept this abuse, but it does not make us feel morally strong or healthy. And it robs us of developing healthy adaptive strategies for dealing with prejudice and crimes of hate. In addition, when we convey to our children that we somehow deserve abuse, we undermine their reasonable efforts to be respected, treated with dignity, and to understand the true reason why they were abused.

Question: Have any of you felt at times that maybe you deserve the hurt that was done to you?

Answers from participants. (Facilitator, like so many times, be careful, don't push.)

Discussion: Again, we are looking at this issue through the lens of psychology and mental health, not religion. It is important that parents and other caregivers sort this out both for their own sake and that of their children. Prejudice is not based on trying to make people who are different pay for their sins. Prejudice is strictly based on **discharging hate**, on **distortions and vilification** of others. It is based on the wish to harm, to put-down, to subjugate, to treat others as lesser people, indeed as "animals". Often its ultimate aim is to destroy others.

Question: But wait a minute. Aren't hate crimes often committed to pay some group back for what they did to us years, even centuries ago?

Answers from participants. There's a good chance participants will point to such reasons from their own ethnic histories. (**Facilitator**, care and tact are especially needed here.)

Discussion: Yes, unfortunately, it is often motivated by revenge for past historical hurts. Sometimes this past hurt is correctly ascribed, like "it's because they destroyed our Mosque 500 years ago". But is it desirable to pick up 500 years later and reason that "now we will destroy their Temple"? Doesn't this perpetuate not only hate and malignant prejudice but also **the cycles of crimes of hate**? Isn't it a sure way to set it up that sometime in the future they will come back and commit crimes of hate against us? This is essentially what makes for **the cyclic nature of hate crimes**. When do we stop such cyclic destruction and reasoned killings between neighbors and between ourselves?

Many times this motive for revenge is highly distorted and even totally falsified, like the many Nazis who held the Jews responsible for the depression and lack of jobs in Germany and elsewhere during the late 1920s-early 1930s. These hate crimes are not intended to punish and redeem those held responsible for life's disasters. It is not as was once believed by the Crusaders based on a religious rationale intended to purify and retrieve the heathens for God. These are acts based on hate and the wish to destroy. They will not earn forgiveness for acts of wrong anyone of us may have done.

And we come back to the fact that such thinking among parents is likely to confuse their children many of whom are disposed to explain what happens to them on the basis that all punishment results from some past "crime" the child committed. In order to help children cope constructively with having been physically abused, it is always best that they know what is true. This always gives them a sounder basis from which to try to understand things, including what happens to them, and to find constructive ways to deal with them.

Question: So how do we help children cope with having been and being physically abused?

Answers from participants.

Discussion: Caregivers are well to start by seeing to it that their own wounds are tended to. It's important that parents be realistic about this. In order to take good care of our children we have to be in pretty good shape ourselves. OK, in an emergency we can sacrifice ourselves; good parents will always be willing to do this. But if the emergency is past and hurts are ongoing, parents whose own wounds are being tended to will optimize their ability to, will be in better shape to care for their children.

The emergency physical wounds have to be taken care of first. Soon thereafter, the parents' and children's emotional wounds need to be tended to. The following steps can be taken to tend to our emotional wounds:

1. We have to reason out that the crime committed against us is not in any way a justified punishment for our personal past sins. **The only condition that could justify a hate crime against the parent(s) is if in the past they had participated in some**

organized prejudicial activity, in some hate crime against the current perpetrator.

That is, if a parent was involved in past organized activities against the current perpetrator, then the current crime is indeed likely to be in retribution for the parent's past acts. This is one of the essential factors in the cyclic nature of hate crimes.

If the current wave of hate crimes is in reaction from an "enemy" society that has before been abused by our own people, this needs to be recognized; we can't just claim to be innocent. Can we then really believe that we are good and they are evil? Even though this crime against us may not be an individually deserved retribution, it is reasonable that it happened and must be so recognized. Even if it happened many years, decades, and perhaps centuries before. The question is "What do **we** do about this cycle of violence?"

This is all very difficult.

It is only if we have not done any evil act against others on the basis of malignant prejudice that we can and should convey to our children that we, our children and ourselves are not deserving of malignant prejudice and hate crimes against us.

2. We must ask our children what happened to them **and let them tell us**. We must let them tell us. If they find it difficult to talk about we have to find ways to help them put it into words. This is done more by waiting for them to find the words than by asking them if it's this or that. When we ask if it's this or that we are making suggestions that children may latch on to in order to avoid having to dig up their own feelings and thoughts. It is better not to suggest, but to wait with patience for the child to find the words. If it's too difficult for the child to find the words, tell him/her you'll try again later, that you would like the child to think about what it is that happened and that you want the child to tell you.

We let them tell us, go over the same details, over and over. Each time they put their feelings and thoughts into words, it gives them an opportunity to further master the pain and fear the trauma caused them. Each time it gives parents an opportunity to clarify to our children how and why we think it happened. And it gives us the chance to again reassure our children that we'll deal with whatever happens together and as smartly as we can. This helps children better prepare for any possible repetition of such hurt and how to deal with it if it happens. In other words, rather than thinking it's best for children not to talk about these things, quite the contrary, it is highly advantageous that they do so. It will help heal the past trauma and help prepare for how to deal as constructively as possible with any possible future trauma.

3. We see to it that the child's self-image and self-esteem continues to be as reasonably positive as we can. (Facilitator, you may want to remind the participants of what you all talked about on this point during Workshop 7a.)

Question: But should we tell our children that hate acts might continue? Won't that frighten them and make them worry?

Answers from participants.

Discussion: Oh yes, it'll make them afraid and worry. But they will worry about just this anyway. People who have been traumatized always fear it will happen again. Both, adults and children worry. If we know it will not happen again, then we should say this.

But if we don't know, it is better not to guarantee that it won't happen again. Children are able to deal with insecurity. They deal better with being told that things are not safe or secure when they are not, than to be told that all's well and something awful happens. A child may then feel, "I can't believe what my Mother tells me!" This then leaves the child not only in an unsafe world, but also in a world where he can't even trust his own mother and father.

It's best to tell children the truth about the conditions under which they are living and to then deal with whatever this truth-knowing makes them feel. When they are afraid we can tell them that we too are afraid, but that we will stick together and do all we can together. We can say that even though we are afraid, we are not helpless, we can stand up to what happens and do the best we can to protect ourselves. Most important is that children know they will not be abandoned, they will not be left alone.

Question: Don't we need to do more than tell them they're not alone in this? What else can we do?

Answers from participants.

Discussion: Sure we need to do more. Most commonly, fear will lead children to need more reassurance and comforting than they needed before. It is natural for children to try to eliminate their fear. Children and adults too, feel that comforting will diminish their fear. It's built-in, it's "psycho-biological" to seek shelter and comforting when we feel in danger. It is constructive that children seek comforting and reassurance from those they love when they feel vulnerable. And it is invaluable for parents to comfort and reassure. How often, how much? As much and as often as the child asks for it. **Children don't ask for comforting if they don't need it. Nor do adults. At one time or another, we all need comforting.**

Question: But won't that make the child want comforting all the time? Aren't there times when we should tell the child to stop being a baby, that we need the child to be a big girl/boy, to act her/his age?

Answers from participants.

Discussion: Essentially, children want comforting when they need it. Children, even very young ones, don't want to feel little and feel they need comforting all the time. They also want to feel strong and competent. When they want to stay a baby—and it happens to some—it usually means that for one reason or another, they are frightened of growing up, they feel unable to trust they can grow up safely-enough. And this needs to be addressed; usually professional help can then be very useful. Certainly, a number of children who are traumatized by hate crimes will become frightened, but it is not due to fear of growing up. It's therefore unlikely that they will need comforting by you all the time. They are likely to need reassurance that you're there, that they're not alone.

And yes, there are times when one may need to tell a child that the child needs to act bigger, to pitch in, to help the family, to help to the level that the child's age will allow. But we have to weigh this against the possibility of heightening the child's need for comforting and feeling of helplessness. When we don't comfort a child who needs comforting, this need is not likely to go away. It may become denied. But in many cases

the need for comforting will intensify. If one is hungry, denying food does not make the hunger go away, it intensifies it. The same applies to the need to be held, comforted, etc. So this all needs to be weighed with each child at any given time.

And the other thing is this. As we aim to help the child deal with traumatic pain, we also need **to help the child take care of himself/herself to the best the child can.** This will contribute to the child's increasing sense of competence, self-confidence, and feeling that the child is strong and capable. But again, care has to be exercised to not overdo rejecting the child's occasional need for comforting. In general, the younger the child, the greater the need to comfort when comforting is asked for. The greater, the longer, the more frequent the traumatic pain, the greater the need to comfort when comforting is asked for. And side by side with this comforting, help the child to learn more and more to take care of herself/himself.

Question: How do we do this?

Answers from participants.

Discussion: For starts, it's important for parents to help their children **learn to do things themselves, at a level of capability reasonable for the child's age.** Children vary in inborn abilities, so judgment must be used. Most of you parents know your child's level of abilities quite well. Don't be afraid to expect your child to meet certain "age-adequate" (Anna Freud said) responsibilities. (Facilitator, you may want to ask for and discuss some examples of this in an exercise later.)

Foremost, it's important for children **to learn to comfort themselves some.** We can do this by telling the child to remember how much you love her/him, how nice, helpful, smart, etc. you feel the child is. You can say "When you feel bad, Sweetie, I want you to remember how much Daddy and I love you, how fine a girl/boy we think you are" etc. To an older child, an age-appropriate comment of this kind can be made too. We all value compliments when they are deserved, when it is approval of a job well done. We remember these things. And we draw on these to help us through hard emotional times. We may not say what we remember, we may not even be aware (conscious) of remembering these moments of approval and expressions of love and positive regard, but do it. **These memories sustain us from within. They contribute to our self-esteem and self-confidence.**

It's very important to help the child help himself, to help make the child feel as competent and strong as the child can reasonably feel. We can enhance the child's feeling competent and strong by finding ways of making the child feel useful and helpful to the family. Making sure that children do their schoolwork and their homework as well as they can is very helpful to the child. Getting them to help with family chores, to help others in the family, be it younger siblings, grandparents, or the parents themselves. Participating in and contributing to neighborhood constructive activities is important too.

Exercises: Let's talk about how we might deal with our kids having the following post-traumatic stress symptoms.

- (1) sudden reactions of fear (panic reactions) to sudden sounds, or unexpected but

everyday events, or disagreement between parents, etc.

- (2) Nightmares with waking up and high-level reactions of fear.
- (3) Fear of going outdoors alone or going to the second floor alone, or even going to school (phobic reactions).
- (4) A child who over-reacts to mild criticism.
- (5) A child who brings up again and again what happened, asks questions about safety over and over even when you've given him full answers just yesterday.
- (6) A child who remembers nothing and makes efforts to avoid talking about what happened.
- (7) A child who tries to make things safer by keeping things in strict order, by routinely doing things step by step in the same way, convinced that this will keep bad things from happening to him and his family (obsessive-compulsive reactions).

Exercises: Let's discuss age-adequate responsibilities.

What responsibilities can we expect the following age children to take on?

1. A child 6 months to 12 months of age? (For instance, signal he is hungry, is in pain, wants to be held. Begin to crawl, perhaps walk, make some vocal sounds. Not throw hard things, not bite, not tear books, etc.)
2. A child 1 to 3 years of age?
3. A child 3 to 6 years of age?
4. A 6 to 10 year old?
5. A 10 to 14 year old?
6. A teenager?

TRAUMA WORKSHOP # 9

TRAUMAS FROM OUTSIDE THE FAMILY—PART IV:

WAR *and* *HOW TO HELP CHILDREN COPE WITH TRAUMA*

Facilitator, call for any questions about handling prejudice (and hate crimes) to which participants' children have been and continue to be exposed.

THE TRAUMAS OF WAR – *DURING WAR*

In this Workshop we deal especially with **here and now reactions to disaster and dread of disaster**.

What we are going to discuss now will be the first step toward some general things to consider in trying to help children cope with trauma—of all kinds.

Question: Can we talk about what we can do to help our kids deal with these frightening explosions they hear and houses they see burning and people getting shot all over the place?

Answers from participants.

Discussion: Yes, we need to help them now. We'll talk about some general principles of helping them during this Workshop. First of all, we can't deal with all children the same way. How we help them depends on the way they react. So there are some things that apply for all kids, but we have to tailor these to make it work for each individual child.

There are at least two factors we need to take into account: (1) the child's age, and (2) the child's individual ways of reacting to very frightening events.

1. The child's age is, of course, a big factor. A 2 year-old will react very differently than a 12 year-old. We have different expectations of a 2 year-old and a 12 year-old, we know they are at very different developmental levels and so don't have the same abilities to cope.

2. The child's individual ways of reacting and of coping with very frightening events makes it necessary to tailor the things we parents do to help them.

Question: Well, yes, of course age makes a difference. But what are some of the ways in which age makes a difference?

Answers from participants.

Discussion:

Let's first consider children's abilities to cope in terms of their age level:

1. From birth to 1 year of age;
2. From 1 to 3 years;
3. From 3 to 6 years;
4. From 6 to 10 years;
5. From 10 to 15 years;
6. From 15 years of age on.

Children 1 year of age and less are of course, most helpless. We have to help them cope with sudden, loud noises that are startling and frightening. They will also be very frightened and very troubled when they see Mother or Father or an older sibling getting hurt or even being killed. Very young children, even 10 month-olds may search the house for a father or a sibling who is missing from the family.

If a less than 5 month old loses his/her mother, this means the infant is losing the key person to whom the infant is beginning to attach, a very important development. **If no one takes on the role** of taking care of the infant in a similarly caring way, this infant may become profoundly disturbed and may stop eating and sleeping. Whoever takes on the role of caring for the baby has to do it in a way that is similar to the way the mother cared for the baby **including holding, cuddling and comforting the baby—that means "being emotionally available to the baby"**. It's sort of substituting for the mother. If this does not happen, this infant may "fail to thrive"—which means she/he may not gain weight and grow at an expected rate. We have seen such infants, for instance, one at 14 months weighed 14 pounds, another at 14 months looked like an eight-month-old.

If a 5 to 12-month-old child loses his/her mother, this too is a very powerful loss. The infant will have begun to form an attachment to the mother—and the father if he is closely involved in the care of the baby—and losing that mother (or father) will set the stage for the infant becoming depressed. Yes, depressed. **If no one takes on the role and functions of the lost mother (or father) within several months, that infant will become depressed.** We call this type of depression "anaclitic depression".

On the other hand, less than 12 month-old infants will not be as affected by crumbling houses and buildings as older children probably will, even when it is the houses near theirs or even if it's their own.

Question: What if some of our little ones lose their mothers? How do we deal with that?

Answers from participants.

Discussion: Most important is for one person to take over the care of each child. Having just one person take on this type of care of more than two or three infants for some length of time makes it almost impossible for this person to be **sufficiently personally and emotionally involved with each child.** Each child needs at least one individual **emotional attachment** to one person. This degree of attachment can happen only when this individual caregiver is there **constantly and consistently enough.** Rotating care-

giving individuals among babies does not allow for the specific attachment to a specific person the child needs. Having several caregivers randomly distributing their care-giving from one child to another makes it very difficult for the child to form the specific attachment a child needs. We repeat, **each child needs at least one specific, constant, devoted person to whom he/she can become emotionally attached.** This can be anyone in the family (including an older sibling) or someone outside the family.

Of course, infants also need to be comforted and reassured as best as possible when they are frightened say by loud noises—as of near-by explosions—or pieces of walls or flying objects hitting them. When they wake during the night from bad dreams—yes, less than one-year-olds dream—they, of course, need to be calmed and helped to get back to sleep. They may also have difficulty eating and need patience in being fed. If fussiness is responded to with impatience and anger it will only make things more troublesome for both the infant and the caregiver and makes the task of calming and comforting that much more difficult.

Individual events and reactions will require individualized attention that will require not only empathy, consideration and warmth, but also the caregiver's using her/his intuition and creativity.

Question: What about 1 to 3-year-old kids? What do we need to do? What can we expect them to be able to do?

Answers from participants.

Discussion: What we said about 6 to 12-month-olds holds for 1 to 3-year-olds as well.

The most traumatizing factor is the loss of the young child's mother or father.

During the 1 to 3 years range the child is emotionally attached and that attachment stabilizes and facilitates the many remarkable developments that then unfold in the child. Everyone knows that these developments include, for instance, the development of locomotion (walking, running, bodily coordination), of language, of learning to do things including going to the bathroom. But it also includes the development of intelligence, and a number of crucial psychological functions. Among these are the important developments of the sense of self and of forming and maintaining human relationships. Much depends on the child's attachments and on the quality of these. The more positive and stable these are, the more likely it is that the child will develop psychologically well.

Again then, if that relationship is lost abruptly by some disaster, the child will react sharply to this loss and will require loving comforting, and someone will have to take over the parenting functions, the role played by the mother or father—if he is emotionally involved with the child. An emotionally involved father can do much to take on the functions carried out by the mother. So can an emotionally committed **older sibling** or another emotionally engaging nurturing caregiver.

With the 1 to 3-year-old though, **the child is very likely to have a mourning reaction.** This is likely to consist of sadness, loss of appetite, difficulty sleeping, bad dreams, and may turn into a post-traumatic reaction. We'll talk about how to deal with these later.

Of course, physical hurts to the child, fears of explosions, fires, etc. all need to be addressed. We'll talk about these too when we later talk about **how to handle** these reactions.

Question: Wait a minute, did you say that "an emotionally committed older sibling" could do much to take on the functions earlier carried out by the mother who just died? Isn't that too much responsibility for a sibling? And, doesn't it matter how much older the sibling is? Surely, a 5 year-old can't do that?

Answers from participants. What do they think?

Discussion: Of course, a sibling's ability to step in most likely will be limited. The sibling's age certainly is a factor. The sibling's abilities to be nurturing and competent are factors too. The quality of the sibling's relationship to the young child also will play a part. And one's expectations of the sibling's helping have to be compatible with what this sibling is known to be capable of. Expecting too much and demanding too much will not work to anyone's advantage.

We have seen though, and many of you probably have too, some even very young siblings say 4, 5, 6 years-old step in spontaneously when a younger sib is in trouble or needs something in very admirable fashion. A 4 year-old can comfort a 1 year old, can give a 2 year-old some crackers or cereal, and in dire times may even be able to diaper the infant. Foremost, many a 4 year-old can calm, comfort, play with and hold an infant. 7 and 8 year-olds can do a great deal more. This is especially so in times of emergency.

Question: You also asked before if there is anything the 1 to 3 year old can do to deal with the terrible things that are happening due to the war. What can they do?

Answers from participants.

Discussion: 1 to 3-year-olds can *begin to help themselves* and they can even begin to *help others* in the home.

First of all, some 1 and 2-year-olds can actually begin to comfort themselves when they get very upset. Some very young children can try to not cry, to be "strong". While we don't want to discourage young children from crying, sometimes when they try not to cry, it is a sign of their trying to cope on their own with the fear or pain they feel. This can be a quite positive sign of strength. People often speak of such young children as being brave, or being "a big boy/girl". Again, care is needed here. 1 to 3-year-olds should be equally permitted to cry if they can't sufficiently calm their own fears or lessen their own hurts—it's then an appeal for help—or they should be permitted to not cry and try to be "a big girl/boy". Neither reaction is undesirable. We need to become concerned when an infant either never asks for help or cries very easily and seems not to try to self-comfort and never tries to be "a big boy/girl".

1 to 3-year-olds also have impressed many of us in their efforts to help others, including a younger sibling or even Mother or Father. For example, Anna Freud and her staff sheltered a number of very young orphans during World War II. Anna Freud and Sophie Dann described how 1 to 3-year-olds would help each other. This might occur when one was upset or a child might spontaneously take up the task of spoon feeding a younger infant. These efforts to help had genuine effectiveness and benefited both the infant being cared for and the young caregiver.

In our own observational research, on occasions we saw one year olds pat a mother on the shoulder when she was upset. The young child's behavior and the feeling

expressed on her/his face clearly showed the intention to make Mother feel better. Such a touching effort by a young child is quite effective in making a mother feel better and gives the child a feeling of being able to do something valuable and of being appreciated. It empowers a young child.

Facilitator, ask to see if participants have seen such behaviors in very young kids. Are there other ways that participants think can further help heighten the feeling of competence and value of ("empower" some people say) these young children?

Question: What about children older than 3? How might they react to injury and/or destruction around them or to themselves?

Answers from participants.

Discussion: We need to take them by age levels: 3 to 6 years of age, 6 to 10 years of age, and 10 and older.

Let's look at **the child 3 to 6 years of age**. Let's talk about injuries to others and to self; then the destruction of others; and destruction of property—houses, fields, buildings—around them.

Injuries to others—(much of this applies to children from ages 6 to 18 as well.)

Injuries to others are generally quite upsetting and frightening. Of course, the severity of injury matters. The more severe, the more troubling and frightening. The more visible the damage to the body, the more shocking and frightening. The sight of blood is commonly very upsetting to children and to adults. Even a little bit of blood—which can look like a lot more than it is—can be very threatening and frightening. Unless there's a lot of bleeding and it's constant, one can be assured that the victim won't die of blood loss. We can all lose a fair amount of blood without it seriously hurting us.

When there is blood, the first thing to do is to stop the bleeding by applying pressure on the site where the blood seems to be coming from. A clean handkerchief and your thumb or hand are used to apply pressure. You hold the pressure until the bleeding stops. If the injury is small, applying some disinfecting agent—mercurochrome or iodine—will help. If the wound is large, it will require medical attention.

If bones seem injured, there may be a fracture. Care is needed to handle that. Bone and muscular injuries—fractures, sprains—can be quite painful and will require some pain medication—ibuprofen; Tylenol may be insufficient for such injuries. It is important to reduce pain because it can be very discouraging and exhausting. (Facilitator: you may want to have a physician come in and give participants a session on first aid.)

Children react quite seriously to destruction of those around the child. Sometimes, even if it is a close relative—other than Mother or Father or a sibling—a 3 to 6-year-old, or an older child may look as though he/she is not reacting at all. This is usually because the child is protecting himself/herself against the fear and threat the destruction of a human being causes the child. It's a defense against feeling terrified of the fact that things like this can happen. The child may not be aware of the fact that she/he is protecting himself/herself this way. One should not pressure the child to admit that it really scares the day lights out of him/her. One needs to just be on the lookout for signs of such fear and feeling of threat. Again, we'll discuss later how to deal with this.

When the loss is of a mother or father or sibling, a significant reaction of loss is normal. The 3 to 6-year-old continues the work of consolidating his attachment to members of his/her nuclear family. He is fully dependent on them for many vital needs including needs for love, nurture, and care. With the loss of a parent the child loses someone on whom she/he depends for developing adaptive skills at home and in school, and for basic physical needs. Loss of Mother, Father, or the sibling is experienced profoundly painfully. Many a child this age may feel that he/she has lost one of the key factors that made his/her life and world what it is. The child's sense of security, protection and much more are undermined. In addition, the child may experience the dreadful fear that this can happen to her/him as well as, again, to other loved ones.

With all this the child may develop a number of symptoms of loss and mourning including intense sadness, crying and withdrawal, loss of appetite, difficulty sleeping, irritability, restlessness, inability to concentrate in school, pre-occupation, and more. Harsher symptoms may appear as well as anxiety, actual depression, and the cluster of symptoms of post-traumatic reaction that we'll talk about later. And we'll also talk later about how to deal with a reaction of loss.

Facilitator: allow discussion of this topic as participants require.

If you feel it might be useful, role play how to try to elicit a reasonable and appropriate reaction and also how to comfort or otherwise help a child who defensively seems unaffected by the loss.

Question: What about if they get hurt themselves? What does it do to them? What can we do?

Answers from participants.

Discussion: Injuries to self—(much of this too applies to children from ages 6 to 18 as well.)

Injuries to self are especially very upsetting and frightening to 3 to 6-year-old kids. This is especially made so by the fact that the 3 to 6-years era is one when the child is pre-occupied with injuries to his/her body even more now than later. It's normal for children this age to worry that their bodies will in one way or another get injured and damaged, that they may lose or feel they have lost some vital parts of their bodies, ears, eyes, hands, arms, legs, genitals, etc. Therefore, when actual injuries occur to them, the child not only experiences the actual hurt and injury, but in addition, it confirms her/his fear that her/his body is vulnerable and easily subject to injury and loss of body parts. This is commonly scarier to the 3 to 6-year-old child than is warranted by the actual injury.

Much and repeated reassurance is commonly needed to calm the 3 to 6-year-old child's feeling that he/she is fragile and his/her body can just fall apart. This should not blind us, of course, to the fact that attention to the actual injury and pain is required too. Later we'll talk about "how to help" our children cope with these and other types of injuries and hurts.

Facilitator: allow further discussion of this issue as participants require.

Question: What about their reactions to bombs blowing up houses, buildings, trees and

fields?

Answers from participants.

Discussion: Destruction around them—(here again, much of this too applies to children from ages 6 to 18.)

Destruction around them often gets a mixed reaction from 3 to 6-year-olds. There is likely to be fear and feelings of threat. But there may also be enormous curiosity and even excitement at seeing buildings crash, houses blow up, and fires ravaging houses. As you all know, we see this in older children and adults as well. Accidents on the road, fires, planned explosions always seem to attract our interest. There is pleasure in destroying, as well as fear. Many experience such destruction as awesome. As long as it is not happening to us or ours, there is some pleasure we experience in seeing massive destruction. One sees this even in children younger than 3 years. It's difficult to say which the young child gets more pleasure from: building a tower of blocks or knocking it down. We get a feeling of effectiveness, of competence, of strength and even power from breaking things. The young child—as well as kids older than 6 and adolescents—experiences glee as he/she feels "Wow, see what I can do!" in both building and in making crash down.

Interestingly though seeing things being destroyed may also make 3 to 6-year-olds feel guilty. This reaction of guilt comes from the fact that we all get angry, we all develop feelings of wanting to destroy, even to hurt people we love. This comes from our having been hurt by them in one way or another—as by a mother or father quite reasonably setting limits with a young child or not letting the child have or do something the child badly wants to have or do. (**Facilitator:** you may want to briefly talk about the fact that setting limits, though they are intended to protect the child "step on" the child's developing sense of autonomy, that nuclear part of the sense of self—this is discussed in our *Aggression Workshops* #4 and #5.)

In fact, in the case of injuries to others and destruction, **guilt** may go so far in children this age that they may feel they caused the destruction to happen. We need to listen for such guilt and if the child reveals such, it needs to be addressed realistically. Bear in mind that children this age still believe in magic. They may be convinced that the reason the destruction occurred is that they wished it to happen. It is especially when we cause **or wish to cause** hurt or injury to someone we love that we feel such guilt. Wanting to hurt someone we love is by far the largest source of guilt in all of us.

Question: Can we expect 3 to 6-year-olds to pitch in to help the family deal with the hardships the family endures?

Answers from participants.

Discussion: Absolutely. But we have to make sure that what we expect from the 3 to 6-year-old is within the child's ability to meet the expectation without experiencing it as overwhelming, or even as too much. Children can guide us in this. They can tell us what they can and can't do. "Johnny will you please help Mom (or Dad) by doing (whatever it is)." Usually, if the child feels it's too much, she/he'll usually say so. The child who may not do this is the one who is always so "good", so compliant, even when being "good" is too hard. But most parents have a good feel for what young children can and can't do. Most children are eager to help out in times of stress—so long as what is expected of

them is within their know-how and ability to do.

Facilitator, discuss some examples of what children this age may be expected to help with. Ask participants to give examples and have them discuss these.

Optional: You may want to consider with participants how a child might non-verbally express his/her not wanting to help—such as by feigning helplessness, inability, tiredness, etc. How could this be handled constructively?

Question: What about dealing with 6 to 10 year-olds?

Answers from participants.

Discussion: Let's talk about **the child 6 to 10 years of age**. Let's talk about injuries and destruction of others, of self, and of property.

Injuries to others—much of what we said for the 3-6-year-old applies for the 6 to 10-year-old. But there are some differences. The 6 to 10 year-old child grasps the destruction caused by explosions, bombs, bullets and fire more realistically; the child's view is less colored by magic. Some children this age though, if quite traumatized by the on-going events may well regress to magical thinking and will most likely feel more helpless, more frightened, and suffer more.

The 6 to 10-year-old, having a more realistic view of injury, more than the younger child will experience more or less pain depending on the nature and the extent of the injuries inflicted on those the child loves.

Also due to his/her better reality appraisal, the 6 to 10-year-old is less likely than the younger child to feel he/she caused the injury by magic. The 6 to 10-year-old is therefore less likely to feel guilt. If the child happens to be angry with the parent or the sibling at or near the time that family member gets injured, the child is more likely to feel guilt.

Question: How can we expect the 6 to 10 year-old to react to the loss of his/her mother, father, or sibling?

Answers from participants.

Discussion: The 6 to 10-year-old's attachments to his nuclear family are now fully developed and stable. The loss of Mother or Father brings with it a very substantial reaction of loss. With it, like his/her younger counterparts, the child may develop a number of symptoms of loss and mourning including intense sadness, crying and withdrawal, loss of appetite, difficulty sleeping, irritability, restlessness, inability to concentrate in school, pre-occupation, and more. Harsher symptoms may appear as well as anxiety, actual depression, and the cluster of symptoms of post-traumatic reaction that we'll talk about later.

Question: What about the 6 to 10 year-old himself getting injured?

Answers from participants.

Discussion: **Injuries to self**—(much of what's been said for the 3 to 6-year-old applies to the 6 to 10-year-old too.)

Injuries to self continue to be very upsetting and frightening to 6 to 10-year-old kids though less than for the 3 to 6-year-old. It continues to be normal for school-age

young children to worry that their bodies will in one way or another get damaged or that they may lose or feel they have lost some vital parts of their bodies. So, when an actual injury occurs to them, the child not only experiences the actual hurt and injury, but in addition, it re-enforces the child's fear that her/his body is vulnerable and easily subject to injury. Some 6 to 10-year-olds get more frightened than is warranted by the actual injury. Many, while upset to a greater or lesser degree—some with anxiety, depression, post-traumatic stress reaction—are more realistic about whatever handicap the injury will lead to.

Much and repeated reassurance is commonly needed to help the child cope with not only the pain but the possible consequences of the injury. Later we'll talk about "how to help" our children cope with injuries and hurts.

Facilitator: allow further discussion of this issue as participants require.

Question: And how do most 6 to 10 year-olds react to the destruction of things around them, houses, buildings, trees, etc.?

Answers by participants.

Discussion: Destruction around them—(much of what we said for the 3 to 6-year-old also applies to the 6 to 10-year-old.)

6 to 10-year-olds, especially boys, tend to normally be pre-occupied by fights, battles, show much interest in weapons, especially guns and battles, airplanes, space ships, etc. They imagine themselves Superman or Batman fighting some evil forces, etc. In countries that produce such literature as comic books, as well as much higher level books, adventure is a theme of predominant interest for boys ages 6 to 10 (and a bit older). So destruction around them places them in just such "adventurous" situations.

However, they also aren't blind to the reality of the danger it creates for them. This quite expectably leads to their also experiencing fear and feelings of threat. Nonetheless, there is also enormous curiosity and excitement at seeing buildings crash, houses blow up, and fires ravaging houses. As we said before, there is pleasure in destroying, as well as fear. Seeing houses explode or fires ravage houses has an element of being awesome. So too with any massive destruction. And we think that some of this comes from the feeling of effectiveness, of competence, of strength and even power we feel when we destroy things. Kids 6 and older, like the 3 to 6-year-old, also tend to experience glee as they feel "Wow, see what I can do!" in both building and in destroying.

Again, like with the younger child, seeing things being destroyed may also make 6 to 10-year-old feel guilty. This reaction of guilt comes from the same reason as for the younger child, the fact that we all get angry, we all develop feelings of wanting to destroy, even to hurt people we love. (**Facilitator:** again the issue of limit-setting, which continues amply during the 6 to 10-years period, may be a good example for explaining why even in the best of circumstances children at times get very angry with the parents they love.) And here again, **guilt** may go so far in some 6 to 10 year-olds that they may feel they caused the destruction to happen. Even though children this age are less likely to believe in magic, under stress they are not beyond slipping back into such believing. They may be convinced that the reason the destruction occurred is that they wished it to happen.

Question: Can we expect 6 to 10-year-olds to pitch in to help the family deal with the hardships the family endures?

Answers from participants.

Discussion:

To what degree can a 6 to 10-year-old help: Quite a good deal. But again, we have to make sure that what we expect from the 6 to 10-year-old is within the child's ability to meet the expectation without experiencing it as overwhelming, or even as too much. And again, most parents have a good feel for what young children can and can't do. Most kids older than 6 feel it as positive to be expected to help out in times of stress. For most, it makes them feel adequate, competent, trustworthy, respected, very much part of the family—so long as what is expected of them is within their know-how and ability to do.

Facilitator, discuss some examples of what children this age may be expected to help with. Ask participants to give examples and have them discuss these.

Question: What about teenagers, kids 10 and older? How do we deal with them in such terrible times?

Answers from participants. What experiences are they having with their kids?

Discussion: We need to consider them in two groups: from 10 to 15 years and from 15 years of age on.

From 10 to 15 years of age: Much of what's been said for the 6 to 10-year-old applies for the 10 to 15-year-old. But more and more capability, competence, and the taking on of responsibility grow as the young teenager gets older.

Injuries to others—increasingly recognizing what is real, the 10 to 15 year-old increasingly grasps the seriousness of actual war. Boys fantasies of war, of heroes fighting for their causes get tested by the things they see happening. Girls tend to not find fighting so romantic and may more quickly than boys recognize the reality of the dangers at hand. But for both, what's real registers. The seriousness of injuries will be pretty well measured by a young teenager. It is not uncommon for such age kids to be very upset by the sight of blood, both girls and boys, or by an open flesh wound. Some may go so far as to throw up or faint. But this reaction is likely to lessen as it is repeated with new occurrences of injury.

The loss of a parent or family member will be more or less painfully felt. Of course, as for all children, all ages, the quality of the relationship with the lost object matters much in how the child reacts. The better the relationship, the more the feelings of sadness/grief and of missing the object will be felt. The more troubled the relationship, the more the feelings of conflict, resentment, and regret will be felt.

But here's an important thing for the young teenager who loses a parent or sibling. If others in the family overtly mourn this loss, and the young teenager is allowed and helped to mourn, he/she will be able to tolerate the experience of feeling the loss. This includes tolerating the young adolescent's showing sadness, crying, verbally expressing feelings of loss, of missing the family member, talking about the loss, the event that led to it, etc. We'll say more about this when we talk about how to deal with trauma. For

now let's say that children seem unable to mourn by themselves. The pain is just too great, the work of mourning too difficult, for someone so young to do it well alone. If mourning is not made possible, it's likely that the teenager, young and older, will deny the feelings that come with losing a parent and delay the mourning process perhaps for years. For a number of reasons we need not get into here, not mourning an important loss—as of a parent—causes psychic strain and burdens the individual. It may interfere with the formation of deeply felt love relationships in the future.

Question: What if the kid gets injured?

Answers from participants. Has this happened to any of them?

Discussion: 10 to 15 year-olds tend not to get as terrified of injuries to others and to themselves as do younger kids. They tend to distort, to exaggerate less than younger ones.

Injuries to the self—the increasingly accurate recognition of reality makes the 6 to 10-year-old better appraise what consequences may follow from the injury to the self. The immediate experience of injury will cause not only pain but also anxiety, fear, and rage. Once the pain and the treatment of milder injuries are undertaken, the injuries are not likely to create long-term problems. On the other hand, losing a limb, disfiguring injuries, losing an eye, these types of injuries are very handicapping and will take their toll. Depression and rage are likely to follow. These injuries are likely to require help beyond the physical repairs and rehabilitation they require. We'll talk more about this later.

Destruction around them—As we said before, there is pleasure as well as fear in destroying. Massive destruction rouses excitement, especially in boys this age. And as we said, this comes from the feeling of effectiveness, of competence, of strength and even power we feel when we destroy things.

However, like with the younger child, seeing things being destroyed may also make 10 to 15-year-old feel guilty. Entry into adolescence will bring many occasions for the youngster to feel angry with his/her parents. If any harm comes to say Dad's car or barn or whatever, the initial pleasure the kid who's angry with his/her father may feel will soon be followed by guilt. (**Facilitator:** again the issue of limit-setting, which continues amply during the 10 to 15-years period, may be a good example for explaining why even in the best of circumstances children at times get very angry with the parents they love.) And here again, **guilt** may lead some 10 to 15 year-olds to feel they caused the destruction to happen. They too may feel the reason the destruction occurred is that they wished it to happen.

Question: How much can we expect the 10 to 15-year-old to help the family, even the community to cope with things?

Answers from participants. Any examples from them?

Discussion: By this age, degrees of maturity, competence and abilities can vary quite widely between 11 years- olds, between 13 year-olds, between 15 year-olds. Degree of maturity, competence and abilities will also vary more or less widely between 11 and 15

year-olds. Let's assume there's a range of these.

How much can a 10 to 15-year-old help: Studies of children's behaviors during war show that once in their teens, many "kids" crank up their abilities and step up their behaviors and performance. In doing so they may equal the efforts of adults in doing brave things and in being helpful to family and community. We've seen some of this ourselves. For instance, in seeing someone injured, many a young teenager may just take up helping someone who is injured, whether the kid knows and even when the youngster does not know that other. Some 13 to 15-year-olds may become very effective and very helpful.

Parents will have a pretty good idea of what their 10 to 15 year-old can do. What can be expected though in times of disaster is that some of these kids will even surprise their own parents with their acts of helpfulness, even heroism, and desire to help not just the family, but the community. Here actually, parents have to weigh their worry that their kid may get hurt against the sense of value their kid will gain from feeling that he/she is a helpful member of the community dealing with disaster.

Of course, parents will have to use their judgment about what tasks to expect their teenager to perform. Asking the teenager to help with things she/he is good at is more likely to make the kid's efforts succeed. With young teenagers who are known to be quite capable, giving them new tasks to carry out may work out well and make the teenager feel great for having helped by doing something she/he never did before.

And it's important to acknowledge the teen-ager's help. Even if he/she does not succeed at the task, effort should be recognized and duly appreciated. This means that if the effort does not merit appreciation, don't express appreciation. If not enough effort was put into doing the task well, it's not desirable to pretend that the effort was good or that the task was well done. (**Facilitator**, it's useful to make sure that this point is clear: that false praise doesn't help kids. One risks losing credibility with them.)

Question: No doubt most of you know how **16 and 17 year-olds** act under these conditions of war? How do they react, how do they behave?

Answers from participants. Get examples if can.

Discussion: What we've said about the effects of and reactions to injuries to self and others, loss of loved ones, and destruction around them for the 10 to 15-year-old apply to a large degree for the **16 to 18-year-old** too. But with regard to coping with these traumas, the adolescent's gradual growth and development bring the 16 to 18-year-old closer and closer to adult coping capabilities. To be sure, not adult yet; but in many instances notably close.

In large part it's especially under conditions of war that many 16 to 18-year-olds will raise their level of functioning and performance to that of many adults. Many will react to traumas and pitch in to help like adults. Many will be capable of doing what many adults can do. This is not that they are mature emotionally, psychologically as are adults. It's that in the face of stresses and danger to themselves and those they love, they will raise their level of performance and function to meet the demands of existing circumstances. This is not done so much with awareness that they are acting "grown up", it's that they are rising to the occasion, they are pitching in to do what needs to be done to survive.

What we're talking about now is part and parcel of surviving. It's well known that in all animals danger will automatically activate a biological reaction of "fight or flight". Threat to life brings out in every creature a total body reaction, hormones, muscles, cardio-vascular and respiratory systems, all reacting to save the self against getting killed. What we note happens in many 16 to 18-year-olds under conditions of war is part of this survival reaction.

In fact, in all children and adults, stresses that are not too great are what bring growth. Even learning in school is based on this "need to master our universe and our own bodies", to meet little by little new challenges we were not capable of before. We all learn by trying to do things we could not do just before. We all react to stresses by an adaptive reaction. Where the stress is too great, the adaptive reaction will fail. What has somewhat surprised mental health professionals is the extent to which in times of war adolescents can rise to meet situations of war bravely and effectively. Studies of such adolescents and even younger children show an acceleration of development, some think at the expense of their childhood.

Question: So what do we do? Should we not let them act like grown-ups? Not let them pitch in?

Answers from participants.

Discussion: Most mental health professionals believe that for most teenagers, and younger kids as well, it's best to support kids' efforts to cope, learn, and help. This is so as well in times of war and dangers. We feel it's better to support than to interfere with or not allow kids' and especially adolescents' wanting to act brave and be of help to themselves, those they love, and their community. In all cases, we have seen and we believe that it's not helpful to discourage kids' efforts to grow, to cope, to learn, to be brave. Of course, this does not mean that one should let them do things that present dangers to them like allowing a 12 year-old to experiment with sex because she/he can't wait to have sex. We're speaking of allowing positively adaptive efforts to do things that are constructive but that we may feel seem to be beyond the child's age. This is especially so when the child or adolescent is pushing to do it. As in all instances of parenting, reasonable judgment is necessary.

Facilitator: this probably would be made clearer by getting participants to tell of instances they know about. You might want to have one or two examples yourself.

TRAUMA WORKSHOP # 10

CHILDHOOD TRAUMA:

HOW TO HELP CHILDREN COPE WITH TRAUMA (Continued)

(Facilitator, this Workshop belongs with and follows #9)

Facilitator's Introduction:

In the last Workshop we said that in trying to help our children we can't deal with all children the same way. We said that how we help them depends on the way they react. There are some things that apply for all kids, but we have to tailor these to make it work for each individual child.

There are two factors we need to take into account: (1) the child's age, and (2) the child's individual ways of reacting to very frightening events. In the last Workshop we talked about some of the effects of age on the experience of trauma due to war.

Call for any questions participants may have about age in helping children cope with the traumas of war.

Then, let's take up the issue of individuality in the way kids react to traumas.

Question: Do you think children the same age react differently to say explosions, or seeing someone get injured, or they themselves getting injured? What do you think?

Answers from participants.

Discussion:

We have to recognize **the child's individual ways of reacting and of coping with** very frightening events because it will guide us in tailoring what we parents do to help the child. We all have different sensitivities, different patterns of reactivity, and different strengths and vulnerabilities. They impact on the way kids will react to the things that are going on. Here's what we mean.

Sensitivities: Some of our sensitivities are just part of the way we're made, the way our bodies are made. For instance some of us have a much better tolerance for loud noises than do others. Some normal kids are very sensitive to sound and will react to a sudden loud noise with a sharp startle reaction. It will more quickly frighten this child than another one who tolerates sudden and loud noises more easily. If the weather is cold, some kids will react to it more acutely than others. If there is much activity going on, people running around reacting to what's going on, some expressing fear, shock, crying, etc., some kids will become very frightened and disorganize more quickly than will others. Some kids just have the hardest time tolerating frustration, such as not being able to have a drink as soon as they feel thirsty, or eat as soon as they feel hungry. They experience frustration as much more painful than do others. Some kids are more frightened by the sight of blood and injuries than are others.

Some of our sensitivities come from past experiences we've had. This can act both as making a child more vulnerable or less vulnerable. If our parents, families and

neighbors have treated us well, with care and respect, we are likely to be less sensitive to the sounds of war, less frightened by destructive forces coming from outside our families and communities. If a child was traumatized before the war, say by being involved in a car accident, or a house fire, the destruction of bombs and the fires they cause are likely to stir up more anxiety than these would in a child who was not so traumatized.

Facilitator: any other examples from participants?

Question: What about patterns of reactivity in kids? Do all children react to things the same way?

Answers from participants.

Discussion: Parents know how their children react to events. We know that one child reacts very quickly, another much more casually. Some infants when they wake up react with a bang, some wake up and react much more casually. The first infant may wake up screaming for food, the second will let mother know gradually that she/he needs food. Some quick reactors are likely to be more easily startled and even frightened than slower reactors.

Of course, the child's sensitivities will influence the rate of reactivity, either accelerating reactivity or slowing it down.

Question: What about kids having different strengths and vulnerabilities? How might they affect the way kids react to and cope with traumas of war?

Answers from participants.

Discussion: Some kids are stronger than others in catching on to what's going on, in figuring things out and solving problems. It's built-in; they were this way from very early on in life. Such kids have an inner sense that they'll figure out how to deal with what's going on more readily than do others. They therefore are less likely to get anxious and frightened than others. They may also be more hopeful, more optimistic than will a child who is more easily frightened.

Past experience in dealing with moderate level stresses are also likely to give the child a sense of being able to deal with stresses even of explosions, fires, and injuries. Even when frightened, these kids will try to solve problems with more confidence and competence.

All these factors, sensitivities, reactivity patterns, strengths and vulnerabilities will combine with the child's developmental age and determine how any given child will experience what's going on around her/him.

Facilitator: call for any further discussion before we go into the big question of HOW to Deal with Trauma.

Question: How to deal with trauma? We've talked about some basic expectations we can have about kids' experiencing and reacting to trauma according to their age. We've also made ourselves aware of the fact that kids have varying sensitivities, strengths and vulnerabilities that influence how they react to traumas. The next thing we need to consider is "What kinds of 'symptoms' do traumas often cause kids to have that trouble

them and us and that need special attention?" What have you seen?

Answers from participants. Specific examples are enormously useful.

Discussion: Of course, the reason we need to look at this piece of it is that the clearer we are about what we're dealing with the clearer we'll find the way to solutions, to knowing how to help our kids.

The major groups of symptoms kids may end up with are: (1) Anxiety and panic type reactions; (2) Depression; and (3) a cluster of typical symptoms grouped together under the medical label "Post-Traumatic Stress Disorder", PTSD for short.

(1) Anxiety and panic type reactions—Anxiety is a dreadful feeling that something terrible is going to happen. The child may more than usual for him/her be easily upset, frightened, hyper-vigilant (frequently looking about expecting something dangerous to happen), jumpy, irritable, crying, even having outbursts of anger and tantrums. At the highest level of anxiety, the anxiety occurs in episodes of intense, uncontrollable expectation that disaster is near. These reactions usually occur **during** the period of traumatization; but they may occur after too, as part of a PTSD.

In trying to help a child who suffers—and they do—from such reactions use the strategies we'll talk about shortly.

(2) Reactions of Depression—Depression will especially occur when the child suffers a loss of someone or something of much value and meaning to the child. This could be a parent, a sibling, a favorite relative or friend, a pet, his house, or other thing of value to him. Whereas **anxiety** occurs when the child feels dread that **something will happen, depression** occurs when the **something has happened**, the loss has occurred.

Like with anxiety type reactions, depression reactions vary in intensity. In fact before one gets to the level of experiencing we call depression, one may experience sadness, a mild form of depressive reaction we call "low-keyedness", and these may occur in episodes or be more sustained over days. Depressive reactions including depression itself may occur during the period of traumatization but commonly also occur after the actual period of traumatization has stopped. It can be the only symptom the child has or it may be part of PTSD.

Facilitator: See if there are any questions about these types of reactions. Anyone of us can develop these. They are really very **normal reactions to stresses that are more than one can take.**

Question: How many of you have heard of PTSD? What is it?

Answers from participants.

Discussion: Post-Traumatic Stress Disorder is a commonly found cluster of typical symptoms people suffer after they have been traumatized. As we said in Workshop #3 an event is experienced as traumatic, becomes a trauma, when it overwhelms the person's abilities to cope. Because the individual was not able to cope with the event(s) when it (they) occurred, the person continues to feel afflicted by it even after the traumatic event has passed. That the person continues to be afflicted is evident in the symptoms the person experiences. We speak of the person suffering from PTSD when these symptoms are experienced over a period of more than several days. Until it becomes a "disorder" we can consider it to be a "post-traumatic stress **reaction**" (PTSR). It will have a cluster of symptoms but will not last as long as will a "post-traumatic stress **disorder**".

The most common symptoms that make up PTSD or PTSR are:

(1) Generalized anxiety (anxiety in all kinds of situations), including hyper-vigilance, hypersensitivity to threat and fears, and panic attacks;

(2) Stress intolerance, which means the person's ability to tolerate stress is significantly lowered; and

(3) Sleep disorder usually caused by more or less violent nightmares.

(4) Depressive reactions also commonly occur. All of these usually lead to

(5) More or less significant decrease in socialization and in ability to cope with the demands of everyday life. In other words, the person may not be able to function at his/her earlier, normal enough level.

There may also be some **eating disturbance** with either loss of appetite or over-eating.

Over and above these symptoms, any event that resembles the original traumatic event will elicit a sharp reaction of distress in the individual. **All of these can happen to children and adolescents at all ages, including in infancy.**

Some Guidelines and Principles to Helping Children Cope with Trauma

Question: What can we do to help a child who develops any of these and even those who don't develop such symptoms? **What can we do?**

Answers from participants. What do they do, what have they done?

Discussion: We have learned over the years that the following strategies are enormously helpful to children, adolescents, and adults. Later we'll look at a table that will help us weigh if the symptoms are moderate or severe. Whether they are moderate or severe though, caregivers will be helpful to the child or adolescent when they use these strategies. We think **here's how:**

(1) Let the child talk about all things, be it events, feelings, imaginings, about what happened. And when the child talks, **listen.** Convey to the child that **you're listening.** You can do this by somewhat repeating what the child said such as "Oh, yea, they hurt Grandma real badly!"

Younger children will distort, exaggerate, even invent amplifications of what did happen. Don't agree with distortions, but **don't ridicule, shame, or tease.** Don't dismiss as stupid, crazy, or whatever. In fact, these distortions will guide you to understand what the child fears may happen.

And **tolerate repetitions.** The child or adolescent may seem to be stuck in what may seem to you like a rut of repetition. It's not a rut. It's that each repetition is an effort on the part of the child to master what happened. **Each repetition is an opportunity to help.**

(2) Allow and tolerate sympathetically all reasonable expressions of feelings. By reasonable we mean that these not be in the form of insults to you or those around and that they are not accompanied by physical acts of destruction. Having fits, throwing things, breaking things is not a reasonable way of expressing feelings, even very intense

feelings. We must help children learn to express feelings in words and with reasonable tone. This should be allowed even if it is repetitious, excessive, endless, and difficult to tolerate. It is very hard to see our children suffer; but it does not protect them to prohibit their expressing feelings, or not help them put their feelings into words, or shame them when they try to do so reasonably.

(3) Comfort and reassure *realistically*. Comfort any time the child asks for comfort except in situations where your help elsewhere is urgently needed, such as to put out a fire, etc. Tell your child you can't right now because you have to help put out the fire but you will as soon after as you can. Comfort in ways that are appropriate to the child's age. Hugging is appropriate at any age. It's fine to put a 3 year old on your lap but usually not with a 14 year old.

Reassurance is valuable too. But always reassure **realistically**. Don't predict that no more bombs will fall when you don't know that. The next bomb that falls will make your child not believe what you say. He'll/she'll lose trust in you, a serious loss. Reassuring by saying "we have each other and we'll help each other; we'll stick together" is a more realistic reassurance than "that was the last bomb to fall".

(4) Address all questions your child asks. **Answer them *truthfully and optimistically—unless the situation is really hopeless*.** If Grandpa, or Dad, or anyone is seriously wounded, don't say "Oh he'll be fine, it's nothing." Tell it like it is. **But do it with hopefulness.** Something like this can be very helpful, "Oh Dad's hurt real badly. But the doctors are really good, and they'll do everything they can to help Dad be OK. You wanna go talk to Dad"? If the situation is close to hopeless, say that too, but let the child know that the child is not alone in this and that there may still be a way out. If the situation is in fact hopeless, try to talk about how to best try to tolerate it and maybe you'll come out of it some way.

(5) Find ways for the child to help with things that need to be done be it for himself, the family, others. Children gain strength and self-valuing when they feel they have helped for the good of the family, others, and him/herself. It increases the child's self-esteem, sense of being useful and effective, and it increases the child's hope.

(6) Get appropriate help when needed and available. This you decide on the basis of how severe the symptoms are and how long they go on without seeming to lessen and disappear.

Facilitator, you might want to role-play dealing with a child's questions and concerns.

Now let's talk about the table "When do we go for help?" that follows.

Question: When do you call for medical help? How long do you wait to see if your child needs help other than what you can do at home?

Answers from participants.

Discussion: It's not easy to decide what is really bad and needs a doctor's or other health

professional's help. Here are a few guidelines to help decide if symptoms are moderate or severe and how to go about helping the child or adolescent.

Facilitator: You may want to have copies of this chart and discuss them with participants with a copy in their hand, or handed out before.

After discussing the chart, open the floor to any questions and discussions.

How to Try to Determine Degree of Severity or Anxiety, Depression, and PTSD

Symptom	Moderate	Severe
Anxiety, fears,	Mild, at times only, triggered by a sudden noise or other event	Constant, immobilizing, painful
Vigilance	Hyper-vigilance is occasional	Constant, often looks like a frightened animal
Panic	Brief, not incapacitating, 1 to 3/week	Intense, lasts 15 min. or more, 4 or more a week
Depression	Mild, mostly looks sad, "low-keyed", not constant	Painful to look at, constant, talks of despair, hopelessness, wanting to die
Post-Traumatic Stress Disorder: could contain all of the above. Plus		
Sleep disturbance, nightmares	Occasional only	3 or more nights a week. Wakes in a sweat, screaming
Stress tolerance	Mildly lowered, at times only	Much reduced, easily troubled
Eating disturbance	Occasional only, weight stable	Marked loss of appetite, serious overeating, visible weight loss or gain
Socialization off	Tends to avoid contact at times, often silent but comes out of it	Withdraws for hours at a time, silent much of the time, seems in a shell

***Moderate symptoms* need attention at home. If they persist for several weeks professional help is likely to be most useful.**

***Severe symptoms* need professional mental health help. Proper medication with psychotherapy can help enormously. Help at home also will be needed.**

PART IV:

WORKSHOPS FOR

PARENTS WHO WERE TRAUMATIZED

WORKSHOP # 11

HOW PARENTS WHO HAVE BEEN TRAUMATIZED CAN PROTECT THEIR CHILDREN'S DEVELOPMENT

Question: Many people have said that when parents have been traumatized, it seems to affect their children. Do you think that's true?

Answers from participants. As always, care is needed in how we address this issue. Are any of the participants traumatized parents? Are any of the participants children of traumatized parents?

Discussion: It's unavoidable that when parents have been traumatized it will affect their children. But let's be careful; it is not a simple issue. This is because,

1. The way the trauma affects the growing individual varies widely because a number of interacting factors produce highly variable outcomes.
2. For the same reason, the way it affects the individual's eventual ways of parenting varies. Then,
3. The way it affects their children also varies widely for the same reason, because a number of interacting factors that affect the child produce different outcomes. And,
4. The way it affects their children may be harmful and growth-disturbing, or on the contrary it may be growth-promoting and even personality enhancing.

But let's first make clear what we need to look at in order to have as clear a picture as possible of what we're talking about in this Workshop: **HOW CAN PARENTS WHO HAVE BEEN TRAUMATIZED BEST HELP THEIR CHILDREN?**

From the beginning of time, we assume that many of us were traumatized in one way or another when we were children. We don't mean that those who were traumatized were all physically abused or sexually abused or lost a parent in the war, etc. These events have been studied widely and are now well recognized to be traumatic. But there are all sorts of less obvious events that happen to many of us that create enormous stress, enormous pain, or create intense conflict for and within us. While a child may not be beaten physically, many a child has been "beaten" emotionally. This may happen when we have a hypercritical mother or father, or we have a mother who due to her own childhood deprivations can't be emotionally positively responsive to her children, or is excessively neglectful. Or we have a father who doesn't seem to know we exist. Too many people don't seem to recognize or consider the fact that children can be traumatized by neglect as well as by abuse, by emotional neglect maybe even more than by physical neglect.

Now, many among us who were traumatized are parents. We are then parents who have been traumatized. Whether we are aware of it or not, this affects our parenting.

Question: Any questions about this? You may wonder "How does this affect what I do as a mother or father? Well, how do you think it has and may now be affecting you?"

Answers from participants.

Discussion: Well yes, having been traumatized affects us in ways that will impact on how we rear our kids. This is because it leads us to have certain **vulnerabilities, intolerance for certain things, biases about some types of people, etc.** Or it makes us have **blind spots** about things our children experience and do. Or it makes us **impose more than necessary restrictions or excessively heighten expectations** we have of them. It is unavoidable that traumatic experiences for instance have some **influence on what we come to believe**—such as all men abuse women, all Germans hate Jews. Or having been hurt by her father, a mother may not be able to stand her son's normal early life aggressive behaviors—normal behavior that helps organize every boy's masculinity.

It also affects **how we want our children to behave**, how we handle our children's behaviors and the things they say and do, etc. It also affects **how we see our own children and how we understand** and what we make of their behaviors. And it affects **the wishes we have for what kind of people we want our children become.**

And it also **affects what we, the parents, need from them, our children.** Yes, we parents need things from our children. This begins even when they are very young. We need their cooperation, their living up to our expectations, and as they come of age to go to school and become teenagers we need their help in the house. All along we need their support in times of stress for us, and eventually we may need their advice and encouragement. Then, as we ourselves age we may also need them to help care for us physically and emotionally. Some of us may even need to live with them or have them help us find ways to be reasonably accommodated. And always, we need their respect and their love.

Question: But can't trauma also lead to some good in our parenting? Will it always make a parent act in ways that are hurtful to the child?

Answers from participants.

Discussion: Absolutely, having been traumatized can help us be good parents. No, it will not always lead parents to rear their children hurtfully.

Our goal here is to help us all understand what traumas may do to us so that we can sort out the things we do as parents. And, so that we can sort out the wishes and expectations we have, those that may and those that may not be hurtful to our own children.

For instance, as we said before, a mother who was hurt by her father may end up teaching her daughter that all men hurt women; she may teach her son that he is never to be aggressive in anything! This will most assuredly hurt the child. On the other hand, a mother who was often hurt by her father while growing up may make a point of helping her daughter learn to tell what to look for in boys in order to protect herself reasonably. She'll help her daughter see that some boys seem to be mean and boys like that may end up hurting her. On the other hand, some boys seem to be friendly to people, to girls as well as boys and these boys are much less likely to be hurtful to her, in fact they could be very nice to her and make her feel loved and respected. She will help her daughter learn to look for signs of meanness as well as signs of thoughtfulness in boys.

This mother will probably make a point of intervening when she sees her son being nasty to a girl. She'll help her son learn to express anger toward a girl in ways that are reasonable and not simply nasty or abusive. And when she sees persisting nastiness in her son toward girls (and then often boys too) she'll stay with the task of helping him find more reasonable, non-physical ways to express his hostile feelings toward them. An aware father will do the same.

When we are aware of what having been traumatized may do to us as parents, in the ways we parent, then we are much more likely to act in ways that are constructive and helpful to our children. When we are not aware that our traumas sensitize and bias us, that being traumatized may make us withhold attention and affection, or make us over-control and unreasonably restrict, etc. then we may without awareness or intention cause harm to the children we love.

Question: But how do we know if we've been traumatized? How can we be sure that we have?

Answers by participants.

Discussion: Facilitator, see how much of this you want to go over since it will depend on whether or not other Workshops on Trauma have been done.

This question is less silly than some may think. Many people who have been terribly hurt may not think of their own life histories as having been traumatic. Some people think that beating one's kid is what normal parents do to rear their kids "right". "After all," they may say, "that's what my parents did and I'm fine! That's how you get good obedient kids!"

Let's start with traumas that happen to us from outside our families. There are neighborhood violence and crime, and home hazards like an assault of a family member, a loss of the house by fire, a terrifying burglary, etc. Then there hate crimes, traumas we all know about that are driven by what we call malignant prejudice—prejudice that leads to destruction of people, terrorizing of people, acts of awful injustice and violence. And then there are the traumas of war, whether as a victim or as a soldier. Some of these include the terror of bombings, deliberate burning of houses, crippling wounds, death of family members and neighbors, destruction on one's house, displacement by emigration, and more. **Facilitator,** see if participants have other such experiences.

Then there are traumas that happen to us from within our own families. If your father physically beat you, fairly harshly, or if you were taken advantage of sexually by one of your parents or siblings or by a grandparent or an uncle, or if you were often shamed or criticized, or told you'll amount to nothing, you were traumatized. If your parents went through several years of marital war and they divorced, or if your father or mother just moved out when you were a child, you were very likely traumatized. If your mother or father died when you were a child between the age of less than one to 10 years it's very likely that you were traumatized. If one of your brothers or sisters had a terrible illness that dragged on and he/she died, there's a good chance that you were traumatized. There are other traumas too that occur in families, like a father losing his job, or a parent becoming alcoholic, etc. **Facilitator,** see if participants have other experiences of trauma that occurred in the family.

Of course, a number of factors will influence how these traumas affected you. There are many. We have tried to look at these in the other Trauma Workshops.

Question: How else could one tell if one has been traumatized?

Answers from participants.

Discussion: One ought to also wonder if a person may have been traumatized if that person is having a cluster of symptoms including anxiety—especially being constantly on the look-out for something terrible to happen—, depression, and is having repeated bad dreams or even nightmares. In some the traumatization has led to not trusting people, to being easily irritable and angry, to being withdrawn and a loner, being frightened of or rejecting of sex. That person may also have other symptoms as well, but the cluster of anxiety, depression, and nightmares is quite common with traumatization. In some traumatized people these symptoms may not be very obvious. But the point is this: trauma leaves its marks on the person.

(**Facilitator**, in the other workshops we discuss these in some detail. You may want to draw on these in case participants want more detail.)

Question: Do you know someone who has been traumatized but tells you that nothing bad ever happened to her/him? Such a person may even tell you that war was actually exciting or adventuresome. Some may tell you she/he had a wonderful childhood! How might such denials affect her/his parenting?

Answers from participants.

Discussion: Actually, we often hear this. We think that the major reason this happens is that many people who have been traumatized, have been deeply hurt, and they try to not think of the hurt believing this will make the hurt go away. **Well, it doesn't make it go away.** It just makes it go into our unconscious mind, it makes us become unaware of having been deeply hurt. The problem though is that the hurt continues to be felt deep inside. Feeling deeply hurt inside but not aware of it, this hurt influences how we see the world, and makes us believe and do things without understanding why we do them as we do.

For instance, a father who was in a war and needs to deny how terrified he sometimes was may continually tell his children and his wife that learning to be disciplined is what was so great about being in the war. Everybody did exactly what he was told to do by his officers. And he may then demand that his children and even his wife listen to all his commands. He will insist that this is really the best way to "run" a family and bring up responsible kids. And in no way are his sons to be terrified of anything!

A mother who denies she was terribly hurt by her father may not know why she is convinced that all men brutalize women; she will only know that this is absolutely true! The best reasoning around will not bring her to allow the possibility that good, loving, and respecting men exist. And, she may then avoid any intimate relationship with a man.

Or a man who was beaten by his father will tell you that "That's the way my father got me to do things right. He did it for my own good; he was right! So, that's how I raise my kids."

A mother who always felt criticized by her own mother became convinced that you should never compliment your child because that will make the child stop trying to work hard in school and do good things. Or another parent with similar childhood experiences became convinced that you should never compliment your kids or they'll get swollen heads and become stupid, or lazy, overly proud, impossible to control, etc.

Denying they were deeply hurt, repressing (making unconscious) the trauma, they don't know what leads them to think certain ways and do certain things that may turn out to be very harmful to their own children.

Question: Do you know someone who is being traumatized right now and tells you she/he knows it has nothing to do with how she/he parents?

Answers from participants.

Discussion: Here the problem is different but the outcome may be similar. Not making a connection between how an on-going traumatic situation may make the parent extremely anxious, or frightened, or furious, or feel ashamed and humiliated, the parent may not see that it impacts on how he/she deals with his/her kids. It will feel very reasonable to this parent to be overly controlling, for instance to not allow the child to go outside and play on the street with his/her friends because an air raid may suddenly happen or a terrorist may kidnap them, etc. Or the parent who feels ashamed and humiliated by malignant prejudice may think it perfectly reasonable to smack his child in a grocery store for not being polite or asking several times for a piece of bread or candy. These are painful over-reactions to the actual present situation that shows that the parent is reacting with feelings stored inside him/her that come from past unresolved traumas.

Question: So, what can we do to make ourselves aware of the effects our having been traumatized may have on the ways we interact with our children, on our parenting?

Answers from participants.

Discussion: First of all we want to emphasize that **it's very hard to look into ourselves honestly** when it comes to admitting—even just to ourselves—our vulnerabilities, our fears, our painful hurts, and to accept that these exist, that they may make us be biased, have prejudices. It's hard to admit to ourselves that maybe these pains have made us too easily frightened, or blind to important things, or prone to unreasonable generalizations, or over-controlling. And it may be that what we think is most helpful for our kids may, in fact, not be what's best for them. But if we can be brave for the sake of our kids, we'll find it very useful to look at ourselves for all these types of troublesome reactions.

For many of us who have been traumatized—and when we have not been traumatized—it is helpful to have our mates help us with this challenge. **But, if you ask your mate to help you with this self-exploration, make him or her agree to never hurt you with what you find in this collaborative self-exploration.** We have to use our own judgments on how to proceed with such self-exploration.

To be sure, participating in Workshops like these can be very helpful. That's what these Workshops are for—to be helpful, not to dictate what you should do. The Workshops are only trying to inform you on known findings, and to lay out for you basic things mental health professionals have found helps and hinders children's growing

healthily. The Workshops only aim to clarify and make suggestions. **You are the only one who can decide what's best for you and for your kids.**

Facilitator, see if there are questions about all this, then proceed.

Question: This being said, what do **you** think you can do to sort out if the serious hurts you've experienced are making you do things with your kids you're concerned about or just simply wondering about?

Answers from participants.

Discussion: Here are some things we think we can do that might be useful. Let's try to search in ourselves for where we stand on the following issues.

1. As we have already suggested, it is important to be able to **face the fact that we have been or are being traumatized**. We have to start from there. We'll later talk about some general things certain types of trauma often tend to make people do and not do, see and not see.

2. Trust yourself and **trust what you feel**. **But at the same time**, ask yourself if the way you feel about any one thing is **extreme**, if your convictions can be made to sound **reasonable** to your mate, and to some friends you respect and trust. See how other people feel on any issue about which you feel **really strongly convinced**. **Don't change your mind, just wonder about it**.

Then, check yourself out to see if you do some of the following things. If you do, they may suggest that you are reacting to past traumas.

3. Do you rely a lot on generalizations about things? **Beware of generalizations about people, adults and children**, like "All men want is sex", or "All women are fickle, you can't trust them", or "Black men rape white women", or "All Italians belong to the Mafia", or "All Germans are Nazis", etc. So too with generalizations like "All children are basically lazy", or "All girls are good in English and all boys are good in math". Or, "Girls value relationships more than boys do." Or, "Boys are more moral and ethical than girls are". Or, "Never compliment a kid, it'll go to his head!" Very few generalizations hold: "All live human beings breathe, eat, go to the bathroom", yes, we can say that. But that's about it. People are just too complex to all be just one thing or another.

Facilitator, ask participants to discuss "What do you think could make us believe such generalizations?" E.g., a woman who was sexually abused might think the first, a man whose mother was painfully unreliable might think the second, etc.

4. Do you become **very anxious** about your child doing some things you disapprove of; do you feel that your child is then endangering himself/herself and something terrible will happen?

Facilitator, discuss with participants "What could make one so very anxious?" E.g., your father was driving the car, looked at an airplane, lost control of the wheel and crashed off the side of the road, smashing mother's head against the windshield and knocking her unconscious. You were sure she got killed.

5. Do you feel **very, very protective** of your kids. Does your mate, do your friends tell you you're being over-protective? You may not be, but you would do well to check yourself out on this.

Facilitator, discuss with participants what type of trauma could do this.

6. Are you often convinced that **there's only one way of doing things right**, that there's only one right answer to a problem? This may be true in math. But with most other things in life, **there seldom is only one good way of doing something well**.

Facilitator, discuss with participants. You once did something your mother told you not to do, and you landed in the hospital with a stray bullet in your thigh.

7. Beware of being **rigid in your thinking** about things. We don't mean that you shouldn't have opinions. Quite the contrary, have them. But try to keep an open mind about them and about other people's opinions.

This is similar to #6.

8. Do you find yourself **thinking that your child is against you?** That he is acting like your torturer? Be careful to guard against ascribing to your child some of the characteristics of the person/persons who traumatized you.

Facilitator, discuss with participants. Having been seriously persecuted and injured in the past, now being angry with your child who is giving you a hard time may make you feel this.

Facilitator, see if anyone has other things to add to this list.

Question: So, knowing we have been traumatized, what should we parents be aware of?
Answers from participants.

Discussion: Unfortunately we can't just give you a quick and simple answer. To begin with, to what degree the parent's being traumatized will affect her/his children will depend on

- a. The degree to which the parent has been traumatized and
- b. How it affects the parent's parenting.

Question: Wait a minute. Why does all this matter? Don't children and adults react to trauma with the same reactions no matter what the trauma is? Don't they all react with anxiety, or depression, or sleep problems and nightmares, and things like that? Can't you just try to stop all these problems? Isn't that what doctors do? And can't you just do that with medicines?

Answers from participants.

Discussion: Doctors can make the problems less intense with medications. We have really good medicines to make people less anxious, less depressed, that can help them sleep better and all that. And we often need to use them. But bear in mind that these **symptoms are "reactions"** to having been traumatized. Dealing with these reactions is important.

But we have found that doing only this doesn't change what the trauma **means** to us, what the trauma **has "done"** to us. Making these symptoms less doesn't make us have less vulnerability to being terribly hurt by even lesser traumas, or have less intolerance for certain things, or have less prejudices about some types of people, or over-protect or over-demand things from our kids, etc. **The good medicines don't lessen what the trauma means to us, nor what it has done to us, and they don't help us learn how to cope and deal better with such traumas or other traumas. And ultimately, they don't help us not let the trauma lead to our hurting our own children.**

Facilitator: see if there are more questions about this. Some participants may be made very anxious by not having a simple way of dealing with all this. It's best to take time to address their disappointment and doubts. But then, we have to hold our position and continue:

So, let's take up how having been traumatized may affect how a parent rears her/his child. We said that the degree to which the parent's being traumatized will affect the children the parent rears depends on

1. The degree to which the parent was traumatized and
2. How this may affect the parent's parenting. Let's take them one at a time.

Question: What would affect the degree to which the parent was traumatized?

Answers from participants.

Discussion: Here is one way to consider what factors would combine to make the traumatic experience more or less traumatic.

1. Was it something the parent experienced alone or were other people hurt then too?
2. What was the trauma?
3. What was the state of the parent's development (ability to cope, to think, to solve problems and more) at the time the trauma occurred?
4. What was the quality of relationships the individual has before and during the traumatic experience?
5. And what impact did it have on the individual then and there?

Question: What about "Was it something you experienced alone or were other people hurt then too?"

Answers from participants.

Discussion: Was it an **individual** experience or was it a **group** experience? It matters. First, if it was a group experience you didn't go through it alone. Being alone when one is being hurt badly makes the event feel much more painful than when it is shared. The idea that "misery loves company" has to do with this. Commonly, it's that we not only feel much pain due to the traumatic thing going on but in addition one feels more vulnerable when one feels "all alone". In addition, when it's an individual experience many people tend to feel "others won't understand what I went through". This may make it more difficult to talk about with another or to lean on another for support and reasonable sympathy.

If it was a group experience, you can turn to others who went through the same thing and you can lean on each other. Having had the same experience seems to usually bring people closer to each other. They have a common bond. "We went through this together; in this way we're brothers and sisters or we're one of a kind". This makes the suffering more bearable.

Question: What did those of you who were traumatized alone feel? And what about those who were traumatized by events that affected your group or community?

Answers from participants. **Facilitator**, here the idea is to focus on the effects of being alone or in a group, not yet on the specific type of trauma; that will be talked about shortly. But if the participants go that way, you can take up both issues at the same time—the type of trauma and being alone/in a group.

Discussion: If the trauma that most left its mark on someone happened to that person when she/he was alone, there is a good chance that when that person's child gives the parent a hard time, that parent may feel helpless to deal with her/his child effectively. For instance, when the child doesn't do something the parent wants him to do or the child gets angry with the parent, that parent may feel helpless and vulnerable and be unable to take hold and tell the child to not act that way and to cut it out! And the parent is then likely to feel all alone in his/her distressed state; that parent may not be able to turn to his/her mate with a feeling of trust that she/he can and will help the parent deal effectively with their child.

There's a chance that if the trauma you experienced occurred in a group, you'll turn to your mate and commiserate about your child's rotten (a significant exaggeration) behavior. It will help to not feel alone.

Question: What about "What was the trauma?" What is the difference?

Answers from participants.

Discussion: First of all, by definition to be traumatized means that something was done to us that we experienced as painfully overwhelming and that we felt helpless to protect ourselves against it. Whether the trauma was physical, sexual, or other, **every trauma is emotionally overwhelming**. Once we are so emotionally overwhelmed, whether we are aware of it or not, we continue to make efforts **to master the experience of having been overwhelmed** by this event or series of events. **Some of the things we do to achieve a feeling of mastery over the trauma can cause us to do things to our children that may not only not be in their best interest but that can in fact harm them.** But what we do differs because different traumas affect us differently. They have a different impact, they mean different things to us, and they bring about different reactions.

First of all, if a trauma is **a one-time event**, its impact on us may not creep into our personality, into our ways of coping and adjusting as will a trauma that occurs over years. A trauma that is **long-term** will most likely affect the way we cope with life on a daily basis. The way(s) we cope is (are) then much more likely to become part of our personality.

The **severity** of the traumatic events would of course matter too. The more severe it is the more the strain on us emotionally, the more overwhelmed our abilities to cope.

In addition as we said, the **type of trauma** makes a difference. Having been traumatized or currently being traumatized by events caused from outside the family affects us very differently than if it is something caused by your own mother, father, or an uncle or aunt. Being **the victim of malignant prejudice** or of **war** affects us differently than if the trauma was a serious car **accident resulting in significant injury**, or, while walking home from school, **being struck by a stray bullet** during a neighborhood gang fight. And all of these are different than being **physically abused** which in turn affects us differently than if we were **sexually abused** or **emotionally abused**.

Let's talk a little more about these differences.

Question: How do you think having been traumatized by **acts of malignant prejudice** might lead to your doing things that could negatively affect your children? (**Facilitator**, who the participants you're talking with are, is crucial. You no doubt have a good idea what they have been and maybe still are being traumatized by. Use their experience to frame your contribution to the discussions.)

Answers by participants.

Discussion: (**Facilitator**, similar but also unique features prevail in all situations of malignant prejudice. This is so whether we are talking about the African-American experience in the U.S., the Balkans (Bosnia), the Israeli- Palestinian, the Hindi-Muslim (India), and other sites where people are and have been traumatized by on-going prejudice-based conflicts. Perhaps one of the oldest malignant prejudice problems is the Christian-Judaic one, anti-Semitism. Of course, at this date, one of the most studied malignant prejudice events of the Twentieth Century is the Holocaust perpetrated by the Nazis against the Jews of Europe.)

Common to all prejudice-based traumas, it is unavoidable that being terribly hurt by acts of violence as well as the constant put-downs, depreciation and insults, by the persecutors, much hate and much mistrust are generated in us. This hate and mistrust do a number of things to us that creep into our parenting.

First, this hate in particular is what makes us develop our own counter-feelings of malignant prejudice against those who persecute us. It's quite natural to then develop our own mistrust of, and our own put-downs, depreciation, and insults of our persecutors. This is very likely to be shared, if not outright taught by us to our own children. Our perpetrators are evil people, they all beat their wives, they eat raw flesh, they steal from each other, they never bathe, etc. It leads to our teaching our children to develop mistrust of and malignant prejudice against "our persecutors". We are then teaching our children to continue to perpetrate the malignant prejudice that has caused our own families and friends, our own communities to suffer terribly.

Unfortunately, in our own communities we experience acts of violence against our persecutors as heroic, as honorable. We honor the attackers of those who cause us terrible suffering. We value violence because it is for the right reason. And with this then, we may rear our children to perpetuate malignant prejudice and violence and to continue to live in a world of danger and pain.

Facilitator, think and see if you want to go into the following piece with your participants.

Question: But we have to defend our honor, our people. What would you have us do?

Answers from participants.

Discussion: Of course we have to defend our honor and our people. But do we really do this when we teach our own children to mistrust and hate "all" Whites/Blacks, Christians/Jews/Muslims, Israeli/Palestinians, etc.? Have acts of malignant prejudice driven violence and terrorism really been repaid by our becoming the perpetrators of the same malignant driven violence and terrorism? To be sure, we have to defend our honor and our people. But we have to find ways to do this while we also make life safer and more fair for our children. Making other people out to be evil and distorting what they are like is now well known to be lying about them. In fact, one major effort being made now to decrease malignant prejudice is to have children of different cultures, for instance in Israel, to get Arab and Israeli children to get to know each other personally, to get adult professionals to work with each other, dialogue with each other, etc. In some communities they grow up in the same neighborhoods and go to the same schools. They learn that they are very much like one another. This increases the chance that they will know that they may differ in important ways but that they are not evil, not wife beaters, don't eat raw flesh, etc. These young people will not believe the distortions that commonly facilitate malignant prejudice.

But there are other things the mistrust and hate we feel toward those who hurt us can do to us as parents.

Question: What would be some of the things we might do that come from such mistrust and hate of others?

Answers from participants.

Discussion: It's quite likely that the mistrust and the hate we feel will lead many of us to do some of the things we listed before:

1. Many of us will **make generalizations** about those who have hurt us, as we said before, like "All Jews are greedy!" "All Palestinians are terrorists", or "All Black men are violent", or "All Muslims beat their wives", etc. As we said, very few generalizations hold.
2. It may make us **very anxious** about our child doing some things we disapprove of or that our child is endangering himself/herself and something terrible will happen?
3. Some of us will become **very, very protective** of our kids.
4. Some of us will be convinced that **there's only one way of doing things right**, that the only right way is the way "we"—Christians or Jews or Muslims or Hindi or Blacks or Whites, etc.—do it?
5. Often with that we may become **rigid in our thinking** about things. "The only way to discipline a kid is the way my father did it. Your kids are bad? You scold them, and send them to their bed without supper! These new ways of disciplining kids are just pandering to them".

6. When our children challenge us, as all children do, we may **feel that our children are against us?** We may be ascribing to our child some of the characteristics of the person/persons who traumatized us.

WORKSHOP # 12

HOW PARENTS WHO HAVE BEEN TRAUMATIZED CAN PROTECT THEIR CHILDREN'S DEVELOPMENT (Continued)

Here's another problem we have found that commonly affects traumatized parents that really impacts on their children. This cuts across the types of trauma.

Question: Do you know parents who have been through awful traumas and never tell their children about it? What might some of the consequences of this be?

Answers from participants.

Discussion: It is unavoidable that having been traumatized will affect the way we are, the way we react to things, to life events, to our children's behaviors. Some parents will show the signs of post-traumatic stress disorder—which we talk about in Workshop #10 *"On Helping Children Cope with Trauma."* Their children will wonder, "Why is Mom so worried all the time?" Or, "Why does Dad get so angry at the least little thing I do?" Or, "Why does Mom get to feel so sad all the time?" Or, "Why does Dad scream at night?" Etc.

Parents who never let their children know that they were traumatized, who never talk about the painful things that happened to them, leave their children in the dark. It leaves their children with no explanation for their troubling reactions and behaviors. Children then tend to hold themselves accountable for what their parents are feeling, blaming themselves for causing their parent pain and distress. "I'm really causing my Dad/Mom a lot of pain" they are likely to feel when, actually, it's the past trauma that's causing the pain that at this moment is being activated by the child's behavior.

Yes, it's hard to talk to our children about the more or less awful things that happened to us. And it's natural to think that if we don't tell them about these things we'll spare them pain and distress. But it really turns out not to be so. Children are better off knowing that we have been traumatized, how we were traumatized, by whom, when, how we dealt with it, and how we continue to try to deal with it, etc. Any questions they ask once they learn about it should be answered. As best as we can, we should answer their questions honestly and sufficiently, depending on the child's age and ability to understand. We should not underestimate what young children can understand. But at the same time, we have to be sensitive to their tolerances and take our cues from their reactions to what we tell them.

It is better for our children to talk about our traumas with them than to try to protect them with silence. Of course, how we do it matters.

Facilitator, here, if time permits, you may want to do some **"role play"** of parents telling a child of various ages how they were traumatized. You might do this here or later.

Question: Have any of you seen parents who were so terribly hurt by some awful acts of malignant prejudice that they carry with them the feeling of danger that it will happen again, any time? Have they at times behaved as though they need their children to protect them, to take care of them? Have you seen some parents who were or are not able to let their quite capable growing children go their own way?

Answers from participants.

Discussion: Studies of Holocaust survivors have shown that quite a large number of those who were in death camps and underwent terrible abuses were seriously traumatized. Among these were some whose abilities to cope with even minor stresses were seriously damaged. Some of these individuals, when they were rearing their children in fact relied heavily on their kids taking care of them. If their teenager went out with friends, the parent felt abandoned. Or they might fear their teenager might get seriously hurt or killed. If a girl became interested in a boy or a boy became interested in a girl, the parent might feel betrayed. Or the parent might feel their teenager might get taken advantage of or led into some serious trouble. These parents would be frequently depressed, often overly anxious and irrational in their fears, predicting all kinds of dangers that could befall their growing kids if they didn't stay within the restrictive limits the parent felt necessary to survive. There were other ways too that their being traumatized led them to hurt their own children. These were terribly hurt parents. Some could be helped by psychiatric treatment; some could not; and others never even tried to get treatment.

The restrictions and the burdens they imposed on their growing children and later adult children were very large. In consequence some of their children became quite troubled themselves, suffering especially from anxieties, depression, guilt and shame. The guilt in some was so heavy that they could not let themselves have good and successful lives. Some did make good enough lives for themselves, but at the cost of much guilt-derived pain and occasional depressions. Quite a number of these children of survivors sought mental health treatment.

These are only some of the things severe traumatization led some parents to visit on their own children. These are some of the things being severely traumatized can do to us that may come out when we are parents.

Question: But it's not just bad things that come from suffering. Doesn't it sometimes make some people more understanding, wise, and stuff like that? When you see a child hurt, doesn't it make you wanna do something to help him or her?

Answers from participants.

Discussion: Absolutely right. Many of us, when we suffer, we gain in our understanding of what pain does to others. In many it has led people to becoming more altruistic, more empathic (understanding of what someone who is hurting may be feeling), sympathetic, helpful.

Let's make this clear. **It is not advisable to make our children feel hurt, suffer, or feel deprived, in order to make them become better people.** That doesn't work; when it's planned for this purpose, it only creates resentment. Kids can tell when we

make them feel pain unnecessarily. It's when pain and suffering can't be prevented or stopped in spite of our parents' best efforts to protect us from it, that's when pain and suffering may bring some good, better understanding, truer sympathy, commitment to helping others, etc.

Yes, we need to emphasize that many parents who underwent death camp and other abusive and life threatening experiences came out of these experiences with the determination to do some good in life. Some even became determined to do all they can/could to stop such abuses, to stand up against malignant prejudice, to do something to help people suffer less, cope better with whatever life has in store for them. Many of them went into "helping" professions. And many of them reared their children in loving, respecting, and growth-promoting ways; not perfectly to be sure, but quite well. And their children developed quite well, not without some occasional depression, sadness and guilt for what their parent(s) went through—due to complicated psychological reasons we won't take up here. **(Facilitator, if you feel it wise, give a quick explanation that the unavoidable hostility all children feel from time to time toward even loving parents leads to guilt and from there, linking the guilt to the parent's trauma, feeling he/she [the child] was responsible for the parent's suffering).**

Facilitator, if you will not be covering the *Workshop on Malignant Prejudice* and the *Workshop on Hate Crimes* with these participants, you may find some of the things we address there pertinent and useful here.

Question: What might having been in a war do to us as parents? What harmful things could we end up doing to our children? What good things could it help us do?

Answers from participants.

Discussion: We'll start with the good that may come from being subject to the dangers, hurts, losses, displacements, tragedies of war. Seeing these horrors, being close to them and even subjected to them makes us know first hand all the terrible things it does. Like with malignant prejudice and being subjected to hate crimes, it makes many commit themselves to preventing those things that lead to war. It also makes many commit themselves to decreasing suffering, to helping others--especially victims of traumatic events—, to learning about and to developing ways for people to resolve whatever conflicts they have by peaceful means, and more. It has led to the League of Nations, then to the United Nations, to the formation of a United Europe, to the World Tribunal, etc. As parents it has pushed many of us to foster in our children the need to find peaceful ways for conflict resolution with their own siblings and with their peers. And we have pushed them to abide by the principles and rules of school and the community.

Much like what may happen to us as parents when we have been subjected to hate crimes and malignant prejudice, destruction caused by war, dangers, losses, displacements, etc. these events may make us excessively anxious, overly worry about terrible things happening to our kids, and all the rest.

But let's look at some of the specific things war may bring.

1. Destruction caused by bombs, fire, catastrophic events, may make us overly sensitive to things our children do that is well within limits of normal behavior. For instance, we may find intolerable the noises our kids make, or the games their natural

interests lead them to like to play with toy pistols and guns to fight against evil, or we are terrified by thunder and lightning, all of these may make us overly-restrictive and make our children feel insecure. A mother's prohibiting her child's play with toy guns to fight evil is more likely to convey to the child that aggression is bad, that the child is bad, than to help the child learn to deal with his/her aggression in constructive ways.

Question: But if we want to help our kids not like war, and to not fight all the time, shouldn't we prohibit their playing with toy guns?

Answers from participants.

Discussion: If you feel uncomfortable with your child playing with toy guns—we all know how terrible guns can be—tell your child you really don't like his playing with guns. But you should know that playing with toy guns is not what will make a child become violent. What makes a child violent is if he/she walks around with a load of hate he has accumulated by being hurt painfully, over and over, and especially so at home.

The point we want to make is that aggression is a normal feeling and reaction every healthy, normal child has. The problem with focusing only on prohibiting the child from playing with toy guns or the like is that it tends to convey to the child that all aggression is bad. This is not true. Healthy aggression is needed in life for at least three general purposes:

a. To survive against dangers. For instance, you may need to push away a man or a woman who reaches down to grab your child in a way that to you immediately feels and looks threatening. Or, your 10 year-old may need to hold on tightly and push aside a 13 year-old who, after telling your son he likes his bike and wants to take it, is on the verge of grabbing it. No doubt you all know that there is a time when you may need to protect your loved ones and your property that may require even hostile aggression, let alone non-destructive aggression (assertiveness, standing up for your rights).

b. We need healthy, non-destructive aggression (part of which we know as assertiveness) to achieve our goals, to overcome the obstacles in our way to them. And,

c. Some child developmentalists have found that the "macho" type of aggression we see in some men—especially in those men who exaggerate it—is needed for a boy's normal masculinization process. This becomes most apparent in 3 to 6 year-old boys but it will go on through adolescence when the boy's identity as a boy consolidates. **Facilitator**, there is a great deal more on aggression in children in the *Workshops on Aggression* (10 Workshops in fact).

But our point here is this. We don't want our anxiety about guns and hostility to lead to our failing to help our children deal with their aggression in ways that will promote the child's healthy growth. We want our children to learn how **to deal with their aggression constructively**. And that is not achieved simply by prohibiting aggressive behaviors. It is achieved by talking with the child, helping the child understand the need to learn to have some reasonable control over his aggressive behavior, especially his hostile-destructive feelings. It is achieved by guiding him/her in ways to do this, and staying with this guiding process till the child does achieve a reasonable degree of control over his/her aggression.

Question: What other things may our experiencing (past or present) war bring into our parenting that might not be good for our children?

Answers from participants.

Discussion: Here are some other things war may bring. **Facilitator**, take one at a time with discussion of each.

2. Seeing people get terribly injured, being burned, bleeding, losing a leg or an eye, could easily make many of us squeamish about any event that could lead to such an outcome. A parent might overly react to a young child wanting to light a candle, or a 10-year-old cutting himself on a piece of glass, or using a saw and predict dire consequences. A child may then react with fear in lighting a candle or using a saw, etc. An overly-frightened reaction to the sight of blood could lead to a child's developing an excessive fear in seeing a doctor and resist doing so when he really needs to, or be terrified of getting a vaccine booster shot, and even come to hate seeing doctors when an adult.

A father's terror on seeing an amputee would easily be communicated to his child. This then may lead the child to experience anxiety on seeing an amputee. This in turn would lead him to fail to react with sympathy to someone who is disabled.

3. Losing a member of the family or someone else very close is of course very painful. Individuals who have experienced such losses may, when they become parents, become overly worried that they will lose a child. This may lead to unnecessary restrictions being imposed on a child, or threats flying of impending disaster if the child rides his bicycle on the street, or wants to play some contact sport, or go mountain climbing, etc. The fear of loss is also experienced on separations. The child may then fear to go to a friend's for a sleep-over, or to camp during the summer. Or the parent may have large difficulty dealing with helping her/his growing adolescent prepare to go away to college because the parent experiences it as the death of the child, as abandonment by the child.

4. Having to leave one's home due to the war, being displaced brings with it not only a feeling of loss but also the need to adjust to a new home, environment and all that comes with this. This may lead the parent to be very anxious then, when the time comes for a grown child to go to college. Here by identifying with the departing child, the dread the parent may feel that comes from the experience of being displaced could lead the college-bound adolescent to feel awful anxiety about leaving home. Moving to another house for this family might be experienced as a life-threatening uprooting.

If the parent had been displaced to another country, the additional challenges of emigration come into play, with all their hardships both for the parents and for the children.

Facilitator, what other problems has war caused these participants?

Facilitator, if your group of participants is focused on having been traumatized by hate crimes or war or malignant prejudice you may not feel it appropriate to go into traumas that **arise from within the family**, such as familial physical abuse, sexual abuse, emotional abuse, etc. However of course, physical abuse, emotional abuse, and sexual

abuse (including rape) may well occur as a result of malignant prejudice, and especially of hate crimes and war. Therefore, some of what follows would apply but not the large factor of its happening "by the actions of someone within the family"

Question: Let's say you had been physically abused by one of your parents, most commonly, by your father. What would having been physically abused most likely do to you that would have serious bearing on how you may parent your children?

Answers from participants. **Facilitator**, don't push for true self-revelation of familial childhood physical abuse. Try to get participants to respond to their **imagining** they had been so abused. Of course, if someone reveals she/he had been physically abused, go with it (with due consideration).

Discussion: (**Facilitator**, how much of this you feel you need to cover will depend on the extent to which your group did the other Workshops. If your group did not do the other Workshops, you may find it useful to supplement what we are saying here with additional useful information from these other Workshops. Those Workshops do contain pertinent material we will not be repeating here.)

Here, we need to look at 2 factors in particular:

1. The fact that being so abused causes us emotional problems that affect us as human beings and therefore will most likely affect our parenting; and
2. The specific vulnerabilities the type of abuse causes in us. Let's look at this.

Most of us know that rearing a child is full of pleasure and gratification. But we also know that it's full of challenges. It's unavoidable that kids who are healthy, normal and decent will at times challenge what we say, what we do, and what we prescribe for them. They'll challenge our expectations and hopes for them. This, even when we have no doubt our aims are in their best interest. Fine!

But there'll also be times when these normal, decent kids are likely to be obnoxious and annoying. Fine too. But then there will be times when they will be outright infuriating.

Question: Have you ever found your child to be so impossible that you'd like to do to him/her something you know you would seriously regret?

Answers from participants.

Discussion: All parents sooner or later experience this with their children, even very good kids! These are probably most challenging times. And this is when having been traumatized may replay itself very painfully. We may feel like we're being traumatized again, and we may even experience our own child like the perpetrator who traumatized us.

But in addition, we will experience with our child a repetition of the past trauma. A parent who was **physically abused** by his/her father may experience his/her child's behavior like an abusive kid who beats you. This will elicit in the parent the rage the parent felt as a child when abused by her/his father and this may then lead the parent to now become violent and abusive with her/his own child. It is well known that 50% of

people who were abused as children will become abusing parents! And though it is a bit more complicated* said simply as we just did, that's how it happens. What was done to you when you were a child, you now do to your child as a parent! This by the way, goes for the good and the bad. If you were treated well, you will very likely treat your children well.

(*Facilitator, identification with the aggressor—acting like the person who terrifies you in order to lessen your fear; "In order to not be afraid of ghosts, I'll act like or pretend I'm a ghost" (Anna Freud, 1936)—plays a part in this transmission of traumatization too.)

Question: What do you think you might experience if you had been sexually abused as a child or young adolescent?

Answers from participants. **Facilitator**, don't push for revelation. If a participant volunteers such information we just try to facilitate verbalization.

Discussion: **Facilitator, this is a very sensitive issue. It causes much anxiety in people and may be very difficult for many a good parent to talk about. As facilitators we have to proceed with this topic. But we then do so gently and monitor and be constructively responsive to the participants reactions.**

This trauma too will find its way into our parenting. But it will affect us differently than physical abuse. We may experience a child's annoying, irritating behavior as being teased (sexually or simply personally) by the child. A child's infuriating behavior may make us feel we are being violated (sexually or simply personally).

It may lead a parent to do to his/her own child what was done to the parent when she/he was a child. We at times come across an individual who was severely traumatized by sexual abuse who may, in turn, sexually abuse her/his own child. Several factors contribute to this. The abused parent may be driven by some difficult to control inner pressure to molest his/her child. The pressure may come from "identifying with the aggressor", that is to act like the person who terrified you in order to not be so terrified. If you're afraid of ghosts, pretend you're a ghost, then you won't be afraid! Or it's the need to repeat the trauma, but this time you're not suffering. Obviously, much emotional disturbance is what leads a parent to molest his/her own child. People who do this need psychiatric help. Fortunately this is not as common as is the transmission of physical abuse from parent to child, from generation to generation.

We more commonly find that individuals who were taken advantage of sexually in childhood, whether by their father, mother, older sibling, or another adult, that such persons may abuse children other than their own. It is very likely that a person who sexually abuses a child was himself/herself abused as a child.

Another thing having been sexually abused as a child or young adolescent may do is make the parent have great difficulty dealing with any child rearing issue having to do with sex. This could show itself in the parent conveying to the child that sex is bad, that children who have sexual thoughts and feelings or masturbate are bad. With an older child or teenager, a mother or father may become very critical of any interest the child/teenager expresses in a person of the other sex. Or the parent may be overly

frightened that her/his child will be hurt and forewarn of terrible things to happen. Or the parent made very anxious by her/his young teenager's interest in lipstick or perfume may rage at the teenager that she's a slut!

And on the other hand, any sexual behavior on the part of the child or the teenager may more or less arouse in the parent who was sexually abused as a child a powerful sexual excitement that may be very difficult for the parent to handle without causing harm. A parent who recognizes this in himself/herself is much less likely to do something hurtful to his/her child or teenager. Such a parent may wisely try to get professional help with the aim of controlling his/her behavior and get rid of this problem.

Question: What about having been emotionally abused? How would that affect us as parents?

Answers from participants.

Discussion: As we said before, two things stand out that result from family-caused abuses:

1. The fact that being so abused causes us emotional problems that affect us as human beings and then affect our parenting; and
2. The specific vulnerabilities the type of abuse causes in us. As we just discussed, for instance, the father (or mother) who was physically abused may have adopted the low tolerance for disobedience in his child that he experienced with his parent and now, like his parent, resorts to physical punishment to get compliance out of his own kids. As we said, 50% of abused children become abusing parents. Or, the parent who was sexually abused as a child or adolescent may be overly prohibitive with her children about sexual matters, questions and behaviors.

The same goes for having been **emotionally abused** as a child. Of course, by emotional abuse we mean **saying** things to a child, **doing** things to a child, and **relating** to a child, in ways that excessively put the child down, hurt the child's feelings, painfully humiliate and make the child feel shame. Emotional abuse also includes **emotional neglect**, like seldom expressing affection, rarely being supportive, encouraging, guiding, seldom paying enough attention to the child. A number of problems comes from this, including a lot of hostility and hate, low self-esteem, feeling worthless, and being very vulnerable to disapproval and failure.

Question: How do you think having been emotionally abused by one's own parents might affect people's parenting?

Answers from participants.

Discussion: One of the major by-products of being emotionally abused is that it generates a large load of hostility and hate in us that accumulates over years of abuse. This overload of hostility we feel gets into the way we react to and deal with others, including our families, friends, anybody we come across. It also makes us feel hostility and hate toward ourselves. Studies of juvenile delinquents over decades have uniformly shown that these young people came from homes that were seriously abusive of them physically and emotionally. In his study of Death-Row inmates, James Gilligan found

that each of these inmates was severely humiliated and shamed as a growing child, for years.

Emotional abuse also leads to that awful cluster of low self-esteem which leads to feeling worthless, being overly hurt by even slight rejection, disapproval, and failure in anything the individual tries to do. This comes especially from not feeling valued by the parent(s). Children **need to feel valued** by their parents to support and confirm their own built-in feeling of being valuable. They **need affection and tenderness** to reciprocate and maintain the affection children are primed—by built-in, inborn mechanisms—to feel for their parent(s).

When we as parents don't feel good about ourselves and feel worthless this comes across to the child and may make the child feel shame, or pain, or anger or all of these toward the parent for feeling so. This in itself causes the child to feel anger, even hate, toward the parent. But perhaps even more so, this anger or hate comes from the fact that the child identifies with the parent the child loves. Taking in the parent's feeling of low self-esteem and worthlessness makes the child reject part of himself, hate part of himself, and link this feeling with this parent. He/she may end up hating both the parent and himself/herself. Feeling this way, the child now too gets easily hurt even by slight rejections, disapproval, and minor failures.

In addition to other vulnerabilities it creates in us, abuse always leads to our having a very troubled relationship with the abusing parent. It often also brings with it a poor relationship with the other parent because the other parent did not protect the child sufficiently against the abusing parent.

All this gets into our parenting.

Question: We said that the state of the parent's development (ability to cope, to think, to solve problems and more) at the time the trauma occurred is important. What do we mean by that?

Answers from participants.

Discussion: How old we were when the trauma happened to us is important. This is because how it impacted on us depends on where we were in the process of our development. **The younger we were the more likely it is to have impacted more heavily.** This is because in general our abilities to cope develop progressively. Thus the younger we were, the less we were able to cope with it ourselves. This means that in general, the younger we were the more vulnerable we were to being traumatized.

But we have to bear in mind that psychological-emotional development isn't a smooth progression. Our **physical development is continuous**, progresses in spurts usually, but it is continuous until we reach full maturity. But our **psychological-emotional development occurs "three steps forward; one step backward"**. If the trauma was a one-time or two-time event rather than continuous, "the younger the more vulnerable" may not always hold. If the trauma was continuous, like war or family-based abuses, "the younger the more vulnerable" is likely to hold.

(**Facilitator**, in Workshop #9, *On War*, we talk about the impact of war traumas on the child **according to the child's age**. Because this speaks to what we want to share with the participants here, you may find it useful to give some illustrations from there.)

The key factor here is that the ability to cope is highly age-dependent. But this principle tends to be limited to the years of childhood. Once we get into adulthood, our ability to cope becomes more complex. Here's what we have in mind. From middle adulthood on, our abilities to cope become highly dependent on **how we age** and on **our health**. Obviously, assuming we are in good health, during the years we rear our children we tend to be at the height of our abilities to cope.

Therefore, if as parents we are dealing with having been traumatized in childhood rather than in adulthood, we are likely to be more affected by the trauma and its effects will creep into our child-rearing more. Again though, like with all other generalizations we are making in these Workshops, there are times when any given generalization does not apply. For instance, studies of Holocaust survivors have revealed that many who were in their mid-adolescent to young adult years during their victimization coped better with the horrific abuses they were subjected to than did many "mature" adults. A variety of factors have been suggested to explain why this seems to have been the case.

Question: What about the quality of relationships the individual has before and during the traumatic experience? Why and how does that matter?

Answers from participants.

Discussion: This factor, we think, is every bit as important as the age of development when the trauma occurred. In fact, it may be even more important. Here is why.

It is now well known in Mental Health—Psychiatry, Psychology, Social Work, etc.—that the relationships we have in the course of growing up and throughout life centrally affect how we feel about ourselves, others and life. In child development research and in clinical work with children, it has been amply observed, found, and documented that the child's family relationships are profoundly determining of how the child develops. Whatever the child's inborn givens, the development of the child's potentials will be better if the relationships are better and are likely to develop less well and less fully if the child's relationships are troubled.

The same basic principle applies, in childhood and in adulthood, with our abilities to cope with stresses and with trauma. Allowing for variations in built-in (inborn) factors, the child who has good relationships with her mother and father is likely to cope psychologically-emotionally better with traumas than a child who has troubled relationships. A child who has had and continues to have generally loving, respecting, adoring parents is much more likely to tolerate traumatizing events better than one who does not have such family relationships. This is because the child with better relationships is likely to have better ways of coping, with more resilience in adapting, with optimism and hope, and with better emotional "inner-sustainment". This was found to be the case with Holocaust survivors. By the way, this is the case even in families with just one parent. And, it is even believed that if one has just **one** good sustaining relationship one is highly advantaged over a child who does not.

One other crucial factor is of course predictable. If the child has the good fortune of having good relationships, if the parents love, respect, and are considerate toward the child, these parents will not do things that blatantly traumatize their child. They will not physically abuse, nor sexually abuse, nor emotionally abuse their children. This of itself puts the child at great advantage.

Question: Are you saying that having had good relationships in childhood, which you say affects the way we cope with trauma, also affects the way we parent?

Answers from participants.

Discussion: Yes. When the child with good family relationships becomes a parent, he/she not only has developed more favorably and has coped with the trauma better but this parent will carry into her/his parenting the models of good relationships. This will surely come into the way such parents rear their children. They are likely to be emotionally pretty healthy in spite of traumas, and are most likely to bring the good models of relationship they carry with them come into action in their own parenting.

Question: What about our saying that the impact the trauma had on the individual at the time it occurred matters? How?

Answers from the participants.

Discussion: What we have in mind here is that, as we said before, the **severity** of the trauma, the **degree to which it overwhelmed** the individual, what **meaning** it had for the individual, these all contribute to the mark the trauma leaves on us. This then will influence how we react to our kids. Obviously, the more severe, the more we felt overwhelmed, the more the event had a hurtful meaning to us, the more likely it is to creep into how we parent our kids. For this reason, it is important that we acknowledge honestly—at least to ourselves—how the trauma impacted on us. Bear in mind again, that in terms of ourselves as individuals and as parents, this may be for the good as well as for the bad.

Question: What can we do then to not hurt our children because what was done to us is causing us such problems? What can we do to protect them from feeling too upset that we were so traumatized?

Answers from participants.

Discussion: Doing these Workshops will help. This is because being aware of what being traumatized may make us do that may hurt our kids is the first step toward not doing these things. Understanding that we human beings react like this to trauma warns us of what we may do. This is a big step toward not automatically doing such things.

Being able to acknowledge to our children when we act toward them in a hurtful manner is much appreciated by children, even very young ones. This is whether we are being too anxious, depressed, being irritable because we had a bad night of disturbing dreams and nightmares, and any and all of the parenting behaviors we talked about. To acknowledge that our behavior is difficult will help the child repair whatever hurt we may have briefly caused them. Apologizing to one's child is always appreciated by the child and, unless it's excessive, always leads the child to feeling positive toward the parent, to feeling respect for the parent.

And then to talk to the child about the trauma we experienced will help the child understand the parent's behavior better. Of course, this all has to be done in such a way

that the child can take it in, doesn't get too upset by what the parent is revealing. We have to take our time, and do it in doses the child can tolerate.

Facilitator, if you have not done Workshops #9 and #10, know that in these Workshops we talk about how to help children cope with trauma; you may find these useful here.