PARENTING
FOR EMOTIONAL GROWTH

WORKSHOPS ON AGGRESSION

by

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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.
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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

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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.

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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 psycho-biological 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".

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The composite psychodynamic model we use is one 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 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.

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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 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.

REFERENCES


**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.

Workshops on Aggression
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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 (the Textbook and/or the Lesson Plans) as well as Aggression in Our Children. 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

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.

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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

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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 Guidance, 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.

Parental Guidance is an educational method that can often be highly useful in working with parents of children we see in psychotherapeutic treatments. H. Parnes 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 chose 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.

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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.

Workshops on Aggression
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.

*Workshops on Aggression*
**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?

*Workshops on Aggression*
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?

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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?
   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?

*Workshops on Aggression*
**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?

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*Workshops on Aggression*
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.

Workshops on Aggression
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

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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.

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**EMPATHY II**

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

*Workshops on Aggression*
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

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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 unpleasure.

**Question:** What is excessive unpleasure ("EU")? **Discussion:** Simply translated: excessive = too much; unpleasure = 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 unpleasure 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?

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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.
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 unpleasure 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.

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**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.

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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.

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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 I 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 guilty 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.

*Workshops on Aggression*
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?

*Workshops on Aggression*
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 Workshops on Aggression
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

Workshops on Aggression
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.

*Workshops on Aggression*
**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 brainstorm 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.

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**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.

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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",

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"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**

![Diagram A](image)

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.

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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 everything 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

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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 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 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.**

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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.
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 Workshops on Aggression
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 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. 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 displeasure, 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 displeasure 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

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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 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

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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.

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**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?