

# ***PARENTING FOR EMOTIONAL GROWTH***

## **LINE OF DEVELOPMENT: AGGRESSION**

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***PEG - LINE OF DEVELOPMENT: AGGRESSION***

## INFANCY (0 to 12 MONTHS)

### 1.291 HUMAN DEVELOPMENT: Aggression

One sees much evidence of aggression during the first year of life. Because it is a complex and vital inner force that motivates much adaptive, creative as well as destructive activity in humans, it is in the child's best interest that parents understand what it is, what promotes its development into constructive and destructive inner forces. The consequences of that development are far reaching for the child, the family, and eventually for society.

To discuss this critical subject, let us draw attention to the fact that, during the first year, aggression is visible in at least 4 major forms. First, in its hostile destructive form, that is, in destructiveness linked with hostile or hate type feelings, which is readily seen in infantile rage reactions, as well as in milder acts of anger and hostility. Secondly, in its non-destructive form best exemplified by the large inner push to reach and get hold of things, to crawl and walk to gain control over and, in general, to master things. Third, is in the destruction of things without being angry or hostile, as in biting into food, and chewing it in order to tear it down for the purpose of eating. And fourth, in its hostile form in which the just about to be 1 year old child seems to enjoy hurting, teasing or taunting another.

#### Hostile Destructiveness:

From birth on every infant is capable of reactions of rage. Some researchers of aggression say that rage is a physiological (bodily functioning, built in) reaction to what the body (the child) experiences as extremely irritating, painful, or life threatening. It does not require thinking. It is like a complex, inborn reflexive behavior. During the first months of life we believe that when the infant has a reaction of rage it does not mean that the child experiences a wish or has the thought to hurt or destroy anyone or anything. But it indicates that already at birth each human being is equipped to react to excessively painful experiences with rage feelings. But, child development specialists say, infants are not capable of having specific person-directed hostile feelings in the first months of life. They are only capable of experiencing and expressing global, general feelings of a negative kind as in fussiness, irritability, in crying and in rage reactions. Gradually, during the second half of the first year of life, the child now begins to be able to cognitively perceive, organize and express anger and hostile feelings with thought and intention. Development specialists tell us that the ability to put experience into thought, to perceive cognitively, to see cause and effect (which we call causality), to organize into meanings, to reach with intention. All these become possible at around 6 months of age in the normal child. Thus, in the second half of the first year of life, it is not uncommon to see an infant strike out with intention at a specific person who is upsetting him or her.

What we mean by "hostile destructiveness" is this. When an infant from birth on experiences mild displeasure (or displeasure), be it mild annoyance (such as due to noises that are a bit too loud), or irritation (such as due to tiredness or to a scratchy piece of clothes), or mild pain (such as due to beginning hunger pangs), the infant will feel mild level negative feelings and may become fussy or whimper. As these feelings become more intense, the infant becomes

irritable and may whine/complain or cry. In the less than 5 or 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 reach its highest peak and only gradually decrease as the infant becomes tired and then exhausted. It may be that a global feeling of hopelessness and giving up begins to be experienced even before 6 months of age. We do see infants give up (and probably feel hopeless) when 3 months old, when they smile at mother (or father) and the caregiver does not smile back (as with a depressed mother or a mother who does not want her baby) for even only a few days. That infant may from then on avoid looking into mother's eyes, often by looking away.

From about 5 to 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 mother rejecting the child's wish to be held), the child's negative feelings will be and sound more like anger. Anger results from experiencing hurt that does not yet reach the point of feeling "This is too much". The pain is not yet unbearable but it is enough that the child wants to be rid of it and complains with force at the caregiver (who the child believes should make the pain stop -- something that in fact, caregivers do for children) to rid him or her of the pain (unpleasure).

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 what the child can readily tolerate, when it feels like "It's too much". Now when the 6 month old (and beyond) feels "excessive unpleasure", at those times he or she will feel hostile toward the caregiver and the world around. Anger makes a child demand that the hurt stop; he or she feels "this has to stop". When a child feels hostile, the pain has gone too far and makes the child want to hurt or damage someone or something. It makes the child want to inflict pain on someone or something else.

Note that we believe that the infant cannot yet feel hate. Hate is an enduring, stable feeling of intense hostility of which the infant becomes capable only from about 18 months of age on. On the other hand, when hostility becomes very intense, the 6 month old may experience rage or begin to have temper tantrums.

### Rage Reactions and Temper Tantrums

Rage reactions are not uncommon during the first year of life. They always mean that the infant is experiencing too much pain (physical or emotional). Children vary in their experience and their expression of rage. Quick-reacting infants have a lower threshold for experiencing excessive unpleasure (too much pain). Their rage reactions will occur more easily and more rapidly. Usually, in the average normal infant, rage will follow a period of irritation that has not been attended to by the caregiver or the caregiver's attention was not able to sufficiently lessen the infant's pain.

Fortunately for him and his parents, 2 weeks old Bernie got quite irritable with his feedings -- due to his food allergy -- but he did not go into rage reactions. He got quite close to

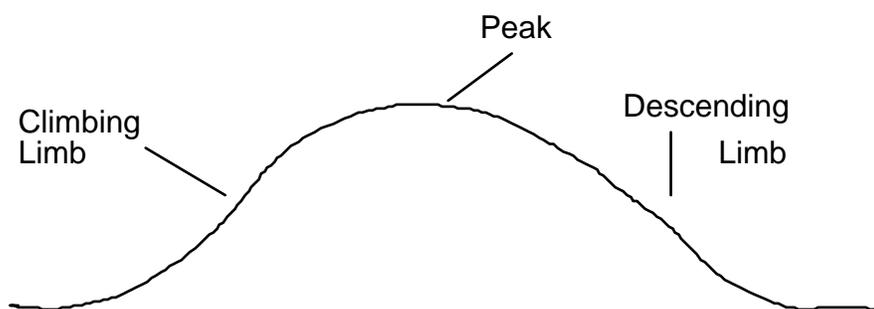
having rage reactions, but his mother would already be holding him for feedings, handle his outbursts better and better and the pediatrician was consulted quickly. With Suzy though, things were more difficult. She was a quick-reactor and on top of that, she was difficult to calm. Because she was difficult to calm, even mother's good efforts could not prevent Suzy's pain from mounting and she did have rage reactions for several months quite frequently, and thereafter from time to time during the first and second year. We shall describe what Suzy's parents did to handle these in the Child Rearing Section (1.292).

From all the information we had, Richie had been a very well put together baby, was easy to care for and calm prior to 6 1/2 months of age. We did not see him until he was 14 months old. It is, however, reasonable to assume that he not only developed rage reactions -- in fact, we saw at 14 months how easily these could not be triggered in him by even the slightest hurt --, but that he had tantrums from about 7 months till after 9 1/2 months when he was placed in a shelter. We shall talk about how to handle a temper tantrum in Section 1.292, but here let us say more about what causes a tantrum and how a tantrum is structured given that knowing how it is structured can guide the parent in handling tantrums constructively.

As we described extensively in our book *Aggression In Our Children: Coping With It Constructively*<sup>1</sup>, a temper tantrum looks like a series of rage reactions, generally appearing and sounding like one rage reaction after another, increasing in intensity, reaching a peak of intensity, and then getting weaker and weaker till it stops with the child exhausted. Like a rage reaction, a temper tantrum is caused by the less than one year old child's experiencing an excessively painful event which just does not stop and goes on much too intensely and too long. Although Suzy had much trouble calming, her mother's caregiving especially seemed to keep the intensity of her pain down sufficiently so that she had long periods of irritability but these did not organize into tantrums.

We propose that temper tantrums, like anger and hostility, do not begin to occur until the infant is about 6 months. Actually we have not seen a full blown temper tantrum until about 12 months of age. Nonetheless, we believe they can begin to occur in children 9 to 12 months of age. Prior to 6-9 months depending on the child, extreme pain (unpleasure) cause rage reactions. After this period extremes of unpleasure will cause a rage or a tantrum depending on how badly the child experiences the unpleasure.

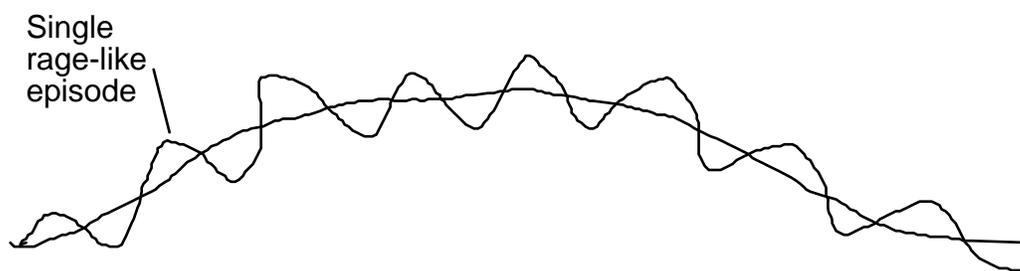
A rage reaction usually has the following structure:



It has a climbing limb, which means that the rage reaction starts (usually) with moderate intensity, then climbs (intensifies), until it reaches a peak of intensity, and then, as tiredness sets in, continues but with lessening intensity until it stops seemingly due to the child's exhaustion. As we said before it may also stop due to a feeling of hopelessness and giving up. We shall

explain in Section 1.292 what this structure means in terms of handling these reactions.

A temper tantrum is a series of such rage-like reactions with pauses in between. Furthermore, the intensity of the single rage-like reactions usually mounts and after a peak of intensity, the rage episodes become weaker. In a diagram, it would like this:



Prior to 6 months of age, rage episodes seem to be experienced in a completely consuming way. If the mother offers the nipple to the infant who is experiencing a rage reaction, the infant will not take the nipple (which may be what the infant has been clamoring for) because his or her entire being is taken over by the rage feelings. By gently touching the infant's mouth at its corners with the nipple several times, the infant's attention usually is obtained and the rage will stop fairly quickly and the infant will suck.

From 6 or so months on, the higher level of psychological and physiological development and functioning brings with it what we view as tantrums. Another important distinction exists between rage reactions and tantrums. We believe that tantrums are more intensely experienced than single rage reactions. This is why we assume them to be more traumatizing for the child and why, therefore, efforts should be made to prevent them. In Section 1.292 we shall detail how to handle rages and tantrums but let us say here that it is easier to stop a rage reaction and a tantrum just before or at the point when it is beginning and then when it is in the descending limb than at other times. It is most difficult to stop these when they are into their climbing limbs and their peaks.

It is critical to consider what causes expressions of anger, hostility, and rage. When we observe the rage reactions of infants, one gains the impression that these reactions do not occur spontaneously. Rather, whenever a rage reaction occurs one gains the impression that something is causing it. Observation of very young children suggest that whatever experiences cause rage, one common ingredient seems to exist in all of them: the experience of excessive unpleasure (too much emotional or physical pain). In fact, whenever an infant has a rage reaction, it is normally assumed by the caregiver that something is causing it, usually the cause is searched for, and often what is causing the excessive pain can be found and when it is removed the rage subsides.

This is of great importance for the following reasons. Infants are not born with a load of hostility or rage that they must experience in relationships. Hostility and rage are generated in infants; as we have emphasized they are produced by experiences of excessive unpleasure. Any experience that is felt by the child to cause too much pain, which is what we mean by "excessive unpleasure", will activate the inborn mechanism that generates hostile destructiveness in each of us. These experiences may be too much physical pain (as an ear ache or intense hunger pangs) or too much emotional pain (as neglect, frustration, harsh handling and abuse, etc.), either one or both. The implications of this are that if we can protect our children against experiences of too

intense pain or distress, too prolonged unpleasure, we can prevent the excessive development of hostility and rage within them and avoid creating an individual who is overly hostile, one who will have problems with hostility and hate throughout life. These experiences in the first year of life enter into the formation of the character of each individual and therefore can become a part of the individual's total personality.

An important complication arising from the child's expressions of hostility, anger and rage, comes from the reactions of the environment to them. These expressions of feeling lead to counter reactions on the part of others. For several reasons, such hostile reactions require that parents set reasonable limits on their expression. We will talk more about this matter under the section on child rearing.

### Non-destructive Aggression:

The second form of aggression found in the first year of life, shows itself in the inner push and pressure that children exhibit when they want to make something work or make something move, or when they seem very intent on getting where they want to crawl, or on getting their hands on things that attract their attention.

We are referring here to a non-destructive type of aggression, an aggression that seems to serve getting hold of, clutching onto, and having control over something that has drawn the child's attention and interest. As time passes from the fourth, month of age on, this type of activity increases in frequency, in intensity, and begins to play an important part in the child's actively interacting with her or his environment, both animate and inanimate. The pressure, which is evident in this type of aggression, seems to be what fuels much of the child's exploration--which we have talked about before (Section 1.261).

Let us look in on infant Jennifer to illustrate what we mean. 15 weeks old Jennifer is being fed by her mother. She makes her first attempts to control the spoon that mother puts into her mouth. One can see the effort she puts into this self-feeding. Mother integrates her feeding efforts with those of her daughter. Jennifer then sleeps for 25 minutes lying on a cover spread on the floor. Here are excerpts from one continuous 30-minute period of the activity we are talking about.

Within minutes of waking Jennifer looks at her mother and others. She smiles broadly, already (at 15 weeks) focusing on her mother. She then looks around at articles on the floor, looking at several quite intently as she briefly fixes her attention on these in passing. She now turns her attention to a set of plastic rings on a string, which she very busily explores. She begins by pulling them apart, mouthing them. The sensorimotor effort is visible on her face (see Section 1.261); one soon also hears vocal concomitants of that effort. She moves the rings back and forth while she looks at them, a serious look on her face, and a good deal of pressure can be inferred from the way she seems to be "working". She waves her arms as she attempts to reach the rings which she inadvertently just pushed out of reach. Her mother (cooperating with her) then advances the rings so that she can reach them again and Jennifer does so promptly, her attention continuing to be focused on those rings. The affect associated with the effort she makes to bring the rings to her mouth, the effort with which she pushes and pulls them, suggests that this pressure is in the service of learning what these rings are. At this point, activity is interrupted by physiological needs (a bowel movement), as well as by socialization. She looks around and smiles at her mother. She then returns to the rings. Notable is the intent, work-like affect, the constancy of the effort she makes in exploring the rings, the inner-drivenness of that

activity. Much energy seems to be invested in the exploratory mouthing, pulling and pushing the rings. Repeatedly she mouths the rings, sometimes with simultaneous pulling movements of her arms and lifting of her torso; her legs kick up as well, and indeed her entire body is involved in her effort. Her facial expression and entire body posture indicate the tension of, and the large effort invested in this prolonged activity. After 18 minutes of nearly continuous effort, she pauses, lying down on the mat. One sees she is tiring. She pauses for about 15 seconds, looks up at her mother, smiles softly and returns to the rings, at once very busy. Soon she pauses again, and one begins to see signs of displeasure on her face. She cries as if annoyed and stops her exploratory activity, rings in hand; and now, for the first time in a 20-minute period, she puts her thumb in her mouth and lies quietly. She returns to the rings. The effort continues to be strong but one now sees displeasure, as she seems to experience some distress. From here on she alternates between exploration of the rings and thumbsucking. While she sucks her thumb she lies rather quietly on the mat, giving the impression that she is recovering from the tiredness and unexplained distress. Her body curls up again, her legs kick up, and she sucks rather vigorously, experiencing some frustration in that too. She stops the thumbsucking, cries momentarily, and looks up at her mother. She pushes the rings away from her. The noise of the rings being pushed away seems to make her again turn her attention momentarily to those rings. She spits up a bit. Her mother picks her up to comfort her. Jennifer has now been awake for about 25 minutes and has been continually busy. We have seen this kind of activity in infants from 8 to 16 weeks of age on.

What is especially important, we believe, is that the inner pressure and activity we just described marks the beginning of the push and energy the child will utilize later in school as will the adult in her or his work. This inner pressure and the activity it seems to fuel, in other words, can be very productive and serve the child's adapting to everyday life, the demands of work and of the environment.

What causes this activity? We have already implied and stated that it arises from some inner force and pressure which seems to arise spontaneously. Indeed one gains the impression that it is part of living organisms, that it is a force that motivates the individual to act, to control, to adapt and to master himself or herself and the environment. It is an inner force with which every infant is born. Of course, it will show itself to a higher degree in some children than in others, this being strictly part of the infant's biological make-up. It may be a new thought to some readers that the constructive activity just described is a form of "aggression". Because of its easily visible negative aspects, aggression is a frequently misunderstood term. An important role for the parent, as we will detail in the next section, is to foster the exploring-learning-achieving aspects of aggression, while helping the child learn to contain, control, and express appropriately his or her own hostile and destructive aggression.

Some child development specialists propose that this form of aggressive pressure fuels the development of locomotor and cognitive skills and contributes importantly to adaptation. We have said that non-destructive aggression can be very productive. During the first year of life, especially from the fourth to sixth month on, it can also begin to be troublesome. Take, for instance, a very curious five or seven month old crawling toward another infant and grabbing a toy or a cracker that the other infant has in his or her hand. We have described this kind of event when we talked about the exploratory activity of the one year old (Sections 1.261 and 1.262). Or recall 11 month old Jennifer taking hold of Johnny's pacifier and plucking it from his mouth. She did it 4 times, each time against her mother's increasing disapproval and even anger. We think that Jennifer's inner push to do what she did was large (it could not be stopped even with

her mother's initial disapproval), and that she made a discovery of interest to her, namely, that she could make Johnny feel upset. We saw no evidence of her being angry with Johnny or that she was getting back at him for hurting her. In other words, we saw no evidence that she was motivated by hostility. Of course, this troublesome intrusiveness, which seems to arise from the exploration push, and the push from within to master the environment around, requires reasonable limits when it intrudes on other human beings. And indeed, Jennifer's mother immediately set limits. It is important to remember, however, that this form of pressure and activity is in the nature of self assertiveness, is an extremely important positive attribute of psychic development and needs to be nurtured, as well as appropriately directed. (We shall talk about ways in which this can be done in the following Child Rearing Section 1.292.)

#### Non-Hostile Destructiveness:

The third major form of aggression observable during the first year of life is that which accompanies biting and eating. When an infant bites into food the aim is to tear the food apart so that it can be digested. That act, however, is not motivated by anger or hate toward food, rather it is motivated by hunger and the need to quiet hunger and to provide the body with nutriment it requires. This form of aggression, therefore, although it leads to the destruction of things, is not motivated by hostile feelings and we, therefore, say it is a non-hostile form of destruction which serves self-preservation. Of course, this is a necessary destructiveness which is well known throughout the animal kingdom as prey aggression.

One place where we see this form of activity serving hostile aims is where an infant bites in anger. There, of course, an appropriate limit is required. A closely related form of biting which leads to a reaction on the part of the mother is that which results from painful teething. It is common for an infant who is teething, because of the pain caused by the teeth pushing through the gums, to tend to bite. We all know that pressure on or near a body part that hurts makes the pain feel less intense. We know that there are "pressure points" which alleviate all kinds of body aches. Infants soon discover this when they are teething. Not uncommonly the mother's body may become as much the victim of the biting as a teething ring or some other object. One should distinguish this biting from a hostile attack by biting. It is important, however, to recognize that in both the biting due to teething and in hostile biting, an unpleasure experience is the motivator of the biting activity. Of course, the biting of teething tends to gain our sympathy much more readily than the biting that comes from a child's pain at not being permitted to have the toy she or he wants which belongs to someone else.

#### Pleasurable Hostility:

The last large category of aggression which we can observe during the first year of life is that of enjoying hurting others, of teasing and taunting. We do not see teasing and taunting in the first months of life, rather these begin to be observable in the infants from about the 10th to 12th month of life on. Teasing and taunting belong to a more complicated form of aggression than the others we have discussed.

Years of study of the development of aggression in early childhood, have lead us to propose that teasing and taunting, an expression of hostility which is often accompanied by pleasure on the part of the perpetrator, is the following type of phenomenon. We shall discuss this more extensively in Unit 2. Here we shall say only a few words. An experience of intense

pain, of excessive unpleasure, will generate hostile feelings in a child. When the child has not been able to express these feelings (in reasonable ways preferably) these feelings will be stored in the psyche. Later, whether a few moments or even days later, a child will express that stored hostility using two mental maneuvers: (1) the displacement of that hostility onto another person or thing than that which originally stirred it up; and (2) the feeling tone of unpleasure may have been changed into one of pleasurable hurting of another thing or person. The latter, in other words, is the changing of an experience of unpleasure into one of pleasure. What causes teasing and taunting is an initial experience of excessive unpleasure (pain).

One can assume that something necessitates the delay of expressing hostility as well as necessitating the displacement of this hostility. Infant observations have taught us that the major factor in causing both the delay of its expression and the displacement of hostility is most commonly experiencing hostile destructive feelings toward a much needed and valued parent. In other words, from the latter part of the first year of life on, when the child experiences hostile feelings toward his or her parents, a conflict is set up within the child. We described this conflict earlier when we spoke of the development of ambivalence (Section 1.261). Most singularly, it is when the nearly one year old child experiences hostile feelings toward her or his mother, feelings of wanting to "destroy" that mother, that these are arrested by the feelings of valuing and needing that mother. This is what prohibits, from within, the expression of these hostile destructive feelings. These destructive feelings are then stored and may eventually be displaced onto someone or something other than the original person toward whom that hostility was initially intended. We might note here that we are talking about an adaptive mechanism that unfortunately sets the stage for the development of prejudice. In this, of course, the mechanism of displacement and the conflict of ambivalence are extremely important to psychic development and to socialization of a normal child. We will speak about handling teasing and taunting in Unit 2.

Here is a simple example. Jennifer's mother told her 11 month old not to grab a toy from another child. Jennifer persisted and, as she should, so did mother. Finally, Jennifer yielded. A few minutes later, while playing with block, she picked one up, with a smirk on her face she raised her arm and, as she was about to let go of the block toward her mother, she veered slightly and struck another mother on the knee. When her mother scolded her for it, Jennifer repeated the act, this time clearing aiming the block away from her mother, toward and striking the floor. Frustrated and angered by mother's reasonable prohibition, she initially threatened to hit her highly valued mother, hit mother's neighbor instead, and with mother's disapproval and admonition she further displaced her hostile feelings onto the floor.

#### 1.292 CHILD REARING: What Can the Parent Do That Is Growth-Promoting Regarding the Child's AGGRESSIVE ACTIVITY?

In order for parents to help their children cope optimally with the development of aggression within them it is crucial that they recognize the different forms of aggressive activity we see during the first year of life. There is aggressive activity easily recognizable as having to do with anger, hostility, and rage; there is aggressive activity that has to do with seemingly being

pressured from within to grab things, with beginning self-assertiveness and wanting to reach one's goals (already by 12 months of age); there is aggressive activity which has to do with sucking, biting, eating, and chewing; and in the last part of the first year of life there is aggressive activity that has to do with enjoying hurting others as in teasing and taunting. Let's take coping with these one at a time.

### Helping Children Cope with Their Hostile Destructive Feelings:

We emphasize that parents must know that their infants' **experiences of hostility, of rage reactions and tantrums are generated by experiences of excessive pain (excessive unpleasure), whether that pain (unpleasure) is physical or emotional.** As we discussed before, a child's crying and reaction of anger are always produced by some form of pain. Sometimes the source of pain is readily visible; sometimes it is not. Excessive pain, when the child feels "this is too much", intensifies anger into hostility and this hostility then unavoidably becomes part of the child-parent interaction. The more such interactions persist over time, the more they will become part of what the infant expects and become a routine part of the parent-child relationship. Occasional feelings of anger are unavoidable in infants 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. Similarly, occasional reactions of rage on the part of infants may be unavoidable, and when these are handled well will cause no harm, and are part and parcel of healthy growth.

It was painfully difficult for Suzy, for her mother, and also for her father that because of her low threshold of irritability and difficulty in calming down -- even though these were developing gradually to function better -- by 8 months of age, separation from mother caused quite a reaction of anger and distress in Suzy. This occurred even though Ms. Sander, the substitute caregiver, was already known by Suzy given that she had been coming to help Suzy's mother for a couple of weeks. Fortunately, Suzy's mother had learned that separation would make Suzy feel threatened that mother would totally be lost to her -- remember that Suzy could not yet recall at will from her mind the image of her comforting and nurturing mother --, and although she was not taken by surprise, it did make Mom feel awful. She had told Suzy for the past days that she would have to go to work for 5 hours and that nice Ms. Sander would take care of her till Mom came back. Nonetheless, as was expectable, when the time came Suzy became quite upset when she saw mother get ready to go and when mother hugged her before she left, Suzy clinged to her tightly. Mother said: "Sweetheart, Mommy has to go now, but I'll be back after you take your nap". And she gently pulled Suzy's arms from herself, handing her to Ms. Sander who was very nicely, soothingly inviting and then reaching for Suzy to let her hold her. At one moment, unexpectedly, Suzy's arm swung and she hit her mother on the shoulder. Mother told her: "I know you're mad at me for leaving, but please don't hit me. It's ok to feel mad, but it's not ok to hit me". Suzy then turned to Ms. Sander, crying angrily while holding on to her. Mother left feeling sick to her stomach, she said.

Suzy's expressions of anger around separation took a variety of forms, from crying angrily, a couple times hitting mother, to ignoring mother when she came back. We encouraged mother to tolerate Suzy's expressions of anger that were verbal but not allow her hitting mother. And we encouraged her to say these things: "It's ok to feel angry with me, but it's not ok to hit me." To being ignored by Suzy, we encouraged mother to tell Suzy she was "sorry that her

having to go to work at the office upset Suzy and made her angry with Mom. Mom sure is glad to be back home with Suzy and she thought a lot about her when she was at work. She hopes that Suzy won't stay angry with her too long; it's a lot nicer when Suzy feels happy with Mom." By this time Mom had come to see how Suzy really seemed to understand Mom when she told her these things and was able to really say what she thought -- even though Suzy could not yet say even one word.

What the child needs to be protected against is experiences of repeated and prolonged **excessive** unpleasure (including frustration) which generate 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 due to the parents' insufficient or inadequate responses to the child. In short, the parents need to learn how to protect the infant against too long, too frequent experiences of excessive unpleasure.

An important concern for parents is to find a reasonable position between two points: (1) responding to the infant's demands and needs too slowly, which produces excessive pain, and (2) responding to the infant's needs too quickly or even before the infant expresses a need. The parent who reacts too quickly may not give the child the opportunity to develop reasonable capabilities for tolerating delay and frustration, capabilities which are necessary for comfortable-enough adaptation. No one is always gratified; nor is this needed in order to feel reasonably comfortable. Nor is one often fully gratified. This is why we say that it is important for young children to learn to tolerate less than the total satisfaction they wish for, in order to not take disappointments and frustrations too personally and to adapt reasonably to the unavoidable disappointments of everyday life.

We emphasize that there is no need to experiment with "toughening up" the child by exposing him or her to unnecessary delays or frustrations. Life being what it is, normal, loving and respecting parenting will fall short of the young child's wishes for perfection and constant satisfaction and comfort. When a young child is angry it is well to first try to know what is causing the anger, what pain the child is experiencing. Similarly when the child is experiencing a rage reaction the parent can assume that a painful experience has been too sharp or has been going on for too long. Again here, the cause of the rage needs to be understood and if reasonably possible, be removed.

Especially from 6 months of life on due to the higher level organization of the brain, the ability to understand "**cause and effect**", to think **thoughts**, to feel **intention**, and to feel **anger** and **hostility**, an angry reaction on the part of the infant may trigger the infant's built-in reaction of striking out or biting the mother. This may also happen when an infant is feeling angry with another child. A reaction of this kind is a hostile act. As we described in the Human Development section (1.291) on aggression, anger is experienced when the child feels unpleasure (pain) that is not yet felt to be excessive. Anger is in the mild range of the hostile destructive range of affects (feelings). Aggression in the form of hostile destructiveness is an unavoidable experience of every child and one which, more than other behaviors, will require the setting of limits on the part of the parents. Setting limits on the way hostility and anger are expressed in the first year of life is a moderately complex matter. Of course, each family has to decide its own philosophy regarding the ways anger, hostility, and rage can be expressed. We say again that when normal children experience unpleasure they will become angry, and if that unpleasure becomes experienced as excessive, the anger will intensify, and that mounting hostile feelings will be generated and may lead to rage. Experiencing hostility is a normal reaction produced by experiencing excessive pain (physical or emotional) and does not mean that a young child is a

nasty person, a "bad seed" or "has the devil in him or her".

However, what one does when one's child, and for that matter when the parent, is angry requires thought, understanding and a viewpoint. Aggression research leads us to understand and take the point of view that: **it is normal to feel anger and hostility, there always is a reason for it, but one has to express these feelings in reasonable, acceptable and controlled ways.** Infants are not born with inner controls for the expression of their anger and hostility. These inner controls must be learned and they are learned better and more quickly with the help of those caregivers whom the infant progressively values and to whom the infant becomes attached.

One particularly important and sensitive area in setting limits when the child expresses anger is when the child strikes out at the mother or the father with whom the infant is angry. In order to help the child socialize well and because hurting someone we value and care about eventually leads to guilt, it is best if parents set limits against the child's physically striking out at the parent. Experience teaches us that helping a child verbalize feelings of anger, to express feelings of anger in a nonphysical way toward her or his parents or others, socializes the child much more positively and tends to prevent undue and excessive feelings of guilt in the child. Experience also has taught us that when parents express their feelings of anger toward their children in verbal, non-insulting and in nonphysical ways, they serve as such a model for their children, and they prevent feelings of guilt and shame within the child and themselves. Furthermore, they then prevent child abuse, one of the most harmful experiences parents inflict on their own children. Let us talk about setting limits with children during the first year of life.

#### Setting Limits:

First, we are often asked when parents should begin to set limits. Setting limits begins when it is required, that is, when one sees the need for it in a young child's behavior. Striking out against the parents, whether it is by hitting with the hand, the head, or by biting, requires limits no matter what the age of the child.

Bernie's mother was very troubled when her 2 weeks old baby suddenly became irritable during feedings and would squirm suddenly and at times even flail his arms and kick up his legs in acute pain. At first mother thought it was just a GI "bug"; but it persisted for a few days before she called the Pediatrician and soon his milk allergy was diagnosed. At first mother just did not know how to react to Bernie's flailing and occasionally hitting her. Even though we knew Bernie could not help flailing and we knew his irritated state to be the natural reaction to excessive abdominal pain, we encouraged mother to tell him in a calming voice that she was sorry he was feeling so upset, but to please not hit Mommy, even though we knew that his hitting could not yet be intentional. He was much too young, too far from being 6 months old, to hit with intention; he was just reacting to pain the way our bodies naturally react. Furthermore, we did not believe that Bernie would understand his mother's words. We did assume he would probably feel what mother felt when she said "I'm sorry you feel so upset" and the different tone that comes with "please don't hit mommy". Long before babies understand words, they communicate with and "understand" feelings. It is through feelings that the first limit-setting is communicated to the baby who is doing something parents experience as unacceptable or harmful to the baby or themselves.

Fortunately, Bernie's mother did not feel that Bernie was suddenly being a bad or evil baby. She did not feel offended by his distress and flailing and did not feel provoked by his

behavior. Unfortunately, with parents who are in much pain themselves and/or who were abused as children, they may become provoked by the kind of reaction 2 weeks old Bernie had and they then react to the infant with resentment, hostility and even physical abuse. Richie's 17 year old mother, we believe, got to this point a while after her boyfriend left her. We assume she became depressed, hopeless, and the normal demands of her then 7-8 month old baby became intolerable to her. This is when an otherwise potentially decent and good-enough young mother may lose control over the inner pressures of her own hostile feelings and rage and then attack her own baby. This is what the Emergency Room staff at our hospital believe happened to Richie and the evidence was large. We also believed this to be the case when we saw Richie at 14 months and saw the marvelous pictures of him at 5 months of age. The consequences to Richie and to his mother of abusing him were enormous.

Second, a limit is best set by the mother or father by a firm enough verbal prohibition. When needed, accompany the firm statement that the infant is not permitted to hit mother (or to bite), by a firm but not pain-intended physical holding of the hand (or jaw). **Setting of limits with a normal young child never succeeds in just one effort.** Characteristically, setting limits has to be repeated over and over because a normal child does not learn so hard a lesson in just one try. Here are two major reasons the child cannot learn such a lesson in one effort: (1) that the inner pressure of the normal child's aggression is powerful and one over which the young child at first has no control; and (2) one's healthy narcissism (self love, self valuing) makes it such that, at times, none of us likes to be told what to do nor do we easily accept being frustrated. It is in fact the parent's setting of **firm and kind** limits that helps the child develop the needed inner controls over the very powerful pressures of aggression, especially in its form of hostility; and in addition, it helps us accept and learn to do things that are ultimately in our best interest which at the time of limit setting we would rather not do. The young child is at the mercy of the inner pressure of what she or he experiences as a need to have or to do, and requires the parents help to learn to put the brakes on the expression of angry feelings by striking out (i.e., expressed in unacceptable ways).

Third, when an infant less than 1 year of age experiences excessive anger or rage, or even milder forms of anger, it is advantageous for the mother to set limits while also trying to calm and comfort the crying or upset infant. Trying first to remove the source of anger and hostility where indeed it can reasonably be removed, followed by or accompanied by the setting of limits, and then thirdly, efforts to calm the baby can act together to achieve a very good result.

When 2 week old Bernie had abdominal distress he at times would flail his arms and on a couple occasions hit his mother. Mother was right when she told me that did not hit her intentionally. As we have said the infant does not truly experience intention until about 5 to 6 months of age. But Bernie's mother was also right to say to him, while holding him: "Oh, I'm sorry you feel so bad, but don't hit Mommy". She both was comforting him and setting limits, even though she felt (rightly) that Bernie's hitting her was not done on purpose.

Comforting the young child is commonly needed when setting limits. This is because setting limits often upsets the less than one year old (and older) and when the child is upset, he or she naturally turns to the valued caregiver for comfort. But comfort is not always needed by the child. For instance, we saw that when 11 month old Jennifer pulled 11 month old Johnny's pacifier out of his mouth, Jennifer's mother set limits with her and Jennifer did not turn to her mother for comforting -- something she often did do and her mother would then, indeed, comfort her well. We described how Jennifer's mother set limits in a very natural and, we believe, quite effective way. She first simply said in a tone of surprise something like: "Jennifer! Don't do

that, it not nice!" The second time she said with some firmness and a little louder something like: "Heh, that's not nice. Don't do that. That belongs to Johnny!" The third time it was even more firm, louder, conveyed disapproval and anger on mother's part. The fourth time, mother was even more firm, scolding, let Jennifer clearly know she was angry and warned her that she and Jennifer would be very unhappy if she did it again. Each time mother's tone increased in firmness, increased in loudness, conveyed increasing disapproval and went from surprise to anger at her child not complying with what mother said. The fourth time she warned Jennifer that mother would do something (punishment) about which Jennifer and mother would be unhappy. Notice, as we discuss more below (under Handling NonDestructive Aggression) that Jennifer was not angry with Johnny, nor with her mother we thought, but that what was pushing her from within her mind to continue to pull Johnny's pacifier from his mouth did not, perhaps could not be stopped by her, immediately. The activity, the inner pressure had been turned on and she did not or could not yet put on the brakes.

Although Jennifer did not require it, we assumed, because she did sense that what she was doing (pulling Johnny's pacifier from his mouth) was not nice indeed, it is **most important not to withhold comfort** when the child asks for it while one is setting limits. This is because the parent's efforts to comfort and to calm **reinforce** the parent's constructive efforts to set reasonable limits. They will also make the infant feel that whatever pain he or she is experiencing is not intentionally produced by the mother, but that the mother indeed wants the child to feel protected and comfortable. The child will gradually learn that these are the aims and these are intentions of the mother and will begin to cooperate in gradually developing internal controls over her or his own expressions of anger and hostility. When comforting, the parent can express sympathy with the child's feelings while at the same time explaining and underscoring the need for the limit. We cannot overstate the usefulness of comforting the child who is upset by the limits set by the parent to whom the child is attaching or already attached.

We say again: comforting helps the setting of limits rather than interfering with them. We have found many parents who believe that, if while setting limits they also attempt to comfort their child, the child will misunderstand the parents' intentions. Without explaining it further here (see Limit Setting in Unit 2), suffice it to say for now that it will enhance the child's accepting of the limits and the child's developing positive, reasonable internal controls.

### Handling Rage Reactions and Temper Tantrums Constructively<sup>2</sup> :

This is one of the most difficult challenges of parenting. Let us start with a few observations about rage reactions and tantrums that can guide a parent in handling these. First, tantrums are more intense, last longer, and are more traumatizing to the child and the parent than rage reactions. Efforts to prevent these are much easier and cost emotionally much less than having to handle them. With this in mind, it is important for parents to learn the signs their infants show that they experience unpleasure (pain of emotional or physical origin). It is a simple principle that the more the unpleasure is intense or continues, the more will simple irritability intensify and eventually go into rage. Of course it is easier to deal with irritability than with rage; therefore, it is sparing of pain and effort for both child and parent to intervene to undo the source of irritability than to deal with rage. But infants vary in how easily and how quickly they experience pain and in how quickly they go from irritability to rage. For example, as an infant Suzy was more likely to be irritable than Jennifer just by virtue of her inborn disposition (her biological endowment). She had a lower threshold for irritability (which means that lesser

intense stimuli irritated her than Jennifer, like intense noises, or father handling her brusquely) and was a quick-reactor. That is, she would move much more quickly into rage than Jennifer. This is what we mean by "temperament"; it is the type of reactivities with which we are born. And it is important then for parents to learn how their babies are likely to react to all sorts of experiences and what signs to look for. It is wise for parents to accommodate reasonably, as best as they can, to their infant's inborn dispositions, in order to engage in a loving emotional dialogue with their babies.

But how does one deal with a rage reaction or temper tantrum that could not be prevented. Knowing the stages of a rage or tantrum, that is knowing the structure of these, can be very helpful. As we said in Section 1.291, a simple rage reaction has a threshold, a climbing limb, a peak, a descending limb, and ends in exhaustion unless the source of the rage can be stopped. (*See Aggression In Our Children: Coping With It Constructively by H. Parens with E. Scattergood, W. Singletary & A. Duff (Aronson Press, 1987) for greater detail.* )

The structure of a temper tantrum is similar except that the tantrum is a series of rage-like reactions. The best stages to help the baby are at the threshold and during the descending limb of the rage. The most difficult stages to deal with are the climbing limb and the peak. Here is why. Observation of less than 6 month old children in rage suggests that once the climbing limb is set in motion and while it goes into the peak stage, the infant's cognitive and emotional experiencing are overtaken by the experience of extreme pain reaction and the infant cannot pay attention to or feel the caregiver's efforts to help. As we said in Section 1.291, if an infant has gone into a rage due to his or experiencing the delay in feeding as unbearably painful, the infant will not be able to accept the nipple that is offered because the rage experiencing floods the infant's perceptual and reactive systems. The caregiver will have to intensify the presentation of the nipple by gently rubbing it against the raging infant's cheek or corner of the mouth to over ride the experience of rage. The less than 6 month old's adaptive capabilities, while they are magnificent, they are also very limited. The caregiver's efforts will be more easily perceived by the infant before the physiological rage reaction is set into motion and then not until the rage reaction begins to weaken (to descend).

This is what we found in Suzy and what we told her mother (an eventually also her father). We told her these thoughts so that she could (1) help Suzy cope better with these painful experiences and (2) so that mother could better understand why her good efforts at times did not work. Because Suzy was difficult to calm (due to her inborn reactivities) mother often could not prevent a rage. Mother saw Suzy grimace, look as if in pain, and she would then try to gently soothe her, talk to her and cuddle her as best she could. And we could see mother's distress mount as at times she did not succeed in calming Suzy. Once less than 6 month old Suzy went into a rage we encouraged mother to continue to hold her, or at times, when it was too much for mother, to put her down, to stay with her in a holding stance, telling Suzy she was there right next to her. Once Suzy's rage seemed to become less intense, we suggested that mother then renew her holding and soothing talking to calm Suzy down. We told mother she was right to be sympathetic when she talked soothingly to her baby because she could now hear her better and would eventually calm.

These reactions, rage and tantrums, become more complex once the mid-first year developments we have talked about are beginning to organize and become functional. With beginning adaptive capabilities of intentionality (to act with intention), causality (recognizing cause and effect), the consolidation of attachment, the ability to experience anger and hostility, a difference commonly found in a rage reaction as compared to a tantrum emerges. With better

adaptive capabilities, a 9 to 12 month old will be able to experience rage without being completely flooded by it; this will make it possible for the child to hear and feel what mother or father is doing to help calm the child. Although the intense feelings of hostility experienced during the climbing limb and the peak stages will be very difficult for the child to control, usually the parent's efforts will be registered. We believe this is not so with a tantrum. During this more intense series of rage-like reactions, the 9 to 12 month old's newly developing adaptive capabilities will be flooded with feelings of hostile destructiveness during the climbing and peak stages of each rage-like episode. During these stages, the 9 to 12 month old will usually not be able to hear or feel the parent's calming efforts.

Again, because they cause intense distress and often traumatize the child, we recommend that parents try to prevent tantrums. We also add that when a tantrum is set in motion, recognize that efforts to stop it during the climbing and peak stages are likely to not work because the infant often cannot register the parent's efforts to calm, and the best strategy then is a holding maneuver. That is, put the tantrum child down if he or she flails and squirms too much to be held, talk to the child in a calming voice saying something like "Come on Suzy, try to get a hold of yourself; I know you're really upset." And prevent the 9 to 12 month old from hurting himself or herself, from kicking or striking you, someone else or from breaking things. Isolating a tantruming child less than 3 to 4 years of age is undesirable because it commonly brings with it feeling abandoned and rejected. The only time a tantruming child less than 4 years should be isolated (put into a room alone), is if the parent fears she or he will lose control and harm the child. The times the parent will best succeed in calming the tantruming child is during the descending limb and during the pauses between tantrum episodes. Comforting, holding, explaining why Suzy could not be allowed to do harmful things usually helps. Scolding, rejecting, insulting the baby (like telling him or her he or she is evil), add insult to injury, and make things worse, not better, between child and parent.

With regard to his rage reactions and tantrums, we cannot say just what happened to Richie during the period from when he was 6 to 14 months old. When we saw him, from 14 months to about 24 months, Richie would have sharp outbursts of rage. When we first saw these, they took our mothers by surprise. He was depressed, very sluggish in movement and rather quiet at first. It is when he began to be more responsive, less depressed, that bursts of rage would erupt. Because he had been severely traumatized and we knew that he has much accumulated hostile destructiveness in him, we knew (from clinical experience) that rage and destructive feelings would come out once he began to recover from his heavy depression. We therefore, welcomed these expressions of hostile destructiveness, but knew only too well that we would have to help Richie's caregiver (his great aunt) help him express anger, hostility and rage in acceptable ways.

We explained this to Richie's great aunt and the other mothers. Then we recommended that great aunt set limits quickly, firmly but kindly when Richie suddenly threw hard toys around. We encouraged her to tell him that he can't throw hard toys, but that he can complain and tell her or whoever upset him to not do that. We encouraged her to not tell him he was bad or evil, but rather to say that what he was doing came from his feeling hurt and that he was not allowed to throw things but, as he began to talk, that he could express anger by complaining and by saying what he felt and thought. It soon became possible to predict when he might have an outburst of rage and to (1) help him tell another child he or she can't take what he is playing with, and (2) for great aunt or her friend to pick Richie up when he was beginning to be upset and to comfort him. We believe that it was his good beginnings (up to 6 months of age) that made it

possible to be so effective in helping Richie deal with rage reactions. Although his progress was expectably slow, his rage reactions diminished over the 10 months we saw him and were milder and quite easy to deal with. Only continued good care can help such a child, or any child, learn to progressively control the hostile destructive feelings experiences of severe pain generate.

Another word is warranted still for the parent regarding the child's expressing angry and feelings. That is, that on the one hand some parents feel that the child is hostile when at times a child is not, and on the other hand, some parents cannot tolerate the idea of their infant experiencing hostility and they will deny that the infant is hostile. Let us give an example of each.

A commonly misunderstood action on the part of an infant which a parent may believe is hostile and which is not is the one we gave before, when an infant less than 10 months old gets hold of the mother's hair or another child's hair and seems to not want to let go. As we said before, during much of the first year of life, the child may not be nastily pulling someone's hair, but rather, having activated a grasp reflex, the infant is not yet able to stop the grasp reflex and release at will what is grasped. Or, take the child who keeps throwing things off his or her highchair after mother or father has picked them up already several times. Here, the child has devised the well-known game of making things disappear and reappear which, in children throughout cultures, is motivated by separation anxiety. Like all peek-a-boo type games making things disappear and re-appear at will serves to lessen the child's feeling of helplessness and anxiety in the face of separation. The parent may feel the child is teasing and being hostile when he or she is not. It is important not to ascribe hostility in young children's actions when none is there because it will defeat the mastery effort in the game and also undermine self trust and basic trust in the child. However, even though the child is not necessarily being hostile, limits may well be required on a game that the parent finds irritating.

On the other hand an example of hostility which may not be recognized as such by the parent could be the infant's lashing out at mother with a fist, or biting the mother, which may be experienced by the mother as "accidental" or "unintentional". Sometimes in reaction to angry feelings toward the mother the infant will lash out and, on many occasions, we have seen mothers deny that their infant's action was one of hostility. We repeat that children are not born nasty or evil. However, as infants we all had the capability of becoming angry and hostile. As we have indicated, these feelings invariably are in reaction to an experience of excessive pain, and it is in the child's best interest that the parent recognize that her or his lovely and healthy infant is capable of such anger and hostile reaction. After all, it is only by recognizing that something exists that one can try to deal with it in a reasonable way.

Some students may feel that we are spending too much time talking about helping our children cope with their reactions of hostility. We cannot overstate how important it is to help children learn to deal constructively with their hostile feelings from their very beginnings. This is because excessive hostility in children can be highly detrimental to the development of their psyches, to the development of their human relationships, of their self esteem and their feelings about themselves, to the development of their consciences, to their ability to resolve differences with others constructively, to mention only a few of the important ways in which hostility influences the child's development and adaptation.

### Helping Children Cope with Their Non-Destructive Aggression:

As we discussed in the Human Development section above, another important way in which aggression manifests itself from the first month of life on is in the form we identify as **nondestructive aggression**. We described how 15 week old Jennifer could become very busy for quite a long period (for her age) in explorations of things around her. We described the persistence of her efforts. Did you get the impression that she was trying to assert herself on her environment? Did you get the feeling that she was beginning to try to master her environment as well as her own arms, hands, legs, and body? The child's first efforts to master the world in which he or she lives as well as to master his/her own body requires this inner pressure most of us recognize as non-destructive aggression, the form of aggression that fuels **assertiveness** and **mastery** of our developing adaptive capabilities.

We consider this to be a form of aggressiveness much needed for healthy adaptation, healthy self-valuation and sense of worth. We are not speaking of excessive self-importance, but of a reasonable self-respecting degree of self-importance. We are speaking of what so many people have come to recognize, these days especially, as a much needed healthy degree of assertiveness. For example, the conviction "I won't let anyone take away my voting rights" is held by all of us to be very important.

This form of aggressiveness, of assertiveness, of self-protectiveness, begins to be evident in infants' behaviors from the first months of life on. It is important that the parent recognizes this in his or her own infant and that this form of healthy assertiveness be protected. Notice how 15 weeks old Jennifer's mother appreciated her daughter's curiosity and interest in the rings she was exploring; when Jennifer inadvertently tossed the rings out of her reach, when mother saw her stare at them and reach for them, she spontaneously put them back within Jennifer's reach. Of course, this does not mean that an infant should be permitted to explore just anything and everything that the infant wants to get his or her hands on. We saw how 11 months old Jennifer's plucking Johnny's pacifier from his mouth quickly set mother into motion to set limits on her taking what belonged to Johnny as well as on her causing him distress. Similarly, everyone knows that in no way is it to a young child's advantage to get hold of a very hot cup of coffee. Nor is it to the infant's advantage to get hold of detergent that is in the kitchen cabinet, nor be permitted to play with an electrical outlet. Nor is it to the child's advantage to get hold of your jewelry, or your eyeglasses, etc. In other words, while it is important to protect our children's explorations and efforts to discover what the world in which they live is like -- remember that the infant is born into a world the infant does not know, has never learned about before --, it is also important to protect infants against doing things that will either be harmful to themselves, or others, or to something valued by others. We are saying that, on one hand, it is important to protect the infant's efforts to appropriately gain mastery over himself or herself and his or her environment, but that it is equally important to set limits where those efforts may cause harm to the infant, to another, or to valued possessions. Thus, it is important to set limits where they are needed in relation to this form of aggressiveness, too. It makes the task easier if the parent bears in mind that this form of aggression leads to the development of a healthy degree of assertiveness. (We shall further discuss the setting of limits in relation to this and the other forms of aggressiveness in Unit 2).

In addition to the central part, this form of non-destructive aggressiveness plays in the

development of assertiveness, it also is of enormous value to the growing infant's developing sensorimotor intelligence (see Section 1.261). This type of aggression, which fuels explorations and asserting the self upon one's own body and the environment in which one lives, plays an important part in the development of human intelligence. Jean Piaget has shown and taught all of us that intelligence in humans, and probably in other animals as well, begins in the form of combined sensory (seeing, hearing, touching-feeling, etc.) and motor (movement, muscular coordination, holding and manipulating, etc.) exploration, and thereby coming to learn about the world in which we live. In these explorations and efforts to assert himself or herself, the infant is being a student, an explorer of the world into which the infant was born. (We shall talk further about this in Section 1.321 of this Unit when we talk about the development of intelligence). Besides enhancing the development of intelligence, parents should recognize that this exploratory activity enhances the development of the infant's becoming a student. To enhance our children's becoming good students in school, it is well to bear in mind that becoming a student begins in the first year of life.

For this reason, in setting limits on explorations that may be harmful to the child or that may cause harm to things that the parent values, it should be done in such a way as to not stifle the infant's natural interest in explorations. Therefore, while parents must mean what they say and be firm enough to be effective, they should not be too harsh, should be selective and thoughtful, respecting and considerate of the child in the course of setting limits (see Setting Limits under Helping Children Cope With Their Hostile Destructive Feelings, above). Unavoidably, all parents tend to get angry with their very young children when they resist limit-setting. We want to emphasize that it is insulting and generates hostility to convey to one's child "I am the boss and you will do what I tell you because I am bigger than you are". Rather, one set limits in the spirit of helping and protecting the child against doing things that may be harmful. In this sense it helps to say something like "I am telling you that you can't play with the stove because you're not yet able to realize that it can really hurt you"; this is assuming authority with the child not because the parent is the boss, but because the parent's judgment of what is dangerous or unacceptable is better developed than the young child's. Nobody likes to have a limit set in the spirit of "I am bigger than you are and I am going to tell you what to do." Whereas setting limits with due explanation and the understanding that the limit is set because one does not want the child to either be harmed or cause harm, will eventually help a child understand that the limit setting is in fact in the child's interest.

One further note is needed for the parent with regard to the child's non-destructive aggressiveness. The exploratory activity we are talking about gives the parent an opportunity to become the child's first teacher. We have talked about the less than one year old exploring and being a student of the world into which she or he she is born. The complement to that, of course, is that it gives the parent an opportunity to become the child's first teacher. There is much to be gained by the child's having a good student-teacher experience in relation to his or her own mother and father. If the mother-child relationship is sufficiently loving and affectionate, the child will develop the model of having a positive attitude toward teachers and in the future is more likely to appreciate what teachers try to do for her or him and this is likely to enhance the youngster's becoming the best student he or she can be.

In addition, for those parents who enjoy teaching their children, the opportunities are many even during the first year of life including teaching one's children their first lessons in "physics", in "mathematics", as well as in locomotor activity, in language and communications, to mention only a few.

### Helping Children Cope With Nonhostile Destructive Tendencies:

As we noted in Section 1.291, biting associate with teething occurs due to the experience of pain, and may become especially troublesome during breast feeding. Of course, since it can be very painful, it requires, and always provokes a limit on the part of the mother. As we said before, where biting is an expression of hostility, which is often caused by the pain of not being able to get what the infant wants, limit setting is warranted. It is, of course, also necessary to help children under one to learn that they cannot tear certain papers -- which they may do while exploring them excitedly -- like the telephone book or other books, etc. Again, constructive limits are needed.

### Helping Children Cope With Their Pleasure in Hurting Others:

The fourth form of aggressive behavior which we discussed before begins during the latter part of the first year of life; it is that exemplified by teasing and taunting. Here the infant seems to enjoy causing pain, and seems to plan to cause pain. This is a complex behavior which we will talk about during the second year of life material since it is an activity that occurs quite frequently from the second year of life on.

## THE TODDLER YEARS (1 to 3 YEARS)

### 2.24 THE DEVELOPMENT OF AGGRESSION (Nondestructive Aggression and Hostility)

#### Introduction

As we said in Unit 1 (Section 1.331), aggression becomes a vital, complex, and multicolored inner psychological force which motivates several kinds of behaviors including adaptive and creative as well as nonhostile and hostile destructive activity in humans. We have found that parents are much helped in optimizing the development of the various forms of aggression in their children when they have an explanatory model of it that can help them understand what aggression is, and what promotes its development into constructive as well as hostile destructive inner forces.

As with other major sectors of our selves that make up our personalities like the evolving sense of self, the ability to form love and social relationships, the ability to solve problems and learn, and the capacity for healthy sexuality, the first six years of life are critical years for the development of aggression and its patterning into personality. During the first year of life, the growth-promoting as compared to growth-disturbing development of those inborn dispositions (temperament) that underlie how children experience and express their aggression is largely determined by the **positive-enough quality of experience** children have (see Unit 1, Sections 1.331 and 1.332). This is so especially with regard to the child's (1) being warmly and sufficiently cared for, nurtured, fed, kept comfortable enough and in good health, and (2) being responded to emotionally in a sufficiently positive way, in the mainly daily interactions they have with their primary caregivers (especially mother and father), and in being valued for themselves as child persons.

During the second and third years, the development of both constructive and hostile destructive trends of aggression is especially determined by the quality of the child's relationship experiences which pertain to the emergence of autonomy, of the sense of self, and of separation and individuation (see Section 2.2211). During the period from 2Ø to 6 years, these trends are most determined by the experiencing of the child's dramatic emergent sexual life, which we discuss in Unit 3.

As we detailed in Unit 1 (Section 1.331), with entry into the second year, the various forms of aggression can be seen in the child's behaviors as beginning to become organized into modes and patterns of expression typical for each child. **Hostile destructiveness**, which is produced by experiences of **excessive unpleasure** (emotional or physical pain) as evidenced in reactions of rage, by the end of the first year has acquired directedness. It is usually directed at someone or something, and carries with it the intent (the wish) to cause pain or harm, or even to rid oneself of, or destroy someone or something. The spectrum of hostile destructiveness, the form of aggression reactive to unpleasure, goes from modest feelings of anger to, when it becomes **excessive**, fury, rage and tantrums.

During the second year, "hate" becomes part of this spectrum of hostile destructiveness as the 18 month old child now develops the capability for an enduring heightened negative valuation with feelings of wanting to harm or destroy someone or something. As we shall detail

below, during the second and third years, feelings of hate can be mitigated or intensified depending on experience in the course of the basic conflict of autonomy (evidenced in "battles of wills") and of the Rapprochement Conflict of Separation-Individuation (see Section 2.2211). How the child experiences these normal developmental conflicts and how his or her parents react to and deal with the child's behaviors as the child navigates through these demanding conflicts, these are the major determinates of the patterning of hostile destructiveness the child's inborn givens allow. Of course, life stressors -- which invariably bring with them heightened unpleasure and therewith the potential generation of hostile destructiveness --, like illness in the child or parent, loss of job and income, accidents, parental hostility and estrangement, etc., each contributes importantly to this patterning as well, primarily by heightening the burden of hostility in both child and parents.

During the second year, nondestructive aggression -- the aggression that fuels assertiveness, getting to our goals, and mastering our self and the universe in which we live -- also undergoes further development, organization, and stabilization as the sense of self, of one's autonomy and of individuation begin to develop. Nondestructive aggression further develops as the sense of self, autonomy and individuation achieve a further degree of cohesiveness during the third year. A well patterned ability to be appropriately assertive is crucial to the integrity of the sense of self, self confidence, autonomy and adaptation. We shall detail below how "battles of wills" and passage through the Rapprochement Conflict impact on the development and patterning of both hostile destructiveness and nondestructive aggression.

There is little need here to elaborate further that **non-hostile destructiveness**, best exemplified in destroying (biting and chewing) associated with eating, is essential for survival and is not, of itself, a source of problem in child rearing. Where problems in feeding arise these have nothing to do with non-hostile destructiveness. Like biting, these problems are more likely to occur in reactions of excessive unpleasure. A child's biting for example, as in reaction to another child grabbing an 18 month old's toy for the third time, is hostile destructiveness, not non-hostile destructive aggression.

**Pleasurable hostility** best evident in teasing and taunting, as we discussed in Unit 1, Section 1.291, is a critical variant of hostile destructiveness in which an experience of excessive unpleasure which generates hostility is dealt with by becoming converted into a pleasurable experience of inflicting pain or harm on another person or thing (see Section 1.2531). The accumulations within oneself of hostile destructiveness eventually brings with it pleasure in the discharge of hostile destructiveness. Bear in mind that most early years' excessive unpleasure experiencing occurs, whether directly caused by parents or not, in the context of primary relationships, and that the hostile destructiveness these generate is attached and directed to those the child needs, values, and (eventually) loves most. Because the needed and valued parents become its principal target, the direct expression of this hostile destructiveness is barred by the child and then, by displacement, most commonly discharged against other persons than the primary ones (see Section 2.2531). During the second and third years of the sufficiently well cared-for child's life, the hostile destructiveness generated in conflicts of autonomy and rapprochement produce the largest load of hostile destructiveness generated by experience. Of course where infants are neglected or abused as Richie was, the load of hostile destructiveness generated will far outweigh that produced by the normal developmental conflicts of autonomy and rapprochement. Also, in well cared-for children, the accumulation of hostility in them may also receive a large contribution from peer related experiences.

## 2.241 HUMAN DEVELOPMENT: Aggression

The active aspect of oneself, the self as doer, has at its center what can be usefully identified as the thrust to autonomy. Some psychoanalytic mental health researchers-clinicians propose that the thrust to autonomy is compelled, is fueled or driven by nondestructive aggression. During the second and third years of life the thrust to autonomy is well activated and remarkably exercised. It becomes age-appropriately patterned, entered into personality, and determines the beginning of the child's feeling competent, self-reliant, and the conviction that "I can do".

### The Autonomy Conflict and Aggression:

During the second and third years, the thrust of nondestructive aggression which compels the child into activity only gradually begins to be controlled by the child. That is, the child is as much a victim of the inner-drivenness of this nondestructiveness aggression, as she or he is so to say made into an active agent by it. This is best illustrated in one of the most common problems that emerges for the child under the influence of this magnificent in-the-service-of-adaptation nondestructive aggression. Pushed by this inner-drivenness, many times the 12 to 24 month old child finds himself or herself compelled to explore something which arouses in the duly responsible caregiving environment alarm and then prohibition. Let us take the simplest example first, then illustrations with more detail. A vigorously active 20 month old child seems compelled, as if pushed from within, to pull out the plug of an activated air-conditioner from its electrical outlet. Because it is a dangerous thing to do, the caring mother rushes to prohibit this action by the child. Rather than appreciating the protective act of the caregiver, the child reacts with protest, opposition and with resistance, which leads to a battle of wills between mother and her 20 month old child. Of course, as we saw in 11 month old Jennifer, these battles of wills have already been going on from the end of the first year of life (see Unit 1, Section 1.262). It is clear that as the battle of wills between child and parent persists, anger is activated in both child and parent, and as it continues, hostility is usually generated in both.

In Section 2.2211 we described the exhausting battle of wills that developed between 13 month old Diane and her mother. Bernie, Jennifer and Suzy too had hefty battles of wills with their mothers. As with these children, with Diane, we emphasized that the battle of wills described was produced by the fact that Diane's Mom insisted that Diane not take the toy cart out of our observation room because she felt the toys in it should be available to the other children as well as to Diane. But Diane's wish to take the toy cart into the hall was driven by forces within Diane over which Diane had not yet developed sufficient control. This is at the heart of the problem: the child is driven by healthy, normal forces, nondestructive aggression and narcissism, over which the child has not yet developed inner control. We said that what creates the excessive unpleasure in the child is that because the child is driven by the inner pressure to explore, when that exploration is interfered with (prohibited), the child experiences the interference as more or less unpleasurable. We described how Diane became furious with her much valued mother because she experienced Mother's repeated and insistent prohibition as highly unpleasurable.

We said that another key factor operates here, what we call narcissism. Narcissism is an

inner sense of self-valuing. All children are born with a natural substantial dose of self-valuing, and a substantial dose of this is needed for healthy development and a good-enough sense of well-being. The combination of the thwarting of the child's healthy narcissism and nondestructive aggression by a beloved parent's prohibition is what causes the "battles of wills" to occur. The more the displeasure experienced, the more the hostility toward that parent will be generated. It is important to bear in mind that the 16 to 18 month old child cannot yet say: "Aggression, slow down here!". To be able to do that, the child will need to develop internal controls which will make it possible for her or him to indeed guide his or 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 values most (see Section 2.2521, below). We also emphasize that, when parents do not understand what causes their child to more or less stubbornly resist the mother's prohibition, most parents take it as a personal insult, which then triggers anger and sometimes even rage and violence as we described in Section 2.2312 regarding the serious child abuse sometimes reported associated with toilet training.

It is in the set of this type of experience, namely the child's inner thrust to do what he or she seems compelled to do, that the child's experience of saying "No" emerges. As we detailed in Section 2.2211, the experience of the "No!" is usually unpleasant to the caregiver but it is of enormous importance to the structuring of the 18 month old child's sense of self, of assertiveness, self-confidence, 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 she or he cannot say "No" to the people she or he 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 ensue. Too much oppositional feeling (stubbornness, inflexibility -- due to a variety of reasons) 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 solid nondestructive aggression and only moderate levels of hostility and hate.

In summary then when driven from within to explore something that can be harmful to the child, or be destructive to something the parent values, or be offensive to another child or another human being, the caregiving environment is confronted with the need to set limits which the one to three year old child is likely to experience as onerous and will generate anger and even hostility. It is important to emphasize that the normal child may not be able to accept reasonable limits in a reasonable way -- neither readily, nor calmly -- and is likely to experience hostile destructiveness toward the parents he or she value. We will return to this important and difficult conflict below when we speak of ambivalence.

### The Rapprochement Conflict and Aggression:

Another major developmental process becomes a source of experiencing aggression in the 18 to 24 month old child. This is the experiencing created by the separation-individuation process which at this time engenders in the child the basic conflict of the Rapprochement Subphase (see Section 2.2211). The Rapprochement Subphase conflict, which consists of the wish to separate and become an individual, be an entity, on the one hand, side by side with the wish to remain "one with mother," brings with it much anxiety given that these two wishes are in opposition to each other. Anxiety brings with it displeasure. The higher the experience of anxiety, the higher the degree of displeasure; the more the displeasure reaches a level experienced by the child as excessive, the more it will create hostility in the relationship in which this conflict is experienced, namely in the relationship to the mother. This important developmental conflict, therefore, unavoidably also brings with it hostility even in the best of circumstances.

In Section 2.241, we described how between 18 and 20 months of age, Jennifer experienced an acute amount of anxiety, pain and anger in interaction with her mother as she behaviorally went through a clearly inferable Rapprochement conflict. Her feelings of displeasure (distress) and anger arose within herself and in her relationship with her much valued, now beginning to be loved mother. In this then, experiencing hostile feelings toward the mother she loved, Jennifer experienced a burden of ambivalence which gradually diminished as she seemed to cope and come to terms with the internal conflicted wishes she experienced. As she became more comfortable with her feelings of separateness from mother, her overt anger toward her mother stopped.

This temporary increase in mild hostile feelings in Jennifer were linked by us to her Rapprochement conflict because of her clearly identifiable behavior. There are of course other sources of displeasure in children during this second half of year two and given that their experiencing of the Rapprochement conflict may not be as clearly evident as it was in Jennifer, it may not be possible to identify increases in hostile feelings to be due from this developmental conflict. For instance, we felt that Suzy who had long been irritable and difficult to calm seemed to occasionally experience more separation anxiety during this period, at times with hostile feelings expressed in her behavior as well. Interestingly, because of all the efforts her mother and father continued to make in comforting her and helping her cope better, we believe that the challenge of separating and individuating helped Suzy organize herself better, and all in all, she now showed less anger and hostility than during the end of year one. We shall talk about how parents helped Suzy achieve this in Section 2.242.

It was more difficult to discern whether the developmental task of the rapprochement subphase was clearly and fully experienced by Vicki or Richie during the second half of year two. 18 to 24 month old Vicki was coming out of her depression but continued to be quite subdued and we saw little overt angry or hostile behavior, and we could not ascertain whether or not she experienced Rapprochement-based anxiety and pain. Richie on the other hand, seemed so deeply hurt and enraged, had outbursts of rage we shall describe below, but here too it was not possible for us to ascertain that these were contributed to by anxiety or pain due specifically to the task of the rapprochement subphase.

Not only does the Rapprochement Subphase conflict bring its own source of hostility toward the mother, it also brings hostility toward the father. Dr. Mahler and other development

experts have proposed that this is especially due to the child's experiencing Father as the person who is pulling the 1 1/2 year old child out of the oneness with mother, the person who, side by side with blaming mother also becomes blamed for this process when the child experiences the anxiety it produces.

In addition, some of the spin-off activity from the Rapprochement conflict, such as the hoarding of toys, the grabbing of things that belong to others under the influence of feeling that "It's mine", also bring with them experiences of hostility both from the vantage point of feeling that what is "mine" has been taken by another person as well as by the struggle that ensues from a child's wanting to take from another child what belongs to the latter.

In sum then, healthy nondestructive aggression in combination with healthy narcissism compels the child into autonomous activity which may run into conflict with the parents (caregivers) and create battles of wills, which then generate anger and hostility toward them. Secondly, the Rapprochement Subphase with its Rapprochement Conflict, also generates hostility toward those the child values most, namely mother and father.

#### Aggression and Ambivalence:

Given then that mother and father are most valued by the child, are most endowed by the child with positive feelings which, as we said in Section 2.2131, from 18 months of age on we begin to identify as "love" feelings, and that these persons also now are the individuals who are generating hostility in the child, which from about 18 months on can become "hate", the child will now experience feelings of ambivalence which endure, which persist. Whereas earlier the ambivalence experienced by the well-enough cared for child from the end of the first year of life on tended to be experienced in small doses and for short durations, from about 18 months of age on such inner feelings of hating the person the child loves have endurance and become a harsh psychological, emotional burden for the young child. Ambivalence, hating, wanting to destroy someone we love, creates a powerful internal conflict which the child may have great difficulty dealing with, which may bring with it the very beginnings of guilt feelings. We shall address in Section 2.242 how parents can be helpful in coping with these feelings of ambivalence and of guilt (see also Section 2.2612). In addition, by virtue of the fact that the hate now beginning to be felt toward the loved mother is unbearable and creates enormous anxiety in the 1 1/2 year old, the child will defend himself or herself psychologically against feeling the hate experienced toward the mother (see Section 2.231). Also, a large part of the hate experienced toward the mother may become converted into pleasurable destructiveness which is often displaced on others in the form of teasing, taunting, as well as outright expressions of hostility and hate. For these and other reasons, children need parental help in learning how to mediate constructively the hostility generated in the child. We shall talk about this in Section 2.242. For now, we emphasize that, when excessively unpleasurable experiences generate hostility toward the mother and father to whom the child is attached and loves, this will produce anxiety which, in turn, will be experienced as unpleasurable and may again generate more hostility. Thus, there is a self-perpetuating system in the generation of hostility which can create havoc in the young child.

Furthermore, the child will need help in coping with the hostility generated with him or her because that hostility will interfere with the experience of nondestructive aggression in the following manner. As we said, experiences of excessive hostility toward the mother and the father we love not only leads to enormous anxiety, but also to guilt, to fantasies of being evil,

unlovable, rejectable, subject to being abandoned at any moment, all of which creating unbearable anxiety in the child which then will lead the child to develop defenses in order to not experience such pain (see Section 2.2532). One of the most common defenses employed by the very young child in the face of excessive hostility is the **inhibition** of aggression. One of the major problems with the use of inhibition of aggression is that it is not selective. That is to say, the young child cannot inhibit only hostility, only hostile destructive aggression; all aggression seems to be subject to the inhibition. Therefore, healthy nondestructive aggression becomes inhibited as well. One often sees this in a child who is unable to stand up for himself or herself in the face of insults, teasing, the taking of things which belong to him by other children. Or, in the child who is too passive, who never says "No!". One can sense that a child who is using inhibition too vigorously against all aggression will not be able to motivate himself or herself to action, to undertaking projects, etc. The detrimental effects of this inhibition can best be seen not only in the lack of motivation such child exhibits, but also in the fact that learning may be impeded by the inhibition of nondestructive aggression. Therefore, in order to be reasonably self-assertive and to learn optimally, children need their parents' help in coping with their experiences of hostility toward mother and father. We will address this below.

#### Rage Reactions and Temper Tantrums:

We said in Unit 1, Section 1.291 and elsewhere in the text that how children experience unpleasure varies widely from child to child, and within the same child from day to day and even from hour to hour. A child who is tired or hungry or ill is more likely to experience unpleasure events more quickly and sharply than when that child is well rested, fed and feeling well. A child who has a low threshold for irritability due to inborn factors that make him or her a quick reactor to pain (unpleasure) and frustration is likely to react more quickly and intensely than a child who is calmer and can wait more easily. We have seen how quick-reactor and more easily irritated Suzy would have rage reactions quite frequently for several months after her birth and from time to time even during her second year. By contrast we did not see rage reactions in Jennifer or Johnny for instance.

Very important is the fact that 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. Children like Richie, who was not an overly hostile infant at 6 months of age but became so after several (4 to 8) months of neglect and physical abuse, may have such loads of hostility accumulated in them that the least little hurt or frustration can set them into a rage. Children are complex organisms from very early on in life. Not all children who suffer much develop such quick and intense reactivity to pain (unpleasure). Many factors account for such differences including the child's inborn dispositions (like Suzy), intensity and frequency of hurts and neglect, the meaning to the child of the experience that hurts, and efforts made by the caregivers at care-giving and to repair hurts. All of these we felt played a part in the fact that Vicki, who also suffered much pain due to her mother's feeling overburdened, depressed, but who was not hit or beaten by mother or father, experienced a childhood depression but was not raging and had no tantrums. We felt and saw that Vicki was attached to her depressed mother, had more been emotionally deprived than abused, and that we picked the problem up quite early (from about 9 months of age on) and psychotherapeutic treatment was instituted soon thereafter, all of which may have accounted for Vicki's not becoming an enraged child.

We should add though that some quite well put together one year olds who live in quite

good-enough home situations may at times during years two and three have an occasional rage reaction or tantrum.

We want to briefly review here what we said in greater detail about rage reactions and temper tantrums in Unit 1, Section 1.291. Rages and tantrums in children are caused by experiences of excessive displeasure that reach levels the child experiences as unbearable. We consider a rage reaction to be a single episode of an outburst of excessive hostile destructiveness; a temper tantrum consists of a series of rage reactions, usually appearing and sounding like one rage reaction after another, increasing in intensity, reaching a peak of intensity, leveling off and then getting weaker and weaker till it stops, seemingly with the child exhausted. We saw rage reactions in Suzy and Richie during the second year but not tantrums; we no longer saw rage reactions in Suzy during the third year and we cannot say whether they continued in Richie into the third year, although we would expect they did, because he was not returned to our Program after the summer vacation.

We said in Unit 1, Section 1.291 that rage reactions and temper tantrums have structure. A rage reaction usually starts at the point of intolerability of pain (more often emotional pain than physical pain), increases in intensity, and wanes more or less quickly depending on varying factors. Rage reactions sometimes start explosively, especially when the child (or adult) tries to contain the mounting feelings of hostility and/or hate and reaches the point when he or she no longer can do so. Also, a rage reaction tends to stop fairly abruptly when that which caused the rage to begin with is stopped. Usually, however, a rage reaction has a bell-shaped curve, with a climbing limb, a peak, and a descending limb (see diagram in Section 1.291).

A temper tantrum is a series of such rage reactions (episodes) with pauses between rage episodes. Like each rage reaction, the entire tantrum series usually has a bell-shaped curve, starting with lesser intense rage episodes, followed by more intense ones, and gradually fading with exhaustion. It is not uncommon though for a tantrum to start explosively -- where the child has tried to contain the explosion of rage feelings -- and gradually decrease in intensity, or even stop fairly quickly when that which caused the tantrum is stopped.

We believe, from observing tantrums and rage reactions closely that they differ in other important ways as well. Usually during rage reactions the 1 to 3 year old child seems to be aware of what is going on around him or her as he or she rages. In temper tantrums, the 1 to 3 year old is in touch with what is going inside and outside of himself or herself as the tantrum begins, and then again as each rage reaction of the tantrum slackens (during the descending limb of each rage episode). However, once into the climbing limb and the peak of each rage episode of the tantrum, the young child seems not in touch with what is going on outside the self. We say the child has then lost touch with reality and is not likely to hear what is then said to him or her nor recognize the parent's efforts to help. This is important to know in order to handle a tantruming child in growth-promoting ways, which we shall discuss in Section 2.242.

We repeat that except when associated with some forms of brain disorder such as seizures or high temperatures, rage reactions and temper tantrums are always caused by some excessively displeasurable (painful) experience that has become unbearable to the child. Rages and tantrums do not occur spontaneously (except in seizure disorders).

We saw that Suzy's battles of wills with her mother, father, and even Mrs. Sander by 26 months had become less intense. Hand in hand with this then, her reactions of hostility seemed less intense as well. We now got the impression that their relationships had so stable a level of love in them, that Suzy's battles of wills with mother (they had all along been less heated between Suzy and her father and Mrs. Sander) seemed to now be an occasion, indeed an

opportunity for Suzy to practice having better control over her hostile reactions toward mother (as well as father and Mrs. Sander who really "adored" Suzy). The benefits of this were multiple for both Suzy and her mother: Suzy seemed to better recognize and respond to mother's efforts to help her, the love between them seemed felt by both even during these battles, the hostility level was less and thus less fear-inducing in both. In addition, mother felt more self assured and good about her parenting, about which we shall say more in Section 2.242.

Nonetheless, handling her own hostility toward the mother she loved was not "fun and games" for Suzy; nor for mother and father. It was less of a problem for Mrs. Sander not only because she had more experience dealing with children than Suzy's mother and father, but also because she was not getting the same intensity of conflict and, therefore, of hostility as did Suzy's mother and father. She was not as loved nor as hated by Suzy because of the lesser emotional investment Mrs. Sander and Suzy quite naturally made in each other. Nor was it easy for mother. In fact mother was stung when 30 month old Suzy clearly and distinctly, in a moment of quite intense feelings of hostility said to her: "I hate you!" We described in Section 2.2132 how mother reacted and will do so further in Section 2.242. What is to be recognized here is that putting feelings of hostility and hate into words as Suzy now did indicated a level of organization, control, and functioning much further developed over how she dealt with these troubling feelings before. Putting troublesome feelings into words is a very important achievement (see Section 2.2521).

All of this development played a large role in the fact that 30 month old Suzy's rage reactions were now quite more tame, of shorter duration and quite less frequent. She would show intense feelings of hostility, would tense up her body in exasperation, get red in the face, get hold of a toy or item of clothes and throw it on the floor, sputter sounds that now organized into "I hate you", start to cry and (needing comforting and reassurance, and perhaps Mom's help to control herself), she wrapped her arms around Mother's legs. After a moment's delay, Mother, now collapsed into a chair, picked her up and comforted her.

It was not this pretty with Richie. About one month after we first saw him, 15 month old Richie's efforts were unstable, shifting quickly. At moments he appeared deeply depressed; at others, he smiled. He beamed when 20 year old Suzy engaged him in play by rolling a ball to him which he then rolled back to her. When Suzy playfully hid the ball between her legs (to make it "disappear"), he appeared confused, suddenly unbearably frustrated, cried and banged his head on the floor, to the pained dismay of Suzy. One of the mothers intervened to calm him. Some minutes later he went into a rage reaction, tensing his body, then flailing his arms and legs and he collapsed from the sitting position onto the floor, crying ragefully, all because he could not take a toy another child had just been playing with.

One week later we saw Richie put toys down in a striking manner: he smashed them on the floor or into the toy cart or out of it which elicited his great-aunt (and the group Instructor) to physically stop him (verbalizing the need for him to contain his angry feelings). We felt that the rage he felt had "invaded" his exploratory motor (movement) activity; it became too harsh and destructive. We learned from his great-aunt that he now wakened during the night screaming, that he then could be comforted by her within a few minutes, which suggested that he was having frightening dreams, nightmares. 3 months later, at 18 months he was now walking, wobbly but without support. Better coordinated, he was still throwing toys too harshly, suddenly and dangerously at times so that he needed to be contained (we shall detail in Sections 2.242 how this was done). When he was just under 21 months of age he had made large strides in development. Now his hostile destructive feelings were in much better control; there was no throwing of toys

and no signs of his up-to-now explosive reactivity. His occasionally folding his hands on his chest so as to prevent them from grabbing or reaching for things he should not touch, and his at times shaking his head "No" at such moments, suggest this better control (also see Section 2.2611). At this time, Richie was having as many as 3 nightmares per night according to his great-aunt.

Here is another illustration from our observational research. Although David was just 2 months more than 3 years (38 months), when the event we shall describe occurred, we can use it here because this type of behavior had been going on from very early on. From birth on David had a low threshold for irritability (what seemed like little things to others produced irritability in him) and was a quick reactor. Even with the mother's good efforts to care for him, he was difficult to care for because he was so easily irritated and frequently distressed, and so were his parents. As a result, there were many episodes of hostility between them which troubled mother a great deal. Fortunately, these were well out-balanced by the parents' loving their baby and, in turn, David was well attached to them and loved them.

Here is a narrative of David having what could have been a much more troublesome tantrum than it was. We shall here also draw attention to what the mother did in handling it; we coached the mother at certain moments and shall explain in Section 2.242 the reasoning for what we suggested to her.

Typically for him, 38 month old David seemed on edge when his mother rolled him and his 11 month old sister in a stroller into our observational setting. He squirmed, vocalizing bursts of effort and complaint, conveying intolerance for being restrained. Alert to his state, as soon as she could, his mother pulled him caringly out of the stroller, trying to calm him by acknowledging his eagerness to get out, while he helped her efforts with his own strained and eruptive movements to get out.

Phew! He could now move where he wanted. He darted to the fruit on the table; smiling, he signaled to his mother it was there. He went to the toys. During this time his mother had gotten to his sister, a much calmer and easier child, and helped her out of the stroller. Ten minutes had passed when David brought an apple to his mother; it was not clear if he wanted her permission to eat it or simply to inform her that he was doing so. Mother did not want him to have it because he had earlier complained of stomach pain, and she told him, she feared it might upset his stomach more.

He erupted! Virtually at once, his face looked intensely pained and in rage, with crying and blustering sounds, he dropped to the floor kicking and flailing at his mother who had just taken the apple from him. Mother looked pale and embarrassed as she tried with our guidance to tell him sympathetically why she had prohibited the apple for now. His kicking and flailing made her pull away slightly, but as he calmed a bit, she came closer and continued her efforts to explain and calm him further. Within thirty seconds he let her hold him, and she, now seated in a soft chair, continued her efforts. Both child and mother looked pale, drained, and intensely in pain.

About one minute into the calming phase as another child picked up the wooden car with which he had been playing, David erupted again though not as harshly. As he ragefully complained and demanded the return of the toy, he picked up a block and threw it toward and nearly hit, not the child who was playing with the car, but another mother, a person totally uninvolved in the event. Further frustrated by the second child's resistance in returning the toy, in quick sequence David grabbed his sister's bottle and threw it at her, picked up another block, threw it at the Parenting Group Instructor, and nearly fell off the chair doing so. He looked at the

Parenting Instructor more anxious than raging as the Instructor told him he was sorry David was feeling so bad but that he didn't want David to throw things at him nor to fall off the chair. The Instructor told him he wished David could talk to his Mommy or to the Instructor about the things that were making him so upset. Simultaneously, his mother was gently telling him not to hit his sister and that Dr. Parens (the Instructor) had not done anything to him, and that he could not throw things at people. With his mother's help, the second child returned the car to David, and David became calm as his mother continued to talk to him. Both, still, looked exhausted and pained.

As he recovered gradually, David began to annoy his sister by taking the toy with which she was playing, smiling provocatively at his mother as he did so. The teasing intensified into taunting; mother now became angry with him. Just when he was on the verge of going too far, David abruptly changed his activity, asked his mother to play with him at identifying the letters of the alphabet. Mother seemed relieved and readily complied. David and his mother continued to look emotionally drained, and David seemed vulnerable to a reoccurring eruption of rage by his lowered threshold of irritability, resulting from the traumatic state produced by the tantrum. More on this in Section 2.242.

#### 2.242 CHILD REARING: How to Handle the Child's Aggression Constructively

##### How to Optimize a Child's Nondestructive Aggression:

We should note that it is important for parents to help secure their child's ability to be sufficiently assertive, motivated to learn and cope, and to protect his or her own rights and property. The model of aggression we use holds that nondestructive aggression in healthy amounts is needed to secure these abilities. Most children are born with a sufficient built-in amount of nondestructive aggression. Some children, especially shy children -- which is an inborn type of temperament -- need to be supported and encouraged to stand up for themselves. From the latter part of the first year of life, Johnny was a bit timid. At 11 months, when 11 month old Jennifer pulled the pacifier from his mouth several times, he seemed not able to mobilize his self-protective nondestructive aggression to stop her, and when he became upset, we did not see any evidence of hostile feelings activating him to defend his rights and property.

We talked to the mothers in our parenting research group that while as we shall detail below, it is important to help our children handle their hostile destructive feelings appropriately, it is also important to help them develop a sufficient ability to put their normal nondestructive aggression to good adaptive use. We need to help our children be self-protective to reasonable degrees. We need to help them be reasonably self-assertive, be motivated to explore, learn and reach for their goals, and more. We also need to recognize that hostility (hostile destructiveness) is sometimes needed to protect ourselves, those we love, our rights and property.

We suggested to Johnny's parents (mother was there) that they carefully, without too much pressure and absolutely without humiliation, encourage him to not let Jennifer pull his pacifier, that it belongs to him not to her, and that if that was what he wanted, he could have it in his mouth! Slowly, gently, mother could tell him that it's ok for him to not let some other child take his things or push him. Speaking of the fact that we sometimes need hostile feelings to

protect ourselves and those we love, led to "But, I don't want my child to become violent, I don't want him (or her) to hit, bite, or grab things from other kids." We believe this: all families need to decide their philosophy about this question. We suggest that parents tell their children as the need arises that although it is not usually ok to be the first one to hit another kid, that it is ok to hit back when hit by another child first. Although it will not apply during the 1 to 3 years period, there is an exception, when indeed one's child should be permitted to hit first. That is when a bigger child, bullies your child and will not stop when told by your child to leave him alone. Experience teaches us that "the best way to stop a bully is by a good punch in the belly." Many "bullies" who commonly are children who have been abused at home, tend not to stop bullying until this happens.

### Setting Limits Constructively:

"Why doesn't he listen to me"? "I have told him not to do this five times!" "She is so stubborn; nothing I do works!" These and other expressions of frustration, anger, despair are common among parents of children in the second and third years of life. In our work with parents we have found it helpful to point out that the inner-pressure which drives a child to explore the universe around him or her is so large that the child cannot easily stop the activity that is compelled by that inner-pressure. The inner-pressure, of course, is that of nondestructive aggression in combination with healthy narcissism which thrusts autonomy, the self into action. It is just this inner pressure that made Diane want to push the toy cart into the hall; and just this that caused the big problem that occurred with her mother who did not want her to do so. All parents want their children to feel motivated, to learn, to do things that are growth-promoting and that achieve results, to be "doers". Yet, the inner thrust for autonomy which makes self motivated achievement possible is also that inner push to activity which causes the frustration, anger and difficulty felt by parents referred to at the start of this paragraph. If it indeed leads the child to feel motivated and be a "doer", parents will want to know how to deal with this inner pressure in growth-promoting ways. And, furthermore, given that this inner force leads to the battles of wills which we described in Section 2.241 (as well as in Unit 1, Section 1.262), and that these battles of wills by generating hostility increase ambivalence (hating those we love), with all the problems ambivalence brings, it is important for parents to set limits in a constructive way.

First, parents should know that children are as much the victim of their inner forces and pressures as are the parents. Knowing that the child has not yet developed internal controls over this more or less powerful inner drive will facilitate the parents understanding of the problems encountered in setting limits. This is one of the major reasons (the other is the child's healthy narcissism, that which leads to child to want to do what the child wishes) that setting limits is never achieved in one effort, that it is required again and again, and that developing internal control takes time. Knowing these facts will lead to less frustration in the parent, less disappointment, and less hostility toward the child. Of course children vary in the degree to which they accept limits and this is significantly determined by (1) the level of aggression with which they are born, and (2) the degree to which they are malleable, which has much to do with the degree to which children themselves can bring about internal control over their aggression.

Most important, the way children are treated by their parents in limit-setting is also a

significant contributor to the way limits are accepted by the child. Limits which are set in a way that is respecting of the child, attempts to understand the child in action, are sensitive to a child's feelings, are set to protect the child and not to make the parent feel that she or he is the boss, all will make limit-setting easier for the child and more acceptable.

How limits are set also contributes to its success or failure. When parents set limits they should do so with respectful firmness, with the expectation that the child will sooner or later accept the limit, and will comply with the parent's demand. It bears repeating, loving firmness is an essential part of setting limits. We have at times heard mothers become intimidated by the child's not complying after several "requests" that a child, say, take off his coat soon after coming into our research setting. At this point a mother may plead: "Oh please Honey, take your coat off for Mommy." This usually is no more effective than what mother had done so far. We have also seen some fathers be much too quick to yell or threaten a child after 2 refusals to comply with father's telling a child to take off his coat. One method is too slow, weak and ineffectual; the other is too rapid, frightening and authoritarian. Neither gives the child the feeling that the limit is truly in the child's best interest.

We propose that limit setting have a pattern. We find that 5 steps to go from starting setting a limit to punishment to provide good spacing of demands for compliance.

Step 1 is a clear, simply stated demand that the child do something and the reason why. "Johnny, don't take Doug's truck. It belongs to him (or he's playing with it now). It's not nice to take things from other people (unless it belongs to Johnny)."

Of course, the situation in question will determine how the parent takes this first step. If it is that 22 month old Johnny is trying to grab 30 month old Doug's truck (or as did 11 month old Jennifer who grabbed 11 month old Johnny's pacifier from his mouth), if Johnny does not comply, step 2 should come fairly quickly. If it is a matter of telling Johnny to take off his coat, step 2 can be delayed by a few seconds (10-15). If it is a dangerous situation such as 18 month old Bernie's beginning to pull the plug of an activated air conditioner, the first step is a firm and somewhat loud (Bernie! Don't touch that plug; it's dangerous." With a less compliant child, this step 1 will need to be accompanied with the parent quickly going to the child as the demand is stated firmly and even forcefully.

Where step 2 is needed, it should be said more firmly and a bit louder: "Johnny, stop that. I told you it's Doug's turn to play with the truck. I wouldn't let him do that to you and you can't do it to him." If Johnny still does not comply, step 3 is needed fairly quickly, say in 2 to 5 seconds. Step 3 should be more firm than step 2, louder, with a tone of warning. A few words are very helpful: "Johnny, you're looking for trouble." or "You're asking me to do it for you? Come on, let go!"

If step 3 does not get compliance, Step 4 requires the parent to get up, go to Johnny, and now not necessarily more loudly, but with more seriousness, perhaps even a bit of severity: "Look, I don't know what is going on today with you, but you must let go. If you don't you will be punished." If that does not work, step 5 consists, in this instance, of the parent taking hold of Johnny's hand, using the least force necessary to loosen his hand from the truck, and telling him that Mom or Dad is very disappointed in him for this, and he will not be able to watch his favorite TV program today.

Circumstances (the situation) will determine how quickly to progress through the 5 steps. So will the child. With a shy child, the progression should move more slowly, more gently; with a hyperactive or non-compliant child, more quickly and more firmly.

Note that Step 5, is accompanied with a punishment. Punishment occurs when limit-

setting fails. Where limit setting works, that is where compliance occurs before Step 5; no punishment is required. It is important to avoid punishment whenever possible. However, it is important to set limits when they are needed, and to punish when the limit fails.

We say again, limit-setting is the parent's acting in the child's behalf where the child is too immature to know something cannot be done (for a good reason) or is risking causing harm to himself or another, or valued thing; punishment is the withdrawal of a privilege or the inflicting of pain for failure to comply with parental dictates. Punishment is a difficult task and usually puts the parent-child relationship most at odds and full of negative (hostile) feelings.

Where punishment is needed, the withdrawal of privilege is more advantageous than physical pain. This is so at all ages. It is usually unwarranted and unnecessary to inflict physical pain in one to three year olds. Children want to be loved and respected and where they are they usually respond well to well structured limits and, where these fail, to the withdrawal of privilege.

Privileges should be withdrawn at a reasonable rate. Mother told 27 month old Johnny he would not be able to watch Sesame Street today. That was enough. It would have been unwise to withdraw that privilege for one week. Too harsh a punishment elicits too large a load of resentment and hate. It is less likely to do so where the child feels the punishment is reasonable.

There should be strict rules about parents hitting children. This is especially so with young children. For parents who for one reason or another truly believe they must spank or hit their child to get reasonable compliance, we would propose the following:

Only **one swat** with the parents' **open hand**, on the one to three year old's **clothed** "bottom". It is completely unnecessary to strike a child on the bare "bottom". It can cause more emotional problems than parents realize, according to mental health professionals. Only very moderate force should be used. The aim should be to make a point, not to inflict intense pain. Shaking a child is dangerous; we now know that it can cause brain injury. Yanking a child by the arm can pull the arm out of the shoulder. Hitting a child with a fist or some instrument (be it a belt, a paddle, a stick, etc.) is much too harsh and children know it! The result is more likely to be resentment, hate, and loss of respect than to get constructive compliance that holds.

Let us return to setting limits constructively. When setting limits, parents should be clear. And they should clearly state the reason **why** the limit is set. A limit that is set with "Because I said so!" or "Because I'm your father!" is sure to be resented more than one with a reasonable explanation such as "Because it will spoil your appetite." or "Because you will be too tired in the morning!" For instance, Diane's mother told her she did not want Diane to take the toy cart into the hall **because** it should stay in the meeting room so that the other children would have access to the toys in it. Diane's mother did not use these words but she made this point clearly to Diane. We also encouraged Richie's great-aunt to tell Richie that he could not throw the toys as he did because he might hurt someone doing so and also, he might break the toy or something it hit. Similarly, we suggested to David's mother that she tell him the reason she would "not let him eat the apple now is that it might upset his tummy more", and to remind him that he said his tummy hurt this morning. The limit is set usually because the child is doing something that may be harmful to him or herself, may be harmful to something the parent values, or hurtful to someone else, or may not be acceptable socially. Limits that are set for reasons other than these, should be questioned by the parent.

We have seen what a difficult experience it became for Diane and her mother, when mother simply did not want Diane to push the toy car into the hall. Setting limits is a serious issue for all parents and children. And we have seen it to be a difficult undertaking for all

parents, across all cultures and socioeconomic groups with whom we have worked. As we said in relation to toilet training, where the limit setting that comes with toilet training fails, it often frustrates and angers parents, in some cases of such severity as to lead to child abuse and even the killing of a child.

Given that setting limits, an effort to protect and act in the child's behalf, invariably leads to battles of wills in most children, and given that these battles of wills generate hostility in both child and parent, it would make sense that one should set limits only when they are needed. And, they should not be set without a good reason; reasonableness ought to govern the setting of limits. For instance, if a parent in annoyance automatically tells a child he or she cannot do something the child is doing which in fact is not undesirable, the parent then recognizing that the limit was set more as an expression of annoyance with or anger toward the child, the parent can revise that limit. The parent's changing his or her mind about a limit can be done with a simple statement, "I've changed my mind, it's ok for you to do that now." and this admission of changing one's mind often turns out to be most growth-promoting. Children never ridicule their parents when they change their minds. A parent has a right to make a mistake; the important thing is to recognize it, verbalize it, and try to undo it. Children always appreciate and respect parents' apologizing for mistakes they make.

Some of these issues are taken up more extensively in our book entitled *Aggression in Our Children: Coping With It Constructively*. In that book, we discuss in some detail an important event that often occurs in limit setting. It is, that when parents are setting limits, it is a serious mistake for them to at such times refuse a child's appeal to be comforted or held. We want to briefly explain this here. When a mother (or father) sets limits the child often reacts to the limit setting with increasing anger and hostility toward the mother. 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. This is especially so with children under 5 years. We believe that when the child asks for comforting during limit setting and battles of wills, it is usually because of the anxiety created in the child by the ambivalence she or he feels. Many parents then misinterpret the child's appeal to be comforted as an effort to "butter up" the parent, to try to get the parent to yield to the child's wishes. Of course, the normal child wishes the parent to yield to his or her wishes; we all want what we want when we want it! However, this is not usually what motivates a child to ask for comforting in the midst of a battle of wills. Rather, it is the child's hostility, which causes anxiety, and then leads to the need for reassurance of the parent's continuing love. The fact is that when a parent refuses to comfort the child in the heat of a battle of wills, the parent is experienced by the child as hurtful, hostile, rejecting, a witch or monster, and this experience further heightens the child's experience of hostility toward the mother or father which then further heightens the anxiety felt by the child. This then tends to foster further rejection of the parents' demand by the child and may increase the resistance to the limit imposed by the parent. Often when children yield to the parent's limit-setting after comforting is refused it is more a giving up than it is an internalized acceptance and recognition of the merit of the limit. The child stops the behavior that is undesirable by giving up rather than by seeing reasonableness in the limit set, rather than by an acceptance that is growth-promoting. Giving up is not growth-promoting. Furthermore, when we are told something we do not want to hear, and are angry with the "bad" limit-setter, it is likely to "go in one ear and out the other". This, of course, goes against accepting the limit.

By contrast, when a mother accepts a child's plea for comforting in the heat of a battle of wills, which happened quite regularly with Suzy, the child experiences the mother, the

prohibitor, the limit-setter, as a caring person, a positively responsive loving person. We saw this clearly in Suzy and her mother especially, though it also was so with father. It was in large part due to Suzy's having learned that she could count on her parents' trying to comfort her when needed, that she progressively responded more easily to limit-setting, and that she grew as well as she did, became better and better organized as a self, and formed so good a relationship with each of her parents.

The battle of wills triggered by Diane's mother prohibiting 13 month old Diane's taking the toy cart out of the meeting room set up a very painful situation for Diane and her Mom. In this instance, Diane did not plead for comforting. Diane's Mother just very naturally, seeing her loved little girl so awfully troubled, offered to comfort her. As we described, she even wisely offered to again after Diane, still too angry with Mom, was ready or able to accept it, as if she was not yet able to be calmed and comforted. Diane's mother "offered", she did not force comforting, though she did force Diane to not take out the toy cart by picking her up and holding her against her will.

Diane's mother could not have handled it better, we believe. She had set the limit clearly. She told Diane to not take the cart out because the other children might want some of the toys in it. When Diane virtually exploded in a rage reaction, including briefly, in one flurry, hitting and kicking her mother and herself, Mother was startled and upset but automatically tried to make Diane feel less upset. We encouraged mother to hold to her limit setting because it was reasonable and to work it out with Diane, and to continue to try to calm her. As mother calmed her, she did so mostly by the way she held her, not by talking, except to say "Oh my", "Oh my goodness" a couple times.

Recall that mother seemed clearly puzzled by Diane's getting upset when mother bent down (Diane sitting on her lap) to pick up a toy to offer to Diane. We encouraged Mother now to let Diane have a say, so to speak, of what she now would want Mother to do. We too were a bit surprised (and learned an important lesson) when Diane, sitting pulled away from Mother's torso at the edge of mother's knees, just wanted Mother to not move. We inferred from her facial expression and body posture and movements that Diane was struggling within herself with being furious with the Mommy she was so securely attached to. We told Mommy this and recommended that she just let Diane show her what she needed moment by moment. Mother was superbly tuned into her baby's state of internal conflict. As Diane calmed some, Mother felt it and again tried to bring Diane close to her to comfort her better. At one point Diane yielded, seeming now ready to accept her good Mother's offer to make her feel better. Mother had stayed with her limit setting which, even though it was painful for both and mother and child, ended on a safer but quite positive feeling of "being together". We suggested to Mother that on the way home, and perhaps again later, that Mother talk to Diane about what happened. That she could start by saying that she was sorry to have caused Diane such hurt feelings. But, to tell her, she did so because Diane needs to know there are things she can do and things she cannot do, just like it is for Mommy and Daddy and everybody. That the reason Mommy didn't want Diane to take the toy cart out was so that the other children could have the toys to play with too.

Again, even though Diane did not ask Mother for comforting, Mother did well to offer it. When a young child is in intense pain, we mental health professionals have come to see that it is highly desirable for the child to be able to seek help. We are concerned about children who feel that one should not expect or hope to get help when it is really needed. Of course, in due time a child should be able to do things on his or her own. But one should also be able to ask for help when help is needed. Medical nurses have long known that TLC (tender loving care) is among

the best medicine we have. When a child is embattled with the parent to whom she or he is attached (and loves), the child experiences pain. The child is then wise to ask for help. The child, feeling the parent's efforts to make her or him feel better, becomes more inclined to hear and take in what that loving person says, more likely to experience what she says as being reasonable and in the child's best interest. While holding the child who is being comforted, the mother or father can then gently and sympathetically repeat the prohibition, and also repeat the reason why. It sounds like much work, and it is. But under these conditions the child is more likely to experience limit-setting as being really in her or his best interest even when the child protests.

In the midst of limit-setting, it is helpful for the parent to bear in mind what is at stake here. Among other things, it is the child's magnificent thrust to autonomy (to be a "doer") which at this given moment makes him or her do something the parent is prohibiting; it is the built-in budding power in the child which is acting in the service of securing in the child a good sense of self, of self-esteem, and eventual self-confidence. In line with this, the "No!" which the parent experiences often as so annoying, so angering even, is really the representative of the child's healthy assertiveness, integrity, and sense of self. It was visibly relieving to Suzy's mother when we told her that 18 month old Suzy's "No" stood for her emerging sense of autonomy, of more and more becoming a self. Yes, it was annoying, but it was said more to protect her feeling of being a person than to be annoying to mother. It was not some form of obnoxious mean-heartedness. When it was reasonable we suggested that Suzy's "No" be accepted. "No, she doesn't want her sweater taken off", or "No, she doesn't want another cracker". But the other hand, when Suzy's "No" was not reasonable, Mother needed to let her know. "Look Suzy, I know you don't want to have your coat put on you, but its too cold outside and Mom's gonna put it on you and then put hers on too". And then she needed to follow through even when Suzy resisted. "Heh, come on Kid, your coat has to go on! I don't want my Sweet Suzy to catch a cold!" The handling of the child's assertive "No!", if too harsh, may lead to either an excessive thwarting of this healthy assertiveness, much needed for the sense of autonomy, or it may heighten and hostilify the assertiveness (which is nondestructive aggression) into negativism (which is loaded with hostile destructiveness), and makes "opposition" a painful interaction between child and mother. This may then become a patterned reaction on the part of the child and become part of the child-parent relationship.

Yes, it is difficult to set limits well and not too harshly, to limit-set reasonably, only when needed, and in as positive a manner as possible. It complicates the task even more for parents that too much hesitancy in setting limits, too soft an approach in limit-setting usually does not work well. The parent has to convey the demand, the expectation of compliance. Benevolent firmness, reasonable demandingness should not be equated with hostility on the part of the parent or caregiver.

In addition to the battles of wills creating a major problem for children and parents during the child's second and third years of life, there is of course also the heightening of hostility created in the child by the Rapprochement Subphase conflict (see Sections 2.2211, 2.2212, and 2.241). We saw the bewildering experience 1 1/2 year old Jennifer went through when she could not make up her mind: to go with the other children and play, or to stay close to mother, next her on the couch; to separate and further individuate, or to stay emotionally one with mother. She could not yet experience with comfort the ability to be "separate and apart from", and at other times feel "together with" her mother. This created anxiety in her and, as it became more intense, caused more and more unpleasure in her and generated hostility toward her (now) loved

mother. Mother was just quite bewildered too by her daughter's seemingly irrational inability make up her mind. Jennifer had all along been quite a decisive kid. Mother was becoming annoyed with her. We were a bit surprised too until we felt we could identify what 19 month old Jennifer might well be experiencing. When we explained to mother, as usual with the child right there, and explained in words we felt Jennifer could understand, that Jennifer was beginning to realize that she and Mom are 2 separate people, that she and mother are not one although they love each other a lot, and that being separate from Mom caused her a lot of worry. On the one hand she wanted to be herself, an individual who could go and play with her friends, but she also wanted to stay very close to and be one with Mother. She had not yet learned that she could be "together with" and "separate from" Mother. When Mother said she saw what we were saying and could now understand why her usually pretty assertive child was clinging and afraid to go play with the others, Mother stopped feeling annoyed with Jennifer's behavior. When Jennifer now fussed with her and even tugged at her or pushed her somewhat angrily, Mother was able to not be upset and tell her "That's ok, Jennifer; you just work on it. You'll be ok. I'll stay right here, if you wanna go and play." We are certain that this kind of reaction on her mother's part helped Jennifer tame the hostile feelings her anxiety was producing. This mother could both support her daughter's efforts at growing psychologically as well as tame the hostile feelings she was experiencing. Both factors reduced the anxiety this normal developmental conflict causes.

#### Handling Hostility and Hate Constructively: Reducing Ambivalence:

We pointed out in Section 2.241, that the hostility generated in the one year old child (and from then on) by the unavoidable limit-setting required to care for the child well leads to ambivalence which, in turn, creates anxiety. We saw how 13 month old Diane, after her rage outburst at her mother, seemed to become immobilized, sitting at the edge of her mother's knees. We inferred that she was struggling with internal feelings that were in conflict with one another: she was enraged with the mother she already valued so much. Diane's mother did a number of helpful things during this difficult 1/2 hour event. One of the most important things is that she tolerated her one year old's feelings without rejecting her. She did not like Diane's being mad with her and hitting her. But she seemed to understand that Diane had good reason to be mad at her. She did not allow Diane to keep hitting her, nor though, did she scold her for hitting her. Had Diane continued we would have suggested that mother tell her not to hit mother. She knew that she meant a great deal to her 13 month old daughter and that these positive valuing feelings (not yet love) far outweighed Diane's now very hostile feelings. Foremost by her holding Diane on her lap, Diane's Mom helped Diane struggle with and contain the rage she felt toward Mom. With this, her feelings of rage subsided, so then did her anxiety, and Diane could then collapse into her mother's body and being comforted could heal the hurt she felt.

Feeling intense hostility toward one's parents creates much difficulty for all children (and adults too). It creates anxiety because from 18 months or so of age on hating the mother we love is experienced as very threatening, as tantamount to wanting to destroy the loved parent and thereby being abandoned by that mother or father. Experiencing too much pain (physical or emotional) generates hostility in children and then children do feel and wish to destroy. These feelings and wishes become particularly difficult when from about 18 months of age on, sometimes even earlier, children are capable of the enduring feelings of hate which bring with them wishing to destroy someone they value and love. All children are capable of violent feelings and wishes, of wishing to hurt, to tear apart, of wishing to destroy those they also love.

It is an error to assume that normal children do not experience hate or the occasional wish to destroy. Given that battles of wills and the rapprochement conflict both generate hostility in even well cared for children and heighten whatever hostile destructiveness may already have developed from painful experiences of the first 18 months of life, how can parents best help their children deal growth-promotingly with these intolerable feelings?

First, it is important to recognize that normal, healthy, well cared for children, in the face of unavoidable second year conflicts detailed above, will experience hateful feelings toward their parents. Parents should not despair by this fact. First of all these feelings are unavoidable even in the best of circumstances.

Second, these difficult feelings of hating someone we love, in good caregiving hands, becomes the initiator of enormously important developments which serve adaptation and socialization in the child. To hate someone we love compels us from within ourselves to modulate and control this hate. We believed that 18-month old Jane's sleep problem, due we assumed from the fear she expressed on suddenly waking during the night, was in fact an effort to cope with feeling hate toward the mother she loved. We explained to the mothers, including Jane's, that bad dreams are usually caused by children (and adults) trying to cope with feelings of hostility and hate they feel which then become part of their dream life (see Section 2.2531). In fact, with Jane, we told mother that perhaps Jane was very angry with her Mommy (due to autonomy conflicts and perhaps more) and that Mommy ought to look for times when she feels Jane is angry with her and let Jane know it is ok to sometimes be angry with her, that it does not mean Mommy will stop loving her. We were very pleased when mother reported to us at the next visit that Jane's sleep problem stopped that same evening of the day we said this to mother, with Jane present. There are better ways for the child to deal with hostile feelings than by having bad dreams and a sleep problem!

The child learns to deal with hate by a number of strategies including mitigating the hate. This is done by a process proposed by some mental health clinicians which we will describe in Section 2.2521, a process assumed to neutralize, that is, to convert and channel hostility and hate into nondestructive aggression. This process of neutralization frees the child from maladaptive inhibitions of aggression, helps the child in developing empathy (the capacity to perceive what someone else feels), in the channeling of aggression into creative activity, and more. The child's earliest experience of hate, therefore, should not lead to despair in parents, but rather to a course of action that can be growth-promoting. It may be that some of these salutary developments would not occur were the child not confronted with the need to tame, within himself or herself, feelings of hate toward those the young child needs, values and loves.

First then is to accept that children feel hate toward their mothers and fathers, that in fact mothers and fathers become the first persons toward whom the child experiences hate. Were it not so, the crucial development of the adaptive function of converting hate stated above would not occur. Often finds this kind of phenomenon. In the heat of a battle of wills, 2-year old Suzy raged at mother "I hate you!". Stunned, mother was speechless and collapsed into a chair. We explained to Suzy's mother that although those words hurt, it helped Suzy organize the difficult feelings she was experiencing toward the mother she loved and would give both of them an opportunity to learn how to deal with them constructively. We asked Suzy's mother if she remembers times when Suzy showed her and also told her that she loves her mother. We told Suzy's Mom that from what we could see, the feelings of hate Suzy now said she felt for her mother were outweighed by her clearly evident feelings of love. Suzy loved her mother far more than she hated her. Furthermore, we said, the hate Suzy feels, she felt then, during the time when

she expressed these feelings. Although hate endures, it will not endure long when a child also has enduring feelings of love which she experiences more frequently, as was the case with Suzy.

We told Suzy's mother and the mothers in our parenting group that at such moments we have heard other mothers unwisely say "I know you don't mean that." This is undesirable because, (1) it is what the child then feels. The mother's statement is jarring to the child; the child is feeling hate, like the child said. As we learn from patients in psychotherapy, the child often thinks: "I am not supposed to feel hate", "Hate is bad; I am bad". Or, the child may feel "There is something terribly wrong with me because I am feeling what I am not supposed to be feeling", etc. This may lead the child to deny (lie to himself or herself) feelings the child has and then not deal with them constructively. Problems of handling one's own feelings may then follow. Also, a mother's "I know you don't mean that" (2) Robs the mother of the opportunity to help her child deal with just such difficult feelings in a constructive way. It bewilders the child when the mother says this; it is not helpful, even though it may lead the child to suppress or falsify the feelings the child experiences and just verbalized.

By contrast, a mother's tolerance of that statement can open opportunities for her to help her child. For instance, we suggested to Suzy's mother, it is far better to say "I'm not surprised that you feel that way. I've felt that way too sometimes. But you know, I'm so glad that even though you hate me now I also know that most of the time you love me a great deal." A statement of this kind can be enormously reassuring to the child while staying with the facts, and giving the child hope that the hate will not overtake the stabilizing love feelings the child has toward mother and father.

The fact is that verbalizations of hostile feelings such as "I hate you" are far more adaptive than hostility expressed by means of the child hitting, biting or throwing something at mother. Motor (physical) attacks are, in general, more difficult to repair than are verbal attacks. Given that a child's attacking his or her mother or father, at any age, eventually brings with it feelings of guilt, it is desirable for parents to encourage the verbalization of feelings and to prohibit their children from hitting them, biting them, or insulting them (usually verbally), etc. The verbalization of feelings without insulting leads much more easily to constructive problem solving than are hitting and insulting. It is important to emphasize that "I hate you", "I am mad at you" are not insults; they hurt, but that are not depreciating statements. They are expressions of hurting but normal feeling. Cursing words are insulting.

Helping the child mediate the expression of hostile feelings gives the parent a magnificent opportunity to help the child. Setting limits on the expression of hostility is guiding. "No, you can't hit me; but you can tell me that you're mad with me" can be enormously helpful. "No, you can't grab what belongs to Johnny; if you want it, ask him for it. If he doesn't want to give it to you, you'll have to wait your turn or, here, play with this". Firm, loving, guiding prohibitions with suggestions of an alternative are enormously helpful to children. They may not like them, but they help.

Parents know and first time parents soon learn that helping the one to three year old child cope with hostility is not an easy task of parenting. Suzy's parents knew this. So did Diane's. Also, setting limits is not an easy task of parenting. Both require work, some over a long stretch of time, but both are enormously important for the child. As we discussed in Section 2.241, one of the major reasons children need parents' help in coping constructively with the hate they feel toward these parents is that ambivalence creates enormous anxiety as well as guilt in children, has much to do with the degree of ambivalence the child feels toward himself or herself and eventually others in general, and has much to do with the child's sense of well-being (see Section

2.261 where we talk about hate causing guilt). In addition, it may maladaptively inhibit nondestructive aggression, thwarting autonomy, assertiveness, the burgeoning sense of self, and of learning.

### Dealing Constructively with Rage and Temper Tantrums:

A special major area where children need caregivers' help is in their experiencing temper tantrums. Temper tantrums which in some children may begin during the first year, tend to be common during the second year and the third years of life. We repeat that temper tantrums are enormously difficult for both child and parent, indeed are experienced as traumatic by both child and parent. They reveal the experience by the child of enormous loads of hostility and a large sense of feeling helpless. This topic is discussed extensively in our book *Aggression in Our Children: Coping With It Constructively*. Here are a few words about handling them constructively.

It is so that rage reactions and temper tantrums are an expression of high levels of rage and hostility experienced by the child which create a most unpleasant burden for both child and parents. But it is important to recognize that they occur when the child experiences an utter feeling of helplessness in the face of what he or she experiences as a very painful situation. This is so whether or not to the parent the cause for the tantrum appears to be a very mild condition; if there is a tantrum, there usually is a feeling of helplessness in the face of much pain. Because they are traumatic, if possible, temper tantrums ought to be avoided. However, this is not so under conditions of "blackmail". When a child threatens to have a temper tantrum if he or she does not get her way about something, this should be talked about with the child openly and directly. This is "infantile blackmail" and is not an acceptable way to negotiate getting one's way. Much caution is required to sort out whether the tantrum is the product of actual helplessness in the face of excessive pain, as was the case with Richie and with David, or whether it is the product of the child's wanting what he or she wants when he or she wants it, what we can speak of as narcissistic orneriness. Children have 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 tolerate this. We shall talk about Richie and David in a moment. Let us consider a 20 month old who, you feel quite sure has been having rage reactions and even tantrums when he cannot have what he wants. The goal is to get the child to learn that rage and tantrums are not an acceptable way of negotiating getting what one wants from people, especially not from people one loves.

First say to the child, acknowledge, that it is difficult to give up on wanting something we want badly. It pays to be sympathetic. It succeeds better than to convey to the child that he is foolish, or greedy, or unreasonable to want what he wants.

Second, tell him he cannot have what he wants and tell him why. For instance: "We can't afford it" is often a most reasonable thing to say when it truly is so. Or, "It belongs to Johnny; you can't take something that belongs to somebody else." Whatever your reason, tell the child and tell only the truth. If you have no reason, you should not be saying the child cannot have what he is asking for.

Third, tell him "It's ok to be angry with Mom (or Dad), but it is not ok to have a fit! Try to tell me what you feel; don't just scream and kick!"

Fourth, tell your 20 month old "I am sorry that you feel so badly about not getting what you want, I know 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."

Some parents believe a 20 month old would not understand what the parent is saying. No so. Do use language you feel your 20 month old is accustomed to hear around the house, but do not assume he will not understand the types of sentences and phrases we suggested. Do bear in mind that if the 20 month old is in the throes of having a tantrum, he may not hear all you say, as we shall clarify now. If he is having a single rage reaction, the same principles can be applied as with a tantrum series of rage episodes.

In Section 2.241, we said that in order to handle them constructively, it is helpful for parents to know that temper tantrums have structure (pattern) and specific features. Overall a temper tantrum mounts gradually, achieves a peak and wanes gradually. If allowed to run its full course, it wanes by exhaustion. Sometimes temper tantrums differ from this pattern, such as they may burst out suddenly; but commonly a tantrum contains one major waxing and waning curve. Superimposed on this major curve are outbursts or episodes of tantrum each with a waxing and waning curve (it is usually the first outburst that may appear suddenly) which has features critical to the handling of a tantrum. As we said, each episode of the tantrum can be understood as having a climbing limb, reaches a peak, and then wanes during a descending limb.

During the climbing limb of this tantrum episode, the child becomes progressively overtaken by increasingly all-consuming feelings of rage which make him or her progressively unable to perceive or register (understand) clearly events that occur outside of the self. Therefore, efforts on the part of the parent (or other caregiver) to communicate with the child, to try to comfort or calm the child during the climbing limb of the tantrum episode, are likely to not be experienced by the child and will therefore fail. Usually during the climbing limb of the tantrum episode, the child will express rage, may flail, kick, and it is well for the parent (caregiver) to simply try to prevent the child from hurting himself or herself or the parent, or things around and to wait until the climbing limb reaches its peak.

Then, during the peak of this tantrum wave, the parent will hear a subsiding, a lessening intensity in the tone of the rage and recognize that the child may be more accessible to what the parent says. At this time and during the descending limb of the wave is when the parent can intervene actively with the child. Here empathic (feeling what the child may feel) calming and comforting with words such as "Get a hold of yourself, Honey" can be very helpful. Calming, comforting efforts when made during the descending limb of the tantrum episode also can be heard and registered by the child and will gradually be effective.

The child may not accept the parent's first efforts at comforting, but these should nonetheless be offered as sympathetically and caringly as possible. Parents (caregivers) who try to calm and comfort during the climbing limb of the tantrum episode will become discouraged by the child's nonresponsiveness. Here it is not simply that the child is rejecting the parent's efforts. This may be so at the beginning of the climbing limb, but once it has gathered momentum, it is because the child is not able to perceive or respond to the parent's efforts. The child's rejection of a parent's efforts to calm and comfort during the descending limb will tend to be directed toward the parent but will make the parent feel that a communication is established, and with caring persistence the parent's efforts will eventually bear fruit. Even though the child may refuse the parent's efforts to calm and comfort during the descending limb, the child will have registered the parent's efforts and these will eventually impact on the child; in other words, the parent's efforts make an impact even when the child refuses the effort. In time, when the balance of love and need for comforting outweigh the transient hate and rage and the child feels, the child will accept the parent's efforts to calm.

We noted in Section 2.241 that 15 month old painfully abused and traumatized Richie would have sudden outbursts of rage, where his whole body seemed to just suddenly uncoil; when 2 1/2 year old Suzy playfully hid the ball. Richie suddenly cried, his body uncoiled from sitting on the floor, and he banged his head on the floor. Alarmed, Mrs. V. rushed to pick him up and gently explained that Suzy was only playing, that she had the ball. Very dismayed Suzy showed it as he looked down at her. Mrs. V. continued to calm him and his outburst subsided. Then a little later, his body teased suddenly arms and legs flailing as he collapsed from the sitting position, crying ragefully because he could not take another child's toy. For reasons not clear to us, again before great-aunt could get to him, her friend Mrs. V. did. She knelt on the floor near him and patting him gently she tried to calm him. Soon his flailing stopped. She continued to pat him say "Boy, you're having a hard day today. But you can't have what Doug is playing with. Here, let's get you something else" as she drew the toy cart to her to select out a toy for him. Having already found Mrs. V. to be someone who seemed to treat him caringly, Richly was quite responsive to her and calmed down. Because we wanted the great-aunt to learn from the good way Mrs. V. had responded to Richie's rage outburst we commented on how well Richie responded to her, how sensitive and sympathetic her effort was and how constructive it seemed to be. Mrs. V., we emphasized, had not gotten angry with him for "falling out" (having a fit) and conveyed that she recognized how awfully upset he felt.

When Richie began to throw toys around or harshly on the floor, his great-aunt got hold of his hands and told him that he was bad. We suggested that he absolutely needed to be stopped as great-aunt did but that he needed help to contain his angry feelings, that this would take time, to tell him to do so, and preferably without conveying to him that he was bad. It is what he did that was "bad", not he. To call him bad would only hurt him and activate more hostile feelings. Sympathizing with his pain would help both of them better, as she demands that he control himself better. Understanding that excessive pain, over many months, was responsible for both his excessive hostility and his inability to handle these feelings seemed to make sense to the caregivers and helped guide their attitude toward him (and the other children).

Thirty eight month old David's tantrum had quite a different origin and context. He too erupted rather suddenly. But it was clear from his tension when he entered the program area that his frustration tolerance was low this morning. His mother, though, just could not have prevented his outburst, even knowing that he was already tense and irritable. He had been able to tolerate being in the stroller on entry to our program area even though he would have preferred to be on his own two feet. She was right to avoid being struck by his flailing and kicking. And we suggested to David that he try to get a hold of himself even though we thought he might not even be hearing what we and mother said then. We felt mother was also right to not let him eat an apple since he had complained of a stomach ache earlier. With our suggestion she told him she didn't want him to eat it just for this reason. She knew her son well, knew it would be difficult for him and she followed our example of telling him its hard to not be able to eat an apple when one would like to. As he calmed some, mother came close to him and said these things to him too. Soon he accepted her offer to hold him as she continued her efforts.

When he erupted the second time, less harshly than the first, he lashed out some. In quick sequence he threw a block at one mother, grabbed his sister's bottle and threw it at her, threw a block at the Instructor and nearly fell off the chair in which he was standing next to mother. We encouraged mother to verbalized as we did. We wished David would talk about being upset rather than throw things. Mother told him he was not to throw things at people and that besides, that mother, his sister and Dr. Parens had not done anything to him. Mother

continued to calm him.

When he soon after began to tease his sister, his mother became angry and told him to stop. We pointed out that David was taking his anger out on his sister, that he was "displacing it from directing it against his mother with whom he truly was angry." Mother said this much to him, in her own words. We felt that her efforts worked when we saw David, on the verge of going further in provoking his sister and mother, asked mother instead, to play a game with him. Very wisely, rather than saying "No, you've been bad!" she agreed and David quieted down. By her considerate handling of his troublesome rage, mother was probably felt by David to be someone who can help him to better contain and gradually decrease the intense rage he felt.

During the descending limb of a tantrum, and 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, be it the parent's prohibition in limit-setting, or if this is not what produced the temper tantrum, the parent may try to learn from the child what is upsetting him or her and talk with the child about the experience. Again we emphasize that during parental efforts to calm and comfort a child is a good time to repeat the setting of the limit because it is more likely to be heard by the child at this time than under conditions when a parent is scolding or rejecting a child.

In closing this section we want to reiterate that the parents efforts at helping the child cope with hostility within the child, be it expressed directly in acts of hostility, or be it expressed in a pleasurable expression of hostility, namely in teasing and taunting (as we shall describe below), or be it in the form of a tantrum, the parents efforts will bear fruit. It will help the child cope with feelings of hostility toward the parent which are unbearable to the child. As we shall detail in Section 2.2531, hate toward one's parents creates much anxiety in children and leads to their developing defense mechanisms to cope with both the anxiety and the hate. Some of these defenses activate good ways to cope. Others can create large problems for the child, including the inhibition and therewith the blocking of aggression which is needed for healthy adaptation, learning, and the development of a sense of self and of identity.

#### On Handling a Young Child's Teasing and Taunting:

During a home visit to an 18 month old boy and his mother, we observed a remarkable episode of teasing. We have seen many lesser moments of teasing during the second year of life but this one will serve us well. 18 month old Jacky had a 19 month old friend over for a while and Jacky's pregnant mother was caring for the two of them. Following them from a distance, we noted that Jacky's 19 month old little friend had pulled out a small plastic bath tub from under Jacky's crib. For reasons not clear to us, this upset Jacky and he pushed the tub back under the crib. No sooner had Jacky done so, that his little friend, an impish smile on his face, pulled the tub out again as he looked provocatively at Jacky. Jacky whimpered and with some anger pushed the tub back under his crib. Again, his little guest, impishly smiling, looking at Jacky, pulled the tub out. Jacky now angry, pushed him and shoved the tub back under the crib. Jacky's mother had followed us and saw what was going on. She asked the often encountered concern "He's not my child, should I scold him for doing this to Jacky?" We suggested to mother that since the child was her guest, she had the responsibility of protecting her little visitor against doing things harmful to himself or others. She also needed to secure her Jacky's well-being. Therefore, we suggested, she should deal with it according to her philosophy of child rearing. "When in Rome, do as the Romans do" goes the saying. Mother could demand that her

little guest do as she would have her son Jacky do. We chimed in too: "Heh, Michael, that is not a nice thing to do to your friend Jacky. How would you feel if he teased you?" Michael was a bit taken aback. "Look Michael, we wouldn't let Jacky tease you, and you are not allowed to tease Jacky; understood?"

We did not know why Michael did this to Jacky. And we are uncertain as to why Michael's action upset Jacky so. For now what matters is that children should not be encouraged to and should not be allowed to tease others. Teasing need not be an awful thing to do. But it must be recognized for what it is: it is always hostile, more or less. And it often is due to the displacement of hostile destructive feelings onto someone other than the person who instigated the hostility in the child in the first place.

We should add here, that parents teasing a child is an act of hostility. It can sometimes feel playful to the parent; it seldom does to the child. There are far better ways to be playful with a child. We recommend that parents not tease their children because it invariably hurts and humiliates the child.

## THE PRESCHOOL YEARS (3 to 6 YEARS)

### 3.24 THE DEVELOPMENT OF AGGRESSION (Assertiveness and Hostility)

Aggression is essential for successful adaptation, for emotional health and well-being, and for the protection of one's rights and property, and for the attaining of our goals. At the same time, it can cause much hostility, hate and destructiveness and be enormously problematic for both child and parents. It was so as it emerged during the first years of life, it continues to be so as it undergoes new developments during the three to six years period, and it will still be so for years to come. The better the early developments of aggression, the more stable nondestructive aggression and the better modulated and controlled the hostile aggression, the less troublesome and the better its later developments and the emotional and personality developments it brings about and serves.

As we have explained in prior Units, we think of aggression as consisting of two major forms, namely **nondestructive aggression** which motivates assertiveness and goal directed behavior, and second **hostile destructiveness** which is what gives force and character to anger, hostility, hate, cruelty and rage reactions. Both types or trends of aggression evolve due to specific maturations that are typical for this age period. We will detail these as we discuss each type of aggression in the sections that follow.

Important is this: because a healthy degree of nondestructive aggression which fuels assertiveness and goal-directedness is essential for healthy emotional (psychological) development, and this trend in aggression is bound up with the hostile destructive trend which creates enormous problems for child and parent, it is essential that parents take on the enormous responsibility and task of helping their children cope with both trends constructively. This means that hostile destructive experiencing, which gives character to the negative affects (anger, hostility, hate, rage, etc.) is most challenging for the parents to handle. In this chapter we will address this point especially.

Equally important is how to handle nondestructive aggression. How to foster its good development into a healthy degree of assertiveness and goal-directedness, will also concern us here and be addressed. Our key concern will be: how to foster the capacity to be constructively assertive and how to help our children learn to control and mediate constructively their feelings of anger and hostility so as to make their own lives more pleasurable, more successful in a constructive way, less hurtful and destructive of themselves as well as those they love.

One more word before proceeding. The model of aggression we use (which grew out of our research in the development of aggression<sup>12</sup>) holds that children are not born feeling or having accumulated hostile destructiveness. They are not born hostile, hating or full of rage. They are, however, born with the mechanism or system which when activated by specific experiences will produce (or generate) hostile destructive feelings. The specific experience which activates this inborn mechanism (or system) is "excessive unpleasure", which means excessively felt emotional or physical pain. Anything the child feels to be too painful to tolerate at any given moment, whatever the experience may be, will generate hostile feelings in the child. The most common experiences in early childhood are too hurtful deprivations (physical or emotional), too hurtful frustrations, personal insults and abuses, (verbal or physical) physical

injury (accidents, doctors' needles), or very painful emotional feelings like anxiety, panic depression, shame and guilt. We therefore say that hostility, hate, rage, and other such feelings come from the life experiences we have from early life on. The 3 to 6 years period brings with it unavoidable experiences the child feels as too painful **even in the best of life conditions**. These experiences include disappointments and frustrations which we shall detail.

<sup>12</sup> This work is reported in the following references:

Parens, H. (1979). *The Development of Aggression in Early Childhood*. Northvale, NJ: Jason Aronson.

Parens, H., Scattergood, E., Singletary, W. & Duff, A. (1987). *Aggression in Our Children: Coping with it Constructively*. Northvale, NJ: Jason Aronson.

Parens, H. (1989a). Toward a reformulation of the psychoanalytic theory of aggression. In: *The Course of Life, Vol. 2.*, ed. S. I. Greenspan & G. Pollack. New York: International Universities Press, 2nd ed., pp. 643-687.

Parens, H. (1989b). Toward an epigenesis of aggression in early childhood. In: *The Course of Life, Vol. 2*, ed. S. I. Greenspan & G. H. Pollack. New York: International Universities Press, 2nd ed., pp. 689-721.

Other references on this work are not listed.

Common also but variable is the continuation of battles of wills between child and parent(s) and the limit-setting that are required to protect and socialize the child. Then unfortunately too common are the stresses and strains that come with poverty, with hostility and fights between parents, with abuse, separations and divorce, with serious illness of child or parent, with mental illness in parents (like depression), alcoholism and drug addiction, and other life stresses. Of course high on the list of what generates hostility and hate in children are child abuse, whether emotional, physical or sexual.

### 3.2411 HUMAN DEVELOPMENT: Aggression

#### Nondestructive Aggressive Behavior, Assertiveness, Goal-Directedness:

Contrary to common expectation, researchers in the development of aggression have found boys and girls under 3 years of age are equally assertive, demanding, and when they are allowed to reasonably express themselves, are equally persistent in making their needs and wishes known to those who care for them. Studies show this occurs more with the child's own parents; children with substitute caregivers are less likely to persist in making their needs known and are less able to be demanding. Girls and boys under 3 pursue their goals with equal vigor; it is readily evident in their activities. Inborn dispositions, not gender differences, makes for a child's being more or less demanding and assertive at the beginning of life. This innate tendency to be assertive, to be goal-directed furthermore can be supported and can be interfered with. Many factors can interfere with the child's continuing to sustain a healthy degree of assertiveness and goal-directedness, including the child's fear of his or her own inner pressure to be assertive which may arise from accidents or injuries that may have occurred in the course of pursuing and persisting say in climbing up the stairs and falling, or in coming to some mishap in the course of pursuing self-initiated activities. A second major source of interference can come from a child's having been told too many times that he or she "Can't do this, can't do that", over

and over. A third interferer with the development of healthy assertiveness is the child's having been insufficiently told that he cannot do this or cannot do that; take for example the child who hurt himself by playing with an electrical outlet from which he got a very powerful jolt and was insufficiently protected by his caregivers during this activity. Another interferer may be the child's having been shamed for his/her behaviors excessively, to a discouraging degree.

A new interferer to the ongoing development of sound, adaptive assertiveness which is specific to the 3 to 6 years period is guilt. Guilt is a major by-product of developments which occur during the three to six year period (see Section 3.23). It is of major concern to us now; we will discuss this below, under "The Upsurge of Aggression Arising From the Family Romance".

Yet another obstacle to a continuing healthy development of nondestructive aggression is the quantity and quality of ongoing battles of wills that occur between child and parent(s). The battles of wills, which unavoidably follow upon the child's inner push to do things himself or herself, what we call the thrust to autonomy which lead the child into doing things for which parents need to set reasonable limits, continue into the three to six years period, already fairly well patterned between each child and his/her parents. Battles of wills have been going on to a greater or lesser degree now since the end of the first year of life in many children, have been worked on by both child and parents for this long and continue as indeed they will into adolescence. Major efforts have already been made by the child and the parents to deal with and where possible prevent battles of wills, and much has already become internalized and patterned in the child's mind and personality. Now the 3 to 6 years period offers further opportunity to add to the constructive evolving of the child's handling his/her goal-directed behavior, the handling of assertiveness in a situation of disagreement, and ample opportunity presents both in the child's relationships to his/her parents as well as in relationships to siblings (particularly) and to peers to further secure and develop a healthy capacity for assertiveness.

Of course, hand in hand with the development of nondestructive aggression, which motivates assertiveness and goal-directedness, in these ongoing battles of wills there will also be ample opportunity to deal with the child's hostile destructiveness in its varied forms and degrees, be it anger, hostility, hate, cruelty, or rage reactions.

During the 3 to 6 years period, the child shows evidence of two major maturations in aggression. These are readily discernible, important for normal development and determine special features in the child's personality. The combination of the child's biological endowment and of the parents' (caregivers') handling the child's behaviors are, as is the case with so many aspects of the child's development, most determining of how these genetically determined maturations will unfold. The first is an upsurge of aggression which is found to a larger degree in boys than in girls, and is believed to be a masculinizing form of aggression. The second is a powerful increase and change in hostile destructive aggression resulting from the family romance which brings a heightening of hate and ambivalence in both boys and girls. We emphasized this development in our discussion of the family romance in Section 3.2311. Let's take up each of these two types of aggression in turn.

#### The Upsurge of Masculinizing Aggression:

Clinicians and researchers of early childhood have long recognized a particular form of aggression which becomes evident in boys' behaviors particularly during the 3 or so to 6 years period. When 5 1/4 year old Bernie and 5 3/4 year old Tom play together one of their common games includes much "showing off" of their assumed strength and power. They push and test

themselves physically against one another. They race (by foot or with toy cars), they wrestle, and above all they do a lot of posturing, exhibiting their arm muscles to each other. There is much energy that goes into this play. Often, when they do this in Bernie's home, his Mom ends up telling them to stop being so noisy and stop acting like apes. As do many boys this age (and older as well) variations of King of the Mountain game best illustrate this inner push of usually non hostile aggression; it leads to much competition but it is primarily to show that the boy is stronger, more powerful than others, than to hurt or destroy. There are of course times when Bernie or Tom goes a bit too far with the other and then, hurt and angry, hostility breaks out and they fight. But they are pretty good with each other and they seem to always make-up and have been friends now for about 2 years.

Some clinicians as well as direct observers of children have also found some degree of this kind of aggressive behavior in girls, but more recent research suggests that this is an important development in the masculinization of little boys. The kinds of behaviors which show this emerging type of aggression are the little boys' commonly found rough-housing, pushing into objects and people, adopting postures that seem reflective of large muscle activity which can be seen in their games as well as even in their walking, namely adopting a he-man like stance or an ape-like stance, brusque play with crashing of trucks and cars, all in all an exhibitionistic, penetrating, intrusive, ramming, heavy muscle movement type of aggressive behaviors. Some theorists propose that this kind of nondestructive aggression, we emphasize that this is not hostile aggressive behavior (though it often does lead to hostile behavior), may be an essential development which parallels the sexual developments we talked about in Section 3.2311. Some have proposed that this aggression is essential for the masculinizing process in boys, and is an essential part of the gender-self development evident in boys during this developmental period.

In girls, during this same period, one often finds a trend in quite another direction with regard to heaviness in movement, in physical pressing, pushing, heavy large muscle movement behaviors. In fact some girls, like 4 1/4 year old Diane, who during the first two years of life are quite chunky and robust, seem to acquire a lessening of such movement robustness, become apparently lighter on their feet, some acquiring movement and posturing characteristics of a feminine type we commonly find in adolescents and adult women. Robust 2 year old Diane, at 3 1/2 sashayed up to her father and fluttered her eyelashes! We assume that again, the influence of the differentiation of the gender-self, in the girl of course toward feminization, plays an important part in the form taken by this nondestructive trend in aggression. It seems that girls generally do not acquire this masculinizing aggression which contributes to the beginning distinction that can now, during the 3 to 6 years period, be made. We can now more readily than before tell if a child is a girl or a boy.

In sum, it does seem that masculinization of the boy brings with it a change in nondestructive aggression which creates a distinction between boys and girls, to a greater or lesser degree depending on the biological endowment of the particular child. It does seem that the masculinization of the boy brings with it this modification in aggression toward the kind of exhibitionistic, narcissistic (self-aware, self-admiring) large muscle and prowess- displaying behaviors which in their extremes one finds in some sport figures and in machismo behaviors in males.

We want to emphasize that this development in nondestructive aggression, in boys especially, does not mean that there is a lessening in degree, level, intensity, or capacity for nondestructive assertiveness in girls. There is an increase in apparent forcefulness in boys' assertive behaviors due to the change in the form of expression of assertiveness without there

being an increase in the capacity to be assertive. In other words, little girls continue to be as assertive and goal-directed as are boys, continue to show evidence of nondestructive aggression as do boys, but the forms of their expression of assertiveness differ. Although some may argue that boys under 6 years are overall more aggressive than girls under 6 years, some researchers of aggression propose that differences in the expression of nondestructive aggression, of assertiveness and of goal-directed behaviors formed between boys and girls lie more in inhibitions of assertiveness than in the assumption that boys are more assertive than girls. While the forms of assertiveness may give the impression that little boys are more assertive than girls, these researchers propose that inhibitions of assertiveness are more likely the product of what we will discuss in the next paragraphs, namely inhibitions arising out of ambivalence and guilt.

#### The Upsurge of Hostile Aggression Arising from the Family Romance:

We described in Section 3.2311 how the remarkable early development in sexuality brings with it the enormously important evolving of gender in oneself, of the gender-self (the masculinization of the self and the feminization of the self). We also described how the development of infantile sexuality brings with it, in the child's mind, a complex family romance, experienced by every boy and girl with his or her mother and father. This family romance brings with it much hurt feeling due to disappointment, frustration, jealousy and, as a result, this hurt generates or produces hate toward the parent of the same sex whom the child loves. Hating someone we love (which is ambivalence) leads to guilt. This is especially so when the hated person is a loved parent. We have also emphasized how this painful conflict and the unavoidable increase in hostile destructiveness it brings, surprisingly perhaps, is enormously salutary due to the highly beneficial developments it activates within the child. We will talk further in Section 3.25 on the adaptive functions it instigates and in Section 3.26 on the critical development of morality and conscience which this conflict generates. For now, let us look at the increase of hostile destructiveness which comes with this family romance.

Both boys and girls experience such an increase of hate. 4 year old Johnny did not want the father he loved to come home for dinner. Although it was his mother who was frustrating him by saying she was glad her husband was coming home for dinner, Johnny was most angry about this with his Dad. 4 year old Jennifer got into many battles with her mother over not wanting to go to bed before everyone else in the family, told her mother she hates her, appeared jealous (of Mom and her brother), disappointed and angry that she could not have a real baby, and was mortified when asked in front of her mother who she said a few minutes before she is going to marry. All these caused Jennifer too much pain (excessive unpleasure) and generated in her feelings of hate toward her mother especially. She was more angry then with her mother than her brother Mike whom she envied for a number of reasons. And 4 1/4 year old Diane must have been furiously jealous of her mother that she dumped her powders and perfumes in the toilet on 3 occasions. She was also indignant with her Dad and jealous of her Mom that Dad brought Mom a dress and not Diane, until she complained hurtfully about it. And she was jealous of Mom that Dad took Mom dancing and to the movies but not Diane. Diane and her Mom had many a disagreeable moment together with Diane being especially nasty with her Mom. And then, there was Gloria who jokingly said she was ready to ship out 2 1/2 year old Jane for a year. Their relationship had been so good for the first 2 years and now had gotten very difficult with much nasty feelings expressed by Jane toward Mom.

In both boys and girls, the hate generated by intense feelings of hurt, in turn brings with it

anxiety and guilt. Feeling guilty especially leads the child to direct much of the hate she or he feels toward the self. The increase in hate is large, usually leads to hostile fantasies, wishes and behaviors toward the parent of the same sex. Because of the anxiety and guilt, the child will deal with her or his hate in a variety of ways, including discharging it on people other than the hated (and loved) parent including particularly siblings, but also onto others. Rivalries which of course already exist between siblings will now intensify as will rivalries with peers. Nonetheless, the largest consequence of this increase in hate will be an increase in difficulty in interaction with the parent of the same sex and intense guilt in the child.

Research on the development of aggression and clinical experience with children has led some researchers to propose that hate and large loads of hostility within the child play a large part in the development of the child's personality, the quality of relationships, the quality of intrapsychic (within the mind) conflicts, with serious consequences to the capacity to adapt, and specifically the capacity to be assertive and goal-directed. The part this hate plays is especially through the experience of ambivalence, namely hating someone we love. This is so because the hate gives rise to guilt which then becomes a major inhibitor of healthy nondestructive aggression, assertiveness, and goal-directedness which are needed for healthy adaptation and development. Given then that ambivalence may be the initiator of such inhibitions, the following model is important for parents and future parents to take into consideration.

Some researchers have proposed that the child begins to experience ambivalence in the course of battles of wills (which principally arise out of the child's need to do things himself or herself, all due to the child's large thrust toward autonomy). This develops between child and parent from the end of the first year of life on with a greater or lesser degree of intensification of these battles of wills during the second and third years of life. The ambivalence these battles of wills generate is experienced by most children, both boys and girls in their relationships with their mothers. Throughout cultures, because they are most commonly the young child's principal caregiver, mothers tend to be the principal limit setter with young children. It is the mother, therefore, who because she thwarts her child with protective limits becomes first hated by the child who loves her. The first experiences of ambivalence then for both boys and girls are in their relationships with their mothers. We can assume, given the trend of fathers becoming more involved in the care of very young children, that battles of wills will occur with fathers with greater frequency than we have seen in the past and that this may lead to these early feelings of ambivalence to be attached then to both mothers and fathers. Up to now, however, these large feelings of ambivalence in both boys and girls are first experienced toward their mothers. This is one of the factors that makes being a mother extremely difficult.

Now then, during the 3 to 6 years period, the family romance brings with its own harsh conflict due to ambivalence. In this case, however, the ambivalence on the part of the girl tends to again be primarily experienced toward the mother; whereas, the boy tends to experience this ambivalence mostly toward his father.

Although this is a simplified model of what happens in every boy and girl, it does nonetheless shed some light on a major interferer, a major obstacle, with the maintenance of a firm capacity for nondestructive aggression, for assertiveness and goal-directedness. Some researchers have suggested that the following hypothesis may be helpful toward understanding why assertiveness tends to be more inhibited in girls and women than it is in boys and men: given that the girl experiences her conflict due to ambivalence arising from her autonomy conflict with her mother, and also experiences her family romance conflict of ambivalence, again, with her mother, the guilt produced in her toward her mother is greater than it is in the

boy. This is because the boy's conflicts of ambivalence are distributed between both parents: he experiences his battles of wills ambivalence with his mother, and his family romance conflict of ambivalence primarily with his father. It is possible then that the girl's guilt is more focused and intense by virtue of this polarized distribution of ambivalence, and that it therewith leads her to experience greater inhibition of her assertiveness (nondestructive aggression).

#### Sibling Rivalry Continues:

As already suggested, the increased load of hostility toward the parents which come from the family romance, is often, at least in part, displaced onto siblings. This will intensify the hostility toward siblings which is already there from the child's prior history.

#### Rage Reactions and Temper Tantrums:

Those children who are particularly vulnerable to rage reactions and tantrums and have experienced them especially in association to battles of wills (conflict of autonomy) in the past, may now find the increase of hostility coming from their family romance to create an especially harsh situation for the child in the following manner: a child who experiences rage reactions and temper tantrums by age 3 has already internalized much hostile destructiveness in the form of hate toward those in the child's environment as well as toward the self. Here again then the increase of hate that comes from the family romance is likely to intensify the guilt reaction with a further intensification of hate toward the self, higher levels of guilt, and the possibility of producing neurotic symptoms in such children is facilitated.

### 3.2412 CHILD REARING: How to Handle Aggressive Behavior Constructively

#### Nondestructive Aggression, Assertiveness, Goal-Directedness:

Helping the child secure a healthy degree of assertiveness and goal-directedness and the capacity to use nondestructive aggression when needed, applies to both boys and girls. It is well to be wary of the assumption that boys need to be assertive more than do girls. This is highly questionable and is well known by mental health clinicians to be problematic. That is to say, it is equally important for girls and for women to be able to be assertive in constructive and self protective ways. It is therefore, cautioned that parents not simply accept girls 3 to 6 years of age retreating from pursuing their goals, pursuing their wishes and their needs, and backing down too easily in the face of obstacles. We emphasize that we do not mean that boys or girls should be encouraged to be hostile, or to take from another child what belongs to that other child, or to provoke other children into hostile reactions toward themselves. We mean that parents will serve themselves and their children well if they support positively a child's constructive assertiveness, a child's standing up for her rights in interactions with others.

#### Continuing Battles of Wills (Resulting From the Child's Thrust to Autonomy):

By now the parent knows the child's patterns of eliciting limit-setting, of bringing about

battles of wills, and how the child deals with them. 4 year old Jennifer's mother knew that when bedtime came, Jennifer would give her a hard time. She felt she knew her daughter pretty well. It is true that while she knew her daughter was giving her a hard time, this good mother was not as aware that her daughter too was really having a hard time accepting the frustration and disappointment of having to go to bed before the others. But mother did well with the limit setting. She found after a number of trials that did not work so well, that when she was more firm with Jennifer, not more hostile, more firm, that the struggle of getting her to bed was shorter. "Look Jennifer no more arguments; it's time to go to bed!" worked well. Mother used to reason with her, explain why Jennifer needed to go to bed at that hour (to get enough rest), which was very good. But it was mother's pleading, almost begging Jennifer to go to bed that just did not work. It usually does not work with children. When Mom came to see that being firm does not mean being nasty (hostile), she could be firm and did not feel she was hurting her daughter. Jennifer did not like Mom's being firm; but it worked much better than her pleading. Actually Jennifer really did not like Mom to plead with her as if she felt "Moms shouldn't do that."

Diane's mother too had her hands full with her daughter. She was shocked by Diane's dumping her powders and perfumes. That did take her by surprise. She was angry with Diane and really let her know. She did not hit her. She said she was really mad with her for doing that. "How would you like it if I threw away the nice (little) purse Dad and I bought you?" The second time Diane threw mother's powder out, Mom almost lost it. This time she told her: "That's a mean thing to do, it's not fair; and I'll have to think twice next time you ask me to buy you something you want. Maybe I'll need that money to buy new powder." When Mom saw that Diane felt bad she calmed down some. "Don't do that again! You hear me?" Diane nodded. But then, 4 year old Diane did do it again, and this time mother told her she had gone too far and that she would talk to Dad about punishing her for this by not taking her to the movies like they had done a month ago.

5 1/4 year old Bernie was pretty mad at his mother that she did not invite his favorite neighbor to visit. But they worked it out pretty well. Mom told him she did not feel it was a reasonable thing to do and after some back and forth he did get the idea that Mom would not do that. He knew his Mom pretty well, and she knew him pretty well too.

The 3 to 6 year old child is still learning how to mediate her or his thrust to autonomy (feeling pressured from within to do things oneself and to go after what one wants and needs). He or she needs continuing help and parents need to be tolerant of the fact that such battles of wills are still continuing. It is well known to people who have reared children through adolescence that battles of wills continue throughout the child's development, and that there is a continuing need for parents to deal with these in constructive and growth-promoting ways. That is to say, there is a continuing need for explanations when setting limits, reasonable firmness and distinguishing between setting limits and punishing (see Unit 2, for a discussion of growth-promoting limit-setting). There is the continuing need for the parents to use their judgment as to when to explain why certain behavior is unacceptable and when enough explanations have been given. The parent has to use her or his judgment as to how quickly to proceed from limit-setting to forewarnings of and eventual punishment (depending on the child's history and sensitivity to parental prohibitions). It is as true now as it was before that loving a child is not enough; that respecting the child as a human being is necessary from infancy on. No where is the need to respect the child required more than in setting limits. This is so because setting limits always goes against the child's sense of being a self, a person with value and rights. This is a time when the child must give in to the authority's wishes. Without feeling respected a child can then feel

humiliated which generates hate toward the limit setter.

It is equally important to remember that firmness in a parents' setting limits does not mean to be hostile. To be sure, all parents get angry with their children, it seems unavoidable; but it is important to remember that whatever the child's apparent reaction, parental anger frightens the child and makes the child feel very bad, be it that the child feels shame or guilt. And when parents love and respect the child the parent's anger toward the child will leave no harsh consequences so long as that anger is reasonably expressed by the parent.

#### Gender-Self Development and The Role of Masculinizing Aggression:

Many normal little boys act the "macho" way 5 1/2 year old Bernie and Tom do. They show off their muscles (little as they may be but awesome to them nonetheless), strut as if they were big and powerful, act gruff and full of energy. The parents' reactions are important. Some mothers and fathers like to see this "boy-like" behavior in their sons; some do not. Mothers who have been hurt by men may find this aggressive behavior offensive and discourage or even reprimand their sons for it. There is a risk there. Some child developmentalists say that this type of aggression is a key factor in the masculinization of the 3 to 6 year old (and even later age) boys. Bernie's mother did no harm to their masculinization when she told Bernie and Tom they were getting too noisy and acting like apes. She was telling them to contain their behavior, to not let it get out of reasonable bounds. If she had looked disgusted and told them she "really hates it when Bernie shows off his puny little muscles and is acting like a disgusting bully", Bernie's pleasure in experiencing his masculinization might have stopped. Such experiences repeated a number of times, in some boys could interfere with the fuller evolving of their masculinization. The boy's inborn endowment plays its part in this; some boys would not be held back from sufficient masculinization by a parent's, especially a mother's (not fully aware) disapproval. Some may; some have.

We want to note here that we are speaking of the role of masculinizing aggression in the boy's gender self development and of the boy's need for parental guidance and approval in how this aggression shows itself in his behavior. Children need their parents' approval of their being a boy or a girl. Bernie needed to contain the degree to which he became noisy and acted like an exaggeratedly rough he-man; but his mother did not disapprove of his and Tom's better contained noise-making and rough-housing. In fact she thought they were really cute. So too, when Diane sashayed up to her father and fluttered her eyelashes, her father was surprised. But he too thought she was really cute, essentially approved of her feminine behavior, but did let her know that he could not take her dancing but when she got older he was certain that some very nice boy friend would. Father also let Diane know in no uncertain terms that her dumping Mom's powders and perfumes was totally unacceptable. She was not happy about his disapproval of this aggressive behavior.

Note that the point we are emphasizing here is that boys and girls need their parent's approval of their becoming and being a boy or a girl, respectively. In this the mother's approval of her son's masculinization and a father's approval of his daughter's feminization is of special importance; it is especially so during the 3 to 6 years period and during adolescence. Note also that in her behaviors, Diane was quite ably assertive with both her father and her mother.

Parents who look closely enough will most likely see the types of behaviors which pertain to the influence of "masculinizing aggression" on the behavior of boys. Similarly, observing parents will find the influence of feminization on their girls, in each case to a greater

or lesser degree depending on the biological endowment and inherent tendencies in their specific child. Like all other inherent tendencies in children, namely those tendencies toward behaving in certain characteristic ways which are the product of their biological endowment, respecting these particular inherent tendencies in a given child will, of course, facilitate the child's adaptation, development of skills, and sense of inner comfort.

It is however the case that in some children, parents need to foster tendencies toward certain ways of behaving which may not seem to be typical, easy, or "natural" for a given child. For instance, a 4 year old boy who tends to be afraid of a ball that is tossed to him, or of swinging a bat, or like Doug's fear of swimming, or Bernie's fear of trying to ride a two wheel bicycle, may need to be encouraged to do such things. Fears like that experienced by Doug and Bernie did not seem to come from their lack of masculinization, but rather from their fear of injury to valued body parts. But some 5 year old boys who seem to fear falling, or fear getting into some rough-housing and tend to prefer to play with soft toys rather than cars and trucks, tinker toys and Legos, that tend to carry themselves in a soft "feminine" manner, may need encouragement toward "masculine" activities and behaviors. The cues may be subtle but parents do tend to have a good feel of when a boy seems to show insufficient masculinizing aggressive behavior.

Interestingly, parents tend to be less troubled by 3 to 6 year old girls behaving in what we all tend to feel are masculine-like ways than by boys behaving in feminine-like ways. Mental-health clinicians tell us that parents are more alarmed by boys who do not manifest masculinizing behavior tendencies, a factor which may reflect our general appreciation of the importance to the boy of "masculinizing aggression" in the development of his gender-self.

Caution needs to be exercised by parents when in their efforts to facilitate masculinizing or feminizing tendencies, respectively in their boys and their girls, that they not ridicule, shame, or humiliate the child. Although shaming techniques are commonly used by parents, and under certain conditions work to the child's advantage, in general, shame can be very discouraging, hurtful, and provoking of hostility within the child. Shame often leads to hostility toward the person who shames the child but it also leads to the child's hate being turned against the self, thereby intensifying self-depreciation. Facilitating weak tendencies in children needs support, respect for the child, recognition of that child's tendencies, explanations that the child will feel better if he or she learns to feel more like a boy or feel more like a girl. We should add that parents concerns about insufficient evidence of masculinizing aggression as well as, but less so, feminizing tendencies in girls, should be taken seriously and where concerns persist, professional consultation is advised.

#### Handling the Upsurge of Hostile Aggression Arising From The Family Romance:

In order to cope with the marked upsurge of hostility and hate which emerges in children from about 3 (and earlier) to 6 years of age toward the parent of the same sex, it is important for parents to know the normal nature of the family <NOP> romance which each child experiences (see Section 3.2311). It is important to not disregard this increase in hostility and to deal with it in growth-promoting ways. This means of course that parents need to handle their children's hostility and hate, their quite normal jealousies and the conflict producing ambivalence which comes with these.

We have emphasized throughout that the parent must respect the child; so too do we aim for the children to come to respect their parents. This means that expressions of anger, hostility,

and hate while permitted because they are normal feelings all children have, these expressions should nonetheless have reasonable prescribed limits. That is to say, the parent should not accept insults from a child, verbal or otherwise. Of course, we all experience as insulting words and actions differently. It is important to be able to allow the child to verbalize feelings of anger, hostility and hate toward the parent, so that expressions such as Jennifer's "I hate you" while hurtful to her mother is a statement of feeling which in and of itself is not insulting. Were Jennifer to accompany her "I hate you" with pejorative name calling such as "bitch" or other words 4 year olds become capable of, that should not be permitted. Jennifer's "I hate you", by being a clear expression of feelings she has makes it possible for her to better deal with these feelings and makes the assignment for her parents of what to do very clear. As we have said before, telling a child "I know you don't mean that" is not helpful.<sup>13</sup> It leads to the

<sup>13</sup> See Unit 2, Section 2.2412 for a fuller discussion of the reasons it is not helpful. child's not being able to accept feelings she cannot prevent herself from having, feelings she needs to know she has in order to learn to govern them age-appropriately, and more.

We must understand that it is excessive displeasure (pain) that leads to our feeling hostility and hate. Feelings of hostility and hate are normal reactions to excessive hurt, to hurt the child cannot tolerate. And, in order for a child to get over feeling excessively hurt, it is best (according to mental health professionals) to help the child express her (or his) reaction in acceptable ways. The parent does not help when she says "I know you don't mean that" because it is equivalent to saying "Don't have the feelings you can't help having", or "You're a terrible child to mean that", or "If you do mean it then look out, you're in deep trouble, etc."

Although Jennifer's mother got upset when Jennifer said she hates her, she told Jennifer "I get pretty mad at you too kid! Hopefully you won't hate me tomorrow." That was not bad at all for a parent to say.

Two notes here. First, it is unavoidable that when a 3 to 6 year old says "I hate you," parents are hurt and feel angry with their child. There are many things children do that make parents angry with them. "I hate you" is one of them. Resisting parents' limit-setting is another big one. It is quite normal for parents to occasionally get very angry with the children they love. It is quite normal for parent to momentarily feel furious and think: "Why did I every have this rotten kid!" or even "I could kill the ...!" It is, of course not ok to say that to the child nor to lash out of control at the child. Most parents, emotionally pretty healthy parents, feel this for a flash. The thought of killing their kid does not stay in their minds for hours. It is a fact that a child's feelings of ambivalence toward the parent taps into and activates the parent's feeling of ambivalence toward the child.

The second note has to do with just this. The infuriated parent's thought does not last for hours, it is momentary, it comes and it passes. And when it passes, the parent's love feelings for the child are felt again. The same holds for the child. Jennifer's hate is episodic. She hates her mother at that moment. She also loves her mother dearly. Her mother would have done well to say: "I guess you hate me right now. I'm not always thrilled with you either. But I am glad that most of the time you love me, and that even when I'm mad at you I still love you. I'm glad you love me a lot more than you hate me." Of course, the parent who has a good enough love relationship" with her child has the great advantage of being believed by her child.

The handling of anger, hostility and hate should not follow only on the child's overt expressions of them. Parents can help their children in drawing the child's attention to behaviors

which suggest that the child is feeling angry, hostile and hateful even when the child does not clearly express these. For instance, it can be enormously helpful if a parent, recognizing that the child is being hostile and hateful, to raise the question with the child as to what could be going on that is making the child behave in ways that suggest something is making him or her very angry and very upset. For instance, Bernie's mother was troubled by his not wanting to share his toys with Suzy and Tom who had come to his house to play. She did not help him just by scolding him and telling him he did not deserve such nice friends. Even though she seemed to have no idea what made Bernie angry, and many times neither the parent nor the child knows (consciously) what makes the child angry at this moment, it would have been helpful to help Bernie see that he did not want to share his toys today because something made him angry. "What's going on Bernie? Something must be upsetting you that you don't wanna let your friends play with your toys. What's up?" This could have led Bernie to think about what was causing his anger. Even if Bernie answered "Nothing" or "I don't know", mother's approach guided Bernie to think about what he was doing and try to know why. Behavior is always motivated by some idea, some reason; it is well for children (and parents) to know this. To get a child to think "What is making me angry?"; and, better still; "What is hurting me that is making me angry now?" is a powerful way to guide a child to understand his behavior and solve whatever problem may be causing it. The child who is just told "You're bad", is not guided to understand why he does what he does that gets him into trouble.

In dealing with the 3 to 6 year old child's hostility, caution is warranted in getting into talking about issues that pertain to the family romance. Children often experience their fantasies as very private and fear explorations of them by even a well-meaning parent. Sometimes, even very overt behaviors, like 3 year old Johnny's wondering why his father needed to come home for dinner, or nearly 4 year old Diane who sashayed up to her father and fluttered her eyelashes, even such overt manifestations of the child's family romance need to be addressed very cautiously with regard to the expressions of hostility, jealousy, rivalry. Such feelings automatically create in the child a need to deny having them, given that they cause the child much distress. Therefore addressing what may be causing the child's hostility and hate must be done cautiously. It is not well for Johnny's father, for instance, to declare to his son "I know you would like me out of this house and never see me again so that you could be all alone with your mother!". This would be highly anxiety producing, guilt producing, as well as frightening. Similarly Diane or Jennifer's mother's saying even gently to her daughter "I guess there are times you wish I would die because you would like to marry your father" would also produce much fear, anxiety, and guilt in the child. The distinction to be made here is that while honesty in human interaction is securing of trust and is highly desirable, sometimes stating what one can read in a child's behavior can be experienced by the child not as honesty but as the opening of a topic the child is not yet able to handle even with help from Mom<sup>14</sup>, may be felt to be intrusive, an invasion of the child's privacy, and thereby be hurtful. For example Johnny's Dad and Mom could sympathetically say "It's nice to be alone with Mom, isn't it." Mom could add "I like being alone with Dad; you'll like being alone with your wife when you get married." Dad could say that he too "likes to be alone with mom and is sure glad she is his wife". The usefulness of this is that it addresses Johnny's conflict indirectly and sympathetically. And it sets the record straight, putting reasonable doubt in the child's fantasy that he can marry his mother.

Diane's mother had a difficult task. She was able to set limits with Diane (so could Jennifer's Mom), but she knew (from talking with us) that she could not just say to her: "You threw my powders and perfumes out because you're jealous of me for being

<sup>14</sup> Parents usually cannot openly and directly help their children with the child's family romance conflict because they are the object of the child's jealousy and hate, as well as of love. Commonly, the child just cannot talk about this with his or her parents. Jennifer's mother was married to Dad". That would have been true. But it could have been much more than the child is able to admit to herself or to her mother. Recall that Jennifer was mortified when asked in the presence of her mother to repeat who she had said she wanted to marry. Telling Diane to think of the possible consequences of her actions before she does such an unacceptable thing as throwing out mother's valued possessions is helpful. So is to tell her she is being unfair and mean to mom and she needs to think about what is making her do such unacceptable things so she can stop herself from doing them. "You have to control yourself better," would help too. "You're jealous of me", would not. And, when such intrusions are accompanied with hostility they can even be more harmful.

On the other side of the issue, is the fact that children need their parents help in handling their anger, hostility and hate in constructive ways and there will be many occasions for such help during the 3 to 6 year period.

#### Handling Sibling Rivalry:

The handling of sibling rivalry continues to be required of parents, given that it will also be amply evident during this developmental period. Jennifer's mother was helpful to her when she told Jennifer she just cannot play with her 7 year old brother Mike's things, any of them, without first asking his permission. "I don't let him play with your things without his asking your permission, and the same goes for you." The more difficult source of Jennifer's rivalry and it has been with the family since she was about 1 year old, is her feeling that Mike has more privileges and is able to do things better than she can, which leads her to feel her mother loves Mike more than her. Mother has been trying to reassure Jennifer that she loves her every bit as much as Mike but there clearly are times when Jennifer cannot feel that. Now with her hostile feelings toward her mother being intensified by her family romance fantasies, feeling Mom loves Mike more than her is becoming a regular feeling. Parents need to know that dealing with sibling rivalry is something that comes up more or less constantly for many years. Patience, talking about it, are needed. Reassurance is needed. Jennifer's mother could say that Jennifer's "anger toward me is making you feel I love you less. What are you so mad at me about?" Jennifer might be able to tell her mom she wishes she could be a grown person like mom is and be able to do the things mom does; or do things like Mike can. Being able to talk about her complaints helps. So too, Diane's mother talking with her about her brother Jack having a penis, that it is because he is a boy, not because it means he is better than Diane, reassured her some. And mom saying that Diane is like she is, and someday she'll be a woman, and that Jack is like Dad that way, made Diane feel good, even though she knew that anyway.

The parents help will also be needed in the child's dealing with peers in manners that are too hostile and hurtful. Bernie's mother was not helpful that time he did not want to share his toys. Most useful is trying to get the child to think about what is making him or her feel hostile then, and help the child deal with the underlying hurt and handle his hostility better. Taking hostile feelings out on his friends is not acceptable. Because its burden is large for the 3 to 6 year old, a displacement onto peers of the child's hostility and hate generated by the family romance may occur. The problem with this is that, because the peers will have their own load of

hate and jealousy to deal with they will not be very sympathetic with other children who are unduly hostile toward them. Parents will often be called into mediating disagreements between the child and his or her visiting peers. Judiciousness is needed; one's child is never always right and is never always wrong.

#### Rage Reactions and Temper Tantrums:

These traumatizing reactions require the parents help now as they have before. The principles that we detailed in Unit 2 on the handling of such reactions apply now as well (see Section 2.2412 on handling rage reactions and temper tantrums). Knowing that tantrums have structure continues to be useful for both parent and child. It is far better to catch a tantrum in the making, before it occurs. By 3, parents know pretty well what the signs of a coming tantrum look like. Acting by urging the child to control himself or herself, to count to 10, and by talking about what is upsetting, hurting the child can prevent the large distress a tantrum brings to both the child and the parent. With a 4 years or older child (not with children less than 4), if talking about what upset the child seems not to calm the child, going to his room (or to the bedroom if he shares it with siblings) and continuing to talk there may be useful. This is so that if after enough has been said to help the child understand what is hurting him and more self-calming is needed, the parent can tell the child to stay in his room until he feels in better control of himself. Being alone at age 4 and older does not bring with it the same feelings of separation anxiety and abandonment felt by the younger child. This is the reason why less than 4 year olds should usually not be sent to his (or their) room. Being alone can then be felt by the 4 year old as an opportunity to calm down further and get in better control. Tantrums are sufficiently painful for children that it is unwise to punish them for having them. If in the course of a tantrum the child breaks something that belongs to a sibling, the child should be held responsible and appropriate amends be made. Above all parents striking at, beating a child who is having a tantrum is highly inadvisable. Although it may frighten the child into stopping the tantrum, the additional rage and hate it will generate in the child will be very costly to the child and eventually the parent.

## THE EARLY SCHOOL YEARS (FROM SIX TO TEN YEARS)

### 4.24 AGGRESSIVE BEHAVIOR

We want to emphasize, like we have in prior Units, that aggression is an unavoidable normal part of life, in children and in adults. Again, we want to say that while there are a number of theories that attempt to clarify what aggression is, the one we use here holds that aggression consists of several trends, a **nondestructive aggression** trend (best exemplified in assertiveness and strivings toward autonomy), **non-hostile destructiveness** (such as in prey aggression amply evident in the animal kingdom), **hostile destructiveness** (as evident in rage reactions, temper tantrums, hate and hostility) and **sadism** (acts of teasing, taunting, torturing) this latter being the pleasurable trend in destructiveness **which is part of hostile destructiveness**.

What concerns us most in child development and in parenting are children's experiencing of **nondestructive aggression** and **hostile destructiveness**. The theory of aggression we are using also tells us that nondestructive aggression and non-hostile destructiveness are **inborn** tendencies which are part of the equipment needed for adaptation and survival; whereas hostile destructiveness, including anger at its mildest and hate, rage, and torturing at its harshest end, while also adaptive and often needed for survival are **not inborn**. What is inborn is the mechanism whereby whenever a person, be it an infant, a 6 to 10 year old, or an adult, experiences "excessive unpleasure" (felt as **too** painful, physically or emotionally), hostility will become generated in reaction to it within the individual. When the "unpleasure" is moderate, anger will be generated; if that "unpleasure" continues to mount, when it crosses the point at which the individual experiences the unpleasure as excessive, hostility will be generated. We re-iterate that by "excessive unpleasure" we mean an experience that is emotionally too painful,

whatever the source of pain, be it physical, a personal insult, a severe unexpected disappointment, frustration of sufficient intensity, being teased or taunted, etc. Therefore, any experience of anger or hostility can be assumed to arise from an experience of sufficient unpleasure if not in fact of excessive unpleasure. This is why, according to this theory, being angry, feeling hostility, even feeling hate is not a sign of "badness", but rather a sign of experiencing excessive emotional pain. This is also why, being permitted to experience anger and hostility when these occur, and being able to talk about them, and even express them in reasonable ways, can help to resolve underlying feelings of excessive unpleasure and hostility and hate; whereas being prohibited from experiencing and expressing anger and hostility in reasonable ways when these occur, will lead to retaining an internalized, stabilized perpetual hostile internal force which will constantly become manifest in behavior toward oneself (guilt, shame, depression, masochism, etc.) and others (hostile relationships, abuse, rage reactions, violence, vandalism, murder, etc.)

#### 4.2411 HUMAN DEVELOPMENT: Aggressive Behavior

During the 6 to 10 years of age period there is no remarkable increase in the intensity of nondestructive aggression or hostile destructiveness arising from developmental factors or normal developmental conflicts. The 6 to 10 year old child continues to deal with whatever prior stabilization of hostility he/she has accumulated over the first 6 years of life by whatever hurts, frustrations, disappointments, feelings of jealousy, have accumulated within them. Nonetheless, the 6 to 10 year old has major tasks to perform pertaining to his or her coping with aggression. The first, pertains the increasing the organization of nondestructive aggression and the channeling of much of its energies into learning tasks. The second is an upgraded effort to better organize, mediate, and handle feelings of hostility and destructiveness arising from many a painful experience sustained both within the family (especially where there are problems) and especially now within the peer group experience.

Fortunately, major strategies commonly used by the 6 to 10 year old child to cope with internal stresses, namely obsessive-compulsive defensive maneuvers indeed do help the child further organize experience, feelings and thoughts.

#### Nondestructive Aggression, Assertiveness and Goal Directedness:

Nondestructive aggression is essential for the child's ability to be assertive, goal directed, self protective, and, importantly now, is required to channel much of this type of energy into the vast task of learning which the child confronts daily. School learning requires much energy which, psychoanalytic theorists say, comes from this source, from nondestructive aggression. Some factors will promote the constructive use of nondestructive aggression in the service of learning while others will interfere with it. Among the growth-promoters of healthy assertiveness are success in efforts to learn, success in school, success in sports, as well as feeling supported and encouraged by one's environment, including particularly parents, teachers and even peers. Interferers of the healthy development of assertiveness include the shame of failure, guilt at outdoing others, as well as not feeling supported and encouraged especially by the adult environment.

Large among the interferers of healthy assertiveness and its constructive use comes especially from the shame of failure in the early school years. This is because the pain of shame being great, a rather large percentage of students who do not do well in the early grades become discouraged and defensively adopt an attitude of devaluation of school with rationalizations which make the pain of such failure less intense. Such rationalizations, unfortunately, in a large percentage of instances tends to direct a child on the road of not valuing doing well in school only too often with life long consequences.

It is well to note that a large amount of non-destructive aggression is also channeled into extracurricular activities such as sports and other creative capabilities as dance, gymnastics, playing a musical instrument, etc., in both the acquisition of new skills as well as in the expenditure of energies brought about by the motoric (physical) activity these require.

It is also well to emphasize that healthy competition utilizes nondestructive aggression, especially evident in those activities where efforts are to enhance one's own capabilities and

skills. We want to underscore again, that competition has its positive side as well as its negative side. It is particularly in its positive side that nondestructive aggression is implemented although, hostile destructiveness can also be used constructively by a child in enhancing such physical skills. We must also bear in mind that games which include competitiveness enhance the child's acceptance of rules and regulations, given that organized competitions tend to be regulated by pre-existing customs and standards.

The issue of healthy assertiveness in children 6 to 10 years of age brings with it the question whether or not boys are endowed with more assertiveness than girls or whether assertiveness is more inhibited normally in girls than it is in boys. As we detailed in Unit 3, Section 3.24, in the earliest 2 or 3 years of life girls are equally endowed with nondestructive aggression as are boys. From the third year of life on, boys' aggression tends to be enlarged by a masculinizing form of aggression and then seem to become more easily assertive than girls the same age. With regard to the question of the inhibition of assertiveness, this assumption comes from the viewpoint that the conflict inherent in the family romance tends to inhibit nondestructive aggression by inhibiting the goals contained in the child's wishes (see Unit 3, Section 3.23). There is a tendency on the part of 6 to 10 year old girls to inhibit assertiveness in interpersonal relations more than do boys, leading to greater difficulty for girls in competition. On the other hand, many girls tend to more successfully channel nondestructive energies into learning school skills at this age than do boys. One reason why inhibition of assertiveness is especially troublesome for boys is that boys tend to be propelled into their male identity formation by the masculinizing aggression we described in Section 3.2411, a particular masculinizing form of aggression which in itself brings with it a larger load of aggression in boys. This type of aggression in its exaggerated form appears like machismo, or in the vernacular "macho" behavior. But it also fuels assertiveness in boys. Therefore, significant inhibitions of assertiveness in boys may reciprocally inhibit their masculinization or their male identity formation.

#### Hostile Destructiveness, Hostility, Hate, Sadism:

Whatever load of internalized, accumulated hostility the 6 year old brings to this period of development will add its burden to the demands made on the child by the normal challenges of the 6 to 10 years. Excessive hostility makes enormous demands on the child to cope with it. Too much of it interferes with learning, interferes with adaptive compliance with authority figures in the school, leads to much fantasy formation in the form of daydreams, and robs the 6 year old of nondestructive energies which are taken up in the task of controlling the load of hostility with which the child has to cope. Suffice it to say that by its being a large challenge for the child, excessive hostility tends to interfere with learning. Like with everything else, there are exceptions. Some very bright children with a good deal of accumulated hostility resulting from past traumas, will organize their experiencing in such a way as to inhibit the expressions of this hostility and, by some well devised channeling, may direct the energy pushed by hostility into creative channels, specifically into learning in school. For the most part though, excessive hostility tends to create an added burden for the child and may at this time interfere with the important beginnings of school learning.

Some children also deal wisely with their load of hostility by channeling it into motoric (physical) activity, some finding this an effective and constructive way of discharging that internalized load of hostility. This is facilitated in children who have talent in specific physical

activities such as in swinging a bat or skillfully throwing a ball, finding thereby a constructive means to organize the discharge of hostile feelings under conditions acceptable to the self and to those around him/her.

The tasks of the 6 to 10 years period, by their creating too much difficulty for the child, can lead to the generation of hostility in and of itself and can be a substantial burden even for a child who is well put together, has been well treated, and who enters this period of development without an overload of internalized hostility. The frustrations of schoolwork, difficulties in performing, not feeling accepted in peer relationships, being subject to teasing and taunting by peers, being humiliated in a classroom, all contribute to the generation of hostility in the child. Children who in addition suffer substantial disappointments in their home life, or whose parents must work outside the home and have made insufficient provisions for the child's being supervised during the time when school is out, these too will generate hostility within the child and will require the child's attention, energies and efforts in order to maintain a sufficiently self-protective state. It is well to bear in mind that the 6 to 10 year old is still quite a young person and that the enormous skills required for controlling and discharging reasonably one's anger and hostility are still in the process of being developed in this age child. We all know only too well how many adults still have enormous difficulty in mediating well their anger and hostility. Nonetheless the 6 to 10 year old will make valiant efforts at taming whatever hostility is generated within him/her whereby he/she will add to this important capability within the self.

#### 4.2412 CHILD REARING: Aggressive Behavior

Because aggression is essential for adaptation, for the attainment of the child's goals, and because aggression can also create enormous problems for the child, parental help is very important. Clearly different efforts will have to be made by the parents depending on whatever difficulty the child may have, be it with being insufficiently assertive, excessively assertive, even insufficiently angry and at appropriate time hostile, or being excessively angry and excessively hostile.

#### Nondestructive Aggression, Assertiveness and Goal-Directedness:

The balance of assertiveness has to be developed by the child so that the child is neither excessively assertive and intolerant of being told what to do -- every child must be able to tolerate being told what to do for learning in school -- nor insufficiently aggressive, assertive to hold his/her own in interaction with peers or to feel fueled in the many tasks the child needs to undertake at this time. If assertiveness is inhibited parents are well to encourage the child to better stand up for himself/herself, to wonder with the child what might be making the child timid or not stand up sufficiently for his/her own rights. With a child who is excessively assertive and where that assertiveness borders on hostility, encouraging the child to put some reins on his/her assertiveness can be enormously helpful. Here again, talking about what might make a child be more assertive than he/she needs to be can be helpful.

Another important way in which an optimal degree of assertiveness can be attained is by supporting the child in his/her efforts to perform well in school, in sports, in the playing of a musical instrument or dancing, or in any other creative activity the child seems to have talents

for. It is not uncommon for children to succeed in one sphere of their activities and to not be as competent in another. For instance, a child who is especially good at swinging a bat, in doing gymnastics, in beginning to play an instrument, when supported and successful can bring from within the child encouragement to try to improve in areas of functioning where the child is weaker, such as perhaps in class work.

It is, of course, helpful for children to develop capabilities across the board of activities required of them such as in the classroom, in the organization of their out of school activities, their rooms at home, in being competent in some creative activity such as music or sports, and in these efforts help from parents can be invaluable. However, parents soon find that children this age may resist help and encouragement which taxes parents at times to a point of anger if not exasperation. Parents who back away too quickly from such resistance may lose the unmatched opportunity to help their child develop crucial capabilities now, at the beginning of their formal school learning stage. Of course, some parents go the other extreme, by becoming too oppressive, too demanding that the child become competent in too many activities which may backfire and end in heightened resistance, even lead to failure. Here also parents have to concern themselves with the child who is either too resistive to accept rules or too compliant with the other peer's rule claims. The child that is too resistive may discourage the parent. The child who is too compliant may please the parent but do so at the expense to his or her own autonomy, his/her own selective channeling of interests and skills, and may even suppress engaging in activities of which the child is capable.

It is well for parents to bear in mind that the inhibition of assertiveness tends to be more easily achieved in girls than in boys. While there is a tendency to more easily accept non-assertiveness in girls than in boys, it is not a desirable state of affairs. Girls will require the capability of asserting themselves every bit as much as boys will. It is well for mothers and fathers to be attentive to this and to encourage their daughters to be able to express their needs, their wishes, their points of view, their intentions, and their goals.

#### Hostile Destructiveness, Hostility, Hate, Sadism:

While help in developing healthy assertiveness, healthy goal directedness, healthy energy to be put to creative use is important, a parent's task in helping the child cope with whatever hostility the child experiences is equally important and often more taxing. It is important for parents, first of all, to know that hostility is a normal feeling which normal children experience when they experience excessive displeasure (caused by psychological or psychical pain). Hostility is not a sign of badness, of weakness, nor of inferiority. Hostility clearly has its place in adaptation and survival, is essential for protecting oneself and one's loved ones against the hostility of others, transgression of one's property and possessions, none of which can be done without an appropriate and at times high degree of hostility. Problems occur when hostility becomes used in ways and/or for goals that are neither self-protective nor protective of those we love and value.

Given the unavoidability of pain and indeed excessive pain even the best of circumstances, every child will manifest hostility, hate, and may also evidence some degree of sadism (teasing, taunting, and even torturing others or animals).

The unavoidable expressions of hostility will when under parental supervision give an opportunity to the parents to help guide the child. First of all, limit setting now like before, is invariably a first step in the direction of helping a 6 to 10 year old who is being hostile to

another, be it the parent, a sibling, a peer who is visiting, or any other situation. It is now well established that learning to express one's anger verbally tends to give children a constructive means for discharging anger. The reason for this is that verbalization of feelings of anger and of hostility tend to make the child more aware not only of his/her experiencing these feelings but to also search for the cause for them. Looking for the cause for anger and hostility is a major step toward decreasing the experience of anger and hostility. This is not always the case, but quite often it leads in this direction.

A second means of helping children deal with their hostility to their own advantage is to encourage them to put these energies into constructive use, such as in making efforts at doing homework, in channeling these into nondestructive pleasure-bringing physical activities such in sports, or in some form of exercise, or in some useful physical activity as stacking firewood, mowing the lawn, or building a useful piece of simple furniture. However, such channeling without also thinking about what causes the child's anger and hostility and learning to talk about these will not be as constructive as the combination of the two.

Interestingly, some 6 to 10 year olds may at this time begin to experience rage reactions and temper tantrums which they may not have experienced before. This has got to be understood as meaning that stresses and strains are being experienced by the child now which are more intense than the child experienced before. This can occur in association with the child's entry into the era where he/she has to become industrious, where much of this industry development occurs away from home and where demands are made on the child by individuals who are not the child's parents. One hostile teacher can be very hurtful to a child. Peer relationships that are hurtful and disappointing, or one persisting bully may be more than a child is able to handle for the moment. Help by parents in dealing with rage reactions and temper tantrums by setting limits with these followed by an effort to understand what is causing these can be enormously helpful. It may take some work to get from the child what is causing the child's rage given that the child may not be totally conscious (aware) of what is causing his/her distress until the question is asked: What is upsetting you so much? Patience, time, effort is going to be required by the parent to successfully help the elementary school age child who is having rage reactions and temper tantrums. If the parent is not successful in her/his efforts, and joint efforts do not succeed, professional help may be needed.

It is not uncommon that experiences which produce rage reactions and temper tantrums in 6 to 10 year olds, and even in children who do not have such intense experiences of hostility, that much of this intensification of hostility is brought into the home. Many a child who is hurt at school may not express the reaction to that hurt in school, may wait until he/she gets home at which point it may erupt. There is something wise about this, which is, that the child may feel safer at home, and feel that people at home will more constructively help the child than might, say the peer group.

A more hidden area where parents can and indeed need to help their children with feelings of hostility is in their experience of guilt and of shame. Both these reactions, very painful feelings, are associated with feelings of too much hostility. Guilt tends to arise when a child feels too much hostility toward someone the child loves and values. Now during the 6 to 10 years of age period guilt may be also experienced when a child is hostile toward another peer, or has done something hostile toward a teacher. This is a carry over of the model of guilt which initially arises in relationships to those we love and value, when we experience a great deal of hostility toward them. Talking about being angry with those we love, talking about being angry with a peer or having done something hostile toward him/her, can be greatly relieving to the

child when he/she can express the feelings of anger, try to sort out what is causing them and when this talking is done within a family context that is positive and where the wish to help the child is upper- most. When this is done well, the child may even come to see how he or she may have contributed to the difficulty in question.

Feelings of shame come about when the child does not live up to standards the child has internalized for himself/herself. This may include "to not be nasty", "to not be unduly hostile". When he/she experiences much hostility, such a child may feel ashamed. Furthermore, shame is intimately linked up with hostility by virtue of the fact that the painful feelings of shame of themselves generate hostility within the child. Feeling put down makes one angry, feeling humiliated makes one hate. In this way shame not only results in some instances from feelings of excessive hostility, but even more complicated, because it is so painful, shame, humiliation, embarrassment tend to generate anger and hostility within the child. Again by talking about such experiencing, about specific events which caused the shame or embarrassment, parents can be enormously helpful to their children both in making less their feeling of hurt and in helping them mediate better the hostility that is generated within them.

We cannot leave the subject of parents helping their children with hostility without talking about its frequent occurrence in relationships between siblings. Siblings, who are often very valued by a child, can be a source of comforting, modeling, intimacy, sharing of complaints; siblings can also be quite hostile to each other. Parental help is invariably needed between siblings. It is well to give siblings an opportunity to work things out between themselves on their own. However, when this seems to not be successful, or when the hostility is too intense, parental help can be enormously advantageous. Talking about hostile feelings, talking about the importance of family relationships, talking about what triggers the anger toward the sibling, all can be helpful. We can borrow from the well known, although admittedly not always true, statement in international relations that as long as governments can talk to each other they are less likely to go to war with each other. It is invariably where talking breaks down that problem solving is made much more difficult. This can be said about families as well and especially about relationships between siblings.

## **PRE-ADOLESCENCE (FROM ABOUT 10 TO 13 YEARS)**

### **5.24 AGGRESSIVE BEHAVIOR**

The 10 to 13 year olds genetically-hormonal induced bodily changes influence sexual development more dramatically than others. With these, bones and muscle mass grow more or less dramatically too. Of these, the bone growth precedes muscle frame and mass growth. The latter is more a phenomenon of mid-adolescence. This is critical for understanding whether or not there is an increase in aggressive behavior because of the intimate relationship between the heightening of aggression and the growth of the muscular system. Theorists of adolescence tell us that a large increase in both muscle frame and mass as well as aggression is part and parcel of normal adolescent growth, especially in boys. During the 10 to 13 years period, though, this upsurge of aggression which co-emerges with the enlarging muscle mass is only beginning to be set in motion. Only stirrings anticipatory to such development are evident. Observation and clinical experience point to increases in aggression during the 10 to 13 years period to be mostly reactive to stresses and anxieties commonly stirred in the 10 to 13 year old by her/his developments, namely, the sexual bodily changes that culminate in puberty (see Section 5.23), greater demands of school and the shift to middle or junior high school (see Section 5.21), and stresses in relationships at home and in school which accompany the increased shift of relatedness to peers (see Section 5.22).

#### **5.2411 HUMAN DEVELOPMENT: Aggressive Behavior**

##### **The Continuing Development of Assertiveness and Hostility:**

The demands of school, of peer relationships, and the physical transformations of the 10 to 13 year old and the stirrings caused by them are accompanied by some increase in aggressive behaviors. As we noted in the Introduction above, the physical changes that occur during this period tend to be more influenced by sexual development than by the development of aggression. An increase in aggression due to bodily-related and psychologically-related factors will occur during mid-adolescence; it does not yet occur during the 10 to 13 years period. It is more likely that the largest generator of increased aggression, be it assertiveness or hostility, are stress and anxiety; in other words, it is a reactive type of aggression. Even assertiveness during this age period may be of a reactive type.

There are differences in the expressions of aggression and in the intensity of aggression experienced by boys and girls during the 10 to 13 years period. The stresses and anxiety of this period bring an increase in reactive assertiveness especially evident in boys in that well known masculine "macho" behavior, aggressive behaviors typical of sports efforts, where self aggrandizing and large muscle mass acts are especially exercised. This assertive aggressive behavior may be part of the boy's increasing "masculine" identity stirred now especially in some boys by the beginning sexual physical changes of their bodies. Recognizing their increasing

masculine development, the pleasure of this beginning to emerge adult-form masculinity will bring an increase in such exhibitionistic assertiveness to a greater or lesser degree in different boys.

Such an increase in assertiveness is also evident in girls, especially among those who experience their changes in secondary sex characteristics and their increasing feminization with pleasure. Many a girl who has impatiently waited for emerging signs of her being like her mother or like grown women, will feel a boost of self-esteem with these changes and commonly with it, an enlarging degree of non-hostile, confidence boosting, assertive feeling.

In both boys and girls this reactive assertiveness will be further fueled and enhanced by feelings of hurt and injury which will generate hostility. The predominately well-treated 10 to 13 year old may channel such hostility-imbued assertiveness toward constructive goals, such as "I'll prove to them that I can do better!". However, in those children who have suffered much past injury and hurt, in whom a substantial load of hostile destructiveness has accumulated in their psyche, this reactive assertiveness may become overly invested with hostility and lead to antisocial behaviors. In general in children who have been treated quite well, have good family relationships, manage to do well enough in school, experiences that generate hostility in moderate doses can lead to an increase in healthy reactive assertiveness and increase their self-esteem, and fuel stronger efforts at school work and social interactions.

#### The Emergence of Antisocial Behavior:

Antisocial behavior which may have antecedents during the 6 to 10 years period in excessive lying, destructive behaviors, persisting rage reactions with destructiveness, are likely to become organized during the 10 to 13 years period at a new level. Whereas such earlier behaviors tended to occur within the family setting, the new shift toward peers and the outside world brings expressions of an overload of hostile destructiveness which has stabilized in the psyche to be enacted upon society and the external environment.

There is furthermore a clearer differentiation now in the ways boys and girls manifest their antisocial acts. We want to emphasize though that antisocial acts are not extensive during the 10 to 13 year period; they become much more of a problem during mid and late adolescence. But they do emerge in some prepubertal children, in some boys thrust by inner hurts and large loads of hostile destructiveness accrued in them at the hands of their parents and environment, and frustrated by numerous past failures in relationships and in school. Such boys may engage in defiance, rejecting, rebellious behaviors, flaunting rules and even safety regulations which may bring harm to property, to others, and to themselves. This is when, for instance, a boy may react to the stirrings within him of increasing masculinity burdened by much hostility by demonstrating to his peers how brave and powerful he is, like the 12 year old who climbed upon a local train and, disregarding the information he had gathered in the past regarding its dangers, became electrocuted by touching the power line which energized the train. Obviously, such acts happen infrequently, but they do occur and may do so especially during this transitional time from childhood into adolescence.

Similarly, girls maltreated and abused may disregard the many warnings they have heard against dangers they may face. Some maltreated girls who yearn for a promising peer relationship, for the promise of love, may engage in premature and unprotected sexual activity which may lead to much too early pregnancy. Some maltreated and abused girls 10 to 13 years of age, in such acts may also yearn for a baby who they hope will love them, feeling that

expectations of love from adults as well as peers is hopeless. Although hidden, the play of accumulated hostile destructiveness is large in such girls, becoming expressed in a rejection of past cautions and warnings as well as in directing hostility toward the self, a major contributor to their derailed behavior.

Other Manifestations of Aggression:

The increases in aggression generated by the stresses of this developmental period will play a part in 10 to 13 year old children's interactions with their family as well as with their peers. It is common, given that siblings are both part of family and are peers, that a heightening of aggression between siblings occurs at this age. Although siblings are a large source of mutual support, of cohesiveness in relationships, as all parents know only too well, they also get much of whatever hostility the 10 to 13 year old feels displaced upon them. Such sibling hostility may be transient and does not need to predict long lasting harsh and hostile relatedness. Nonetheless, parental guidance and supervision are very helpful.

We must also mention that some reactions include regressions as we noted in Section 5.23, in this case, however, it is in the face of increasing strength in aggression. Our children become frightened by the stirrings of their sexual feelings, they also become frightened by stirrings of aggression both by assertiveness as well as by hostile destructiveness. Again, among the defenses children may use in the face of an increase in aggression is the magnificent pathway of sublimation. And with regard to aggression, no sublimational pathway is better than that of sports and constructive physical activity.

5.2412 CHILD REARING: Aggressive Behavior

The Further Development of Nondestructive Aggression and Hostility:

We all recognize that both nondestructive aggression (as in assertiveness) and hostility fuel action, self protection and mastery, are essential ingredients for adaptation, the fulfilling of our goals, the mastery of challenges in the world, and that both are essential for successful life. At the same time, we all know only too well, aggression in the form of hostility can create enormous problems within the self, in human interactions, and in society. It is essential that parents are aware of this complex contribution aggression makes to our children. It means, here as before and as it also will during adolescence, that parents must foster that aggression which is constructive and promotes good mental health and adaptation as well as achievement, on the one hand, and that they must help their children mediate successfully whatever hostility is generated within them by the numerous possibilities for pain and injury that exist in the young child's life.

With this in mind, it is well for parents to support the modest increases in both their boys and girls in assertiveness while they try to help their children mediate constructively whatever hostility is generated within them by current events. A boy's prideful display of hair on his lip accompanied by some assertive claim of growing prowess and strength is more likely to increase reasonable self-confidence when supported by parents than when ridiculed. On the other hand, such a boy's emergent defiance possibly accompanied by some nasty language could be dealt with by supporting his growing vigor and strength while limiting its expression in unacceptable

language or manner. It is important to restrict the hostile component of the behavior without restricting the assertive component of it.

Similarly, a girl's larger claim to doing what she wants to do, expressing in non hostile tones a disagreement with her mother or her father should meet with tolerance, an appreciation of her increasing self confidence and assertiveness, and not be the subject for ridicule. Just like for the boy, hostile displays of defiance can be dealt with by limiting the hostile expression, especially when the language is foul, while the increasing assertiveness and confidence is supported.

It is of course important for parents to recognize that in supporting assertive behavior at this age they are also giving their children permission, both boys and girls, to strengthen in their respective identifications as male and female, an increase in feelings which accompany their emerging secondary sex characteristics and gives specificity to their evolving gender-self.

#### Antisocial Behavior:

All normal children 10 to 13 years of age will occasionally lie, occasionally cheat be it in games or in snitching a quarter from a parent or a sibling, events which are an opportunity for parents to reaffirm the expectation of honorable conduct with respect for others and what belongs to others. Such events are no cause for alarm.

Where children 10 to 13 become involved in acts that cause problems for other peers, family, home and property, on a recurrent basis and show strong evidence of disregarding reasonable rules and regulations, requires parental attention. Behaviors as these, which we all recognize as antisocial, as disregarding of other people in a harsh and offensive manner, cannot be assumed to be part of normal development. In fact, the assumption must be made that some underlying disregard for others and society is at play and that this is usually the product of an overload of hostility toward others and authority accumulated from past experiences. It is well for parents to know that antisocial behavior which is persistent enough will probably require some professional input. Even in circumstances where parents believe they have been devoted, respecting and considerate of their child, such behavior may indicate some underlying strain in the parent-child relationship or it may originate within the child himself/herself or come from some strong influence from a peer or a peer group. Whatever the origins of the behavior, when it takes the form of antisocial acts which repeat themselves with some regularity, strategies for intervention by parents can be facilitated by professionals who have expertise in preadolescent and adolescent behavior. Parents are well advised to know that such behavior during preadolescence can be seen as an opportunity for constructive intervention which can prevent the stabilizing of antisocial behavior during adolescence, a time when it is intensified and facilitated by normal adolescent developmental processes.

#### Other Aspects of Aggressive Behavior:

Again given the stresses and anxieties produced by this developmental period, hostile behaviors can be expected to come from even the best of 10 to 13 year olds. Again, parents can be guiding in such behaviors. This will especially be the case when such behaviors occur toward siblings, who is both family and peer and who is most targeted for the displacement of hostility.

One special caution to parents regarding hostility expressed by boys toward girls, or girls toward boys, be it in peer relationships or in relationships between siblings. It is common,

perhaps more so in boys than in girls but girls are equally capable of it, for a boy to express hostility toward a girl whom he finds attractive and for whom he has difficulty containing his feelings and wishes. It is not uncommon for a boy to be hostile to a neighbor girl, or his older or younger sister as a means of protecting himself from a strong sexual attraction which he might not be able to restrain. The same can be said for a sister toward a brother or toward some nice enough neighborhood boy. In other words then, hostility in this case serves the child to protect against what he/she may feel to be feelings of sexual attraction experienced by the child as threatening. It is easy enough to identify whether this is the case or not, given that such hostility is usually directed toward a person of the other sex. This will be even clearer, when that type of behavior is experienced toward a girl, sibling or other, with whom the boy had a good relationship in the past. The same applies for the girl.

With regard to the channeling a substantial load of hostility, parents encouraging their child to put some of that energy into some constructive purpose such as practicing some basketball or some gymnastics, or some other motoric activity the child enjoys can be very useful. We do not mean the directing of such excessive energy into activities the child dislikes such as taking the garbage out, or raking the leaves. Obviously such activities are called for on the part of children in a household, but it is not wise to attempt to channel their hostile energies into such activities since proposing such activity may further heighten a feeling of being put down, taken advantage of, etc., and the varied minor distortions an angry child is subject to. Of course, the best way of supporting a child's channeling higher loads of hostility into sporting activities is to support that child's interest in these and to be there when a child participates in games as well as complimenting success and encouraging effort even when that effort does not always succeed.

## ADOLESCENCE (FROM ABOUT 13 TO 20 YEARS)

### 6.24 AGGRESSION

We remind the reader that there are several models of aggression. In many ways they are quite similar; however, on some important points they differ. Aggressive behavior is complex, has different forms, and efforts to explain the nature of these different forms of aggression has given birth to the various models we have. Some view the different forms aggression takes to mean that these are actually different phenomena and should not all be identified as aggression; and others view these to be various forms one particular phenomenon takes that is, that aggression has several forms.

The model we use holds that there are 3 major trends in aggression. First, there is aggression that is neither destructive nor hostile, this form being nondestructive aggression and serves autonomy and assertiveness. For instance, to protect her or his sense of self, the adolescent will frequently assert his/her thoughts, explanations of certain events, and insist sometimes even to the point of being angry that his/her explanation is the right one. Putting one's foot down on an issue on the part of the parent is not hostile, but it is also aggressive and constructive, it is assertive. The second major trend in aggression is identified as **nonaffective destructiveness**, so labeled because there are acts of destructiveness which are not motivated by hostile feelings. For instance, in the animal kingdom, hunting, chasing and capturing a smaller animal is not motivated by anger toward that animal nor even by the pleasure of the chase, but rather it is due to the need to feed oneself. We all need food in order to survive. In the process of getting the food we need and in the process of eating and digesting that food, we are breaking down existing structure (in this case an organism) in order to derive from that structure what we need for the purpose of survival. This type of destructiveness is essentially then not motivated by hostile feelings, but by hunger and the powerful inner push to survive. The third major trend in aggression is that most familiar to all of us and which most immediately comes to mind when we speak of aggression, and that is **hostile destructiveness**. This trend in aggression covers the range from feelings of hostility to hate and rage. The model of aggression we use holds that hostile destructiveness is always produced by experiences of **excessive unpleasure**. Excessive unpleasure, or what is experienced as excessively bad feelings, is experienced when physical or emotional pain goes beyond that point of tolerance we experience as being "too much", like when one feels "this is more than I can take". It is just in this fact that the model we employ is useful and of large importance to each of us but especially so for parents. It is that hostile destructiveness is a trend in aggression, a form of aggression which results from the experiences we each have; we are not born with hostile feelings, they are generated in us by the experiences of excessive pain we have, whether that pain is physical, but especially when that pain is of an emotional kind. This means then that parents can facilitate their child becoming a very hostile person and equally so, they can facilitate their child's becoming a person fairly free from large loads of hostility.

One of the more sticky problems for this model is this. Anger, hostility, hate, and rage are of course on a continuum: all are feelings on the same line of experience, all are feelings of aggression. However, the model we use assumes anger to be part of nondestructive aggression,

of reactions in the self to the thwarting of one's autonomy, which intensifies feelings of nondestructive aggression, feelings of assertiveness, and will, if that thwarting of autonomy continues, lead to angry assertiveness. But this thwarting of autonomy will not lead to the stirring of hostile feelings until that thwarting is experienced by the self as going beyond the point of tolerance, to the point of "this is too much". At this point, the aggression experienced becomes hostile destructiveness. Thus, anger is part of the nondestructive aggression trend, whereas hostility is part of the hostile destructive trend. Experience thus determines when the nondestructive aggression trend yields to or becomes the hostile destructive trend. This should not be too surprising given as we said at the outset that aggression is a family of feelings, that there are different forms aggression takes which is what makes it so difficult to explain what it is and why there are a number of models which attempt to explain it. Hostility does differ from anger. It is not only a more intense feeling, most important is that it creates a different set of reactions, and motivates hostile acts, whereas anger does not. And, the more intense both the reactions and the acts which follow from it the more one goes from hostility to hate and then to rage.

Manifestations of aggression, nondestructive aggression and hostile destructiveness, the two trends that concern us most, are significantly determined by the size of the individual. It is doubtful that a 2 year old child can budge a 100 pound weight; it is probable that the average 12 year old can perhaps budge it; and it is certain that the average 17 year old can do so. It is more likely that the average 17 year old boy will have less difficulty doing so than the average 17 year old girl. It is also likely that none of us would fear the hostility or rage experienced by a 2 year old, would probably have some misgivings about what a 12 year old is capable of if enraged, and might well, and maybe wisely be frightened by an enraged 17 year old. Although the 17 year old female's hostility and rage could be alarming, that of the 17 year old male would probably be more frightening. All of these are determined by the physical size, mass and strength of the child or adolescent's physical height and breadth, and muscle mass.

We also noted that maleness and femaleness is, on average, a factor which influences the quality of expressions of aggression. Contributing here is the increased production of hormones associated with sexual development and with the overall bodily development that comes during adolescence. We now know that in the male, higher levels of certain hormones, known as steroids which pertain to sexuality, as well as specifically male hormones like testosterone, are produced in larger quantities in males than in females. These have been found to be involved in the increase in size and the total muscle mass of the individual. In fact it is now well known that athletes have used steroids just for the purpose of increasing muscle mass, weight and strength; and we also know the serious problems this use of abnormal levels of hormones create. We can assume that the heightened productions of these hormones also contribute to the differences in aggression patterns of discharge found in males as compared to females. Differences in the discharge patterns of aggression in females and males have been noted from the third year of life on. This difference in patterns of aggression discharge is further accentuated by the physical, hormone-induced changes which occur during adolescence.

## 6.2411 HUMAN DEVELOPMENT: Aggression

The principle bodily systems which determines the character of the expression of aggression is the bone structure and the muscular system which overlays it. The bone structure grows ahead of the muscular mass to a variable degree depending on the individual adolescent. During early adolescence much growth is set in motion in the bone structure. Muscle mass follows by a year, two, and more. Mid adolescence is the period of most rapid muscular growth. While further growth occurs beyond 18 years of age, its rate is usually slower although that is, of course, variable. It is also well known that muscle mass can be built up by physical exercise in both male and female though, in significant part due to steroids and sexual hormones such build up is more facilitated in the male than in the female.

The impact of these bodily changes in size, muscle mass and strength is critical to the experience of aggression, to the experience of nondestructive aggression as well as hostile destructiveness, and varies along the lines already indicated in males as compared to females. We want to emphasize that the differences in male and female with regard to the experience of aggression lies more in the expression, in the discharge pattern of nondestructive aggression and hostile destructiveness. That is to say, females are capable of equal degrees of expressions of autonomy, of assertiveness as well as of hostility, hate and rage as are males. Their modes of expressing these differ, most clearly in the expressions of the assertiveness or the hate tending to be more motorically (by means of the muscular system) expressed in males than in females. The tendency in males is more in the direction of discharging both assertiveness and hostility using the weight and strength of the muscles, in large bodily movements such as in striking with the fist or pushing with one's entire body; whereas in the adolescent girl, the equally intense assertiveness or hostility tends to be expressed in the many other ways humans are capable of other than by means of large muscle mass acts. For instance, a 15 or 17 year old girl who feels much hostility toward a particular other person is more likely to express this hostility verbally, with much facial expression, with much feeling tone, rather than with the threat of physical violence. Needless to say, these statements are simply generalizations and we all know of exceptions to these.

A few more generalizations regarding aggression during adolescence before we look more specifically to early, mid and late adolescence. All experiences that cause intense hurt feelings will generate hostile destructive feelings toward the person or persons who cause this hurt. The degree to which the adolescent has already experienced intense hurts in the family, in school, with peers, will co-determine current reactions of hostile destructiveness, current hurts and narcissistic injury. For instance, the "I'll show them" reaction which increasingly is experienced as the body grows larger and more powerful, can lead to very productive outcomes. For instance, working harder at making better grades or at hitting a ball can be very productive. Of course, where the "I'll show them" is associated with open feelings of revenge, these may lead to harm and hurtful outcomes for the individual adolescent. Indeed, whether or not the "I'll show them" and similar reactions lead to efforts that are constructive versus to efforts that are destructive is going to be significantly determined by the overall status of feeling loved, respected and cared for in contrast to in large part feeling unloved, rejected, and depreciated.

Given that when we experience high levels of hostile feelings, and hate toward those we

value and love cause guilt, such feelings create problems for the individual. Of course, these often cannot be expressed directly as fantasized and wished. A 15 year old boy or an 18 year old boy may feel furious and wish to physically lash out at his father or his mother, but for a number of reasons, including the fear of causing damage, feelings of guilt, fear of retaliation, the fear of being thrown out of the house, etc., will prevent such wishes from being directly expressed. Where hostile feelings toward one's father and mother during adolescence have long been and now continue to be especially provoked with intensity, certain defense mechanism are going to be employed, common among which are **displacement** (to discharge the hostile feelings toward someone or something other than the person who instigated them) and **generalization** (to ascribe to all men what is experienced at the hands of the father, or ascribed to all women what is experienced at the hands of the mother, or indeed ascribed to all human beings the tendency to be hurtful, rejecting and hating). Both displacement and generalization can lead to prejudice, as well as to antisocial behavior and delinquency. Where relationships have been very hostile, adults now can become devalued as never before.

Prejudice is most commonly an attitudinal, emotional and verbal expression of defensively modified hate and rage. It has, however, also led to acts of delinquency toward the person or persons who are the object of the prejudice. All of these are rationalized, distortedly justified, and condoned by the self. Where prejudices exist in a family, these are likely to become internalized during the 6 to 10 years period. Where it has not, prejudice can become organized during adolescence. Where it has not become organized during the Elementary School years, it tends to more readily emerge and stabilize in mid adolescence in both males and females. This occurs by means of several major defense mechanisms. First, by **identification** with the attitudes of a specific valued person or with the attitudes and mores of the selected peer group. These may already become evident during the elementary school years. Where the origin is not family based, in adolescence, such identifications come from sources outside the family and can become organized and stabilize. Second, by **displacement**; as noted before, due to high levels of guilt at experiencing hate and rage toward the parents who are still valued by the young adolescent, this hate and rage will become intolerable. It will then be moved; from being felt toward the parents the hate is attached to individuals other than these parents. This may happen in those adolescents whose relationship to their parents are extremely painful but who also love and value them. It is to avoid the painful feelings of guilt, the dread of being rejected by these loved and needed parents, that such displacements of hate occur. Third, through **generalization**, the hate is attached to types of individuals, to all men, or to an ethnic group or racial group other than one's own.

Antisocial behavior and delinquency arise in part due to the displacement and generalization of hate and rage onto persons and things, feelings of hate and rage being expressed physically toward these. Such behaviors usually become organized in the self from early adolescence on. Where it becomes a stable aspect of personality, it does so especially during mid and late adolescence. In males especially it usually expresses itself in acts of destructiveness and violence against persons and property. In females, it is quite commonly expressed by means of sexual acting out although, females too, may powerfully express their hate by means of acts of violence, often toward other persons.

Antisocial behavior and delinquency can occur on an individual basis, and of course can occur in the context of a group. Where such behavior becomes organized in a group, it may lead to gang formation especially during mid and late adolescence.

### During Early Adolescence:

Both nondestructive aggression and hostile destructiveness will be activated by the demands made on the early adolescent in several major contexts: the demands made by the early adolescent himself/herself, by family experiencing, by school and work, and by peer relatedness.

The early adolescent will put much effort into achieving, attempting to master, the many challenges confronting him/her from these various sources, be it attempting to master increasing physical skills, assignments made in school, or attempt to organize stressful experiences in family, meet the demands made on him/her for initiative and leadership in peer relations, each of which require the input of nondestructive aggression in order to achieve mastery. Where the individual's efforts fall short of what she/he hopes for, a greater or lesser degree of hurt will be experienced which, if intense enough, will generate hostile feelings toward the self in the form of shame and guilt. In addition, where much anxiety is experienced in association with bodily changes, if such anxiety becomes intense, it will be experienced as excessively unpleasurable, and will generate hostility toward the self with which the early adolescent will have to cope. It is not uncommon for an early adolescent to be very pained by his/her developing body, by the disappointments transitional development states produce. For instance, with bones developing ahead of the musculature, there is a tendency for boys and girls in preadolescence and in early adolescence to at times appear awkward, clumsy, "skinny", etc. Such experiences can cause youngsters inordinate pain, shame, feelings of inferiority, which if intense enough will generate hostility toward the self which becomes quite burdensome for the early adolescent.

As the demands of school increase especially with entry into high school, healthy nondestructive aggression will be implemented in the service of learning, at struggling to understand, pushing oneself to do the work one needs to do, try and try again, be it in academic performance, in an artistic effort, in an effort at mastering a skill in sports, etc. Where achieving one's goals are too frequently frustrated, do not come up to desired expectations by the self as well as by family, these may generate hostility, again toward the self as well as toward others. It is common that an early adolescent will become very frustrated with himself/herself for not being able to concentrate enough to do his/her homework.

Families too can contribute to the generation of hostility within the early adolescent by the stresses of family life such as where conflicts exist between the parents, or between the self and the parents. Early adolescents who frequently run into conflict with their parents over doing their homework or home chores will experience a good deal of hostility and will have the burden of dealing with that hostility.

The important shift toward peers also brings with it demands of all kinds on the self. There are demands by the peer group for initiative, for leadership; there will be competition for leadership; there will be at times enormously unpleasant demands for accommodation to the peer group and indeed even compliance to the wishes of the group. Forming relationships with peers is often an unpleasant task, often brings with it a good deal of distress, frustration and disappointment, and then unavoidably anger, if not hostility.

### During Mid and Late Adolescence:

The demands made on the early adolescent are equally made during mid and late adolescence. The demands made by the self for performance, achievement, success in all aspects of adolescent life be it one's own physical development, one's own efforts to master academic,

artistic, sportive, capabilities, these become even more taxing during mid and late adolescence. As self identity becomes better organized, firms up, the efforts put into the structuring of that self identity require healthy aggression especially evident in the constant efforts required by development, by the acquisition of skills and capabilities, by the effort invested toward the development of reasonable self control, all requiring large amounts of healthy nondestructive aggression. So too, the disappointments, frustrations, anxieties, hurts accompanying the organizing and development of the self, when intense, can all generate hostility.

Dealing with family relationships, depending on the degree of stress, the degree of interpersonal conflict with the parents the mid adolescent is pushing away from, these too not only implement healthy aggressive energies but will also be occasions for the generation of hostile feelings where these stresses and conflicts become too painful, too frequent, too intense. The same can be said for peer relationships, especially so in terms of the anxieties, disappointments, frustrations that accompany efforts to form a one on one relationship of a romantic and sexual kind. The hurt experienced by a rejection in such context can be intense and will bring hostility with it which will be directed toward the self as well as toward the person who is doing the rejecting.

All in all, both major trends in aggression will become amply exercised. The efforts the early, mid and late adolescent put into meeting the demands made on them will be fueled by healthy nondestructive aggression, and the freer this aggression is from conflict inducing hostility, the more will such healthy aggression be available to the individual adolescent to make the efforts required for mastery. The more the adolescent encounters disappointment, frustration, narcissistic injury, high levels of anxiety, shame and guilt, the more will hostility be generated in that adolescent, create internal conflict as well as conflict in relationships, often interfering with the ability to work, and create no end of problems for the adolescent. Excessive loads of hostility during adolescence become an enormous burden for the adolescent and may have dire consequences to the degree to which it interferes with the ability to work successfully, the degree to which it creates conflict and produces prejudice, antisocial and delinquent behaviors.

#### 6.2412 CHILD REARING: Aggression

For many parents, sex in their adolescents features as a major concern. But not far behind, are the problems created for them by the aggression and aggressive behaviors which they find in their adolescents. In some families, regrettably, concerns about hostility and hate surpass the parents' concerns about sex in their adolescent, creating an inordinately difficult problem for parents.

With regard to helping their adolescents with their aggression, two things especially need to be borne in mind. First, is that the young adolescent, like the parents, has to deal with not only his/her own aggression but with that of the parents as well. Furthermore, the adolescent has to deal with the aggression he/she experiences at the hands of peers as well as even in school. In other words, aggression, especially hostility, with which the adolescent and the parent must deal has multiplicity of arenas which become cumulative, for each of them.

The second thing to bear in mind is that aggression is complex. There is a positive trend and a negative trend in aggression. The positive side, the nondestructive trend, is essential for adaptation, for making efforts to achieve all kinds of skills and goals, and it fuels initiative,

autonomy, and assertiveness. This needs to be supported in adolescents, be facilitated, be recognized for the constructive energies it makes available to the self. On the other hand, there is a trend in aggression which is destructive not only of others but of the self as well. Hostility creates a significant burden in the self. It creates the burden of defending against wishes to destroy those the adolescent loves and values, it brings about feelings of guilt, it requires of the adolescent to exert controls over the discharge of such aggression, and according to what mental health professionals tell us, hostility when excessive will lead to efforts on the part of the individual to inhibit it and frequently will bring with it the inhibition of healthy aggression (assertiveness). When adolescents attempt to control hostility that is excessive by inhibiting it, they are unable to selectively inhibit only the hostile aggression, they tend to inhibit all aggression. Furthermore, where the hostility is excessive and the inhibition has to be strong, it may inhibit other aspects of life as well including the establishing of relationships, the ability to study, and the ability to be creative. Therefore, the consequences to the adolescent of excessive hostility are far reaching. As parents it is important to know this. All in all then, there is an aspect of aggression which parents need to support, facilitate and protect; and on the other hand there is aggression, namely hostility, hate and rage, which parents need to help their adolescent contain, control, and where possible decrease.

Protecting the integrity of healthy aggression can be achieved by supporting constructive uses of aggression such as in studying well, in making efforts to develop skills in sports or in the arts, and by complimenting achievement, encouraging effort where the adolescent becomes frustrated and disappointed in himself/herself, and the like. Helping to decrease the experience of hostility is best secured, first of all, by trying to not induce unnecessary hostility in one's adolescent, that is, to not hurt the adolescent, not insult, depreciate or shame the adolescent. Secondly, one can help decrease the hostility experienced by talking with the adolescent about what is causing the adolescent pain, what is making the adolescent angry, and allowing him/her to express feelings of hostility in reasonable ways and to talk about these as well. Thirdly, by benevolent limit setting in the expression of hostility, parents can help the adolescent better contain and control the hostility he/she feels. And fourth, where parents find that they cannot sufficiently help their adolescents with large loads of hostility, it is well to consider professional consultation and where needed intervention.

We should also emphasize that parents needs to be aware of the fact that hostility may not only be directed toward others, toward society, toward things, but that it may be directed toward the self. This is manifested in self-defeating behaviors or in acts hurtful to the self, be it causing physical self injury or most seriously, in suicidal threats and acts. Needless to say, suicidal threats and acts, acts of self mutilation, need professional attention. Also important, self directed hostility can often express itself in depression. Occasional depression is unavoidable in adolescents and although it requires parental attention and sympathy, does not need professional consultation. Where depression is intense and persistent, or occurs with great frequency, professional consultation is indicated and is usually enormously helpful.

A major avenue where parents can be helpful in the prevention or the lessening of experiencing hostility in their adolescents, is in being attuned to, and being attentive to experiences in their adolescents which cause a great deal of unpleasure. This includes whether the unpleasure comes from excessive frustration, excessive disappointment, excessive rejection, whether these are produced by the self or by others, and to talk with their adolescent about these various experiences in sympathetic ways, with the aim to understand, be helpful and be sensitive to adolescent's vulnerabilities. Talking to the adolescent about his/her high expectations,

encouraging strong effort but also encouraging reasonableness in goals, can be enormously helpful. So too can drawing attention to the adolescent's assets, strengths, helping the adolescent tolerate his/her shortcomings, lack of perfection, delays in development, all can be helpful. To offer help where needed in improving performance be it academic, be it in sports or in the arts, all can be helpful. Being open to complaints about family problems, about the relationship between the adolescent and the parent, between siblings, and talking about these in honest, tolerant, but also expecting reasonableness, can be enormously helpful in lessening both the production and the accumulation of hostility within the adolescent. The parent who is able to apply the well known "golden rule", to do to the adolescent as he/she would want to have done unto himself/herself, will fare far better than the parent who never applies this rule to his/her parenting. Although this applies to parenting from the time the child is an infant, nowhere is it more imperative than during adolescence, when the parent faces the adolescent's efforts to push the parents away in order to individuate satisfactorily. Parents who fail to respect their adolescents invite pushing away that is harsh, hostile, and which may have serious disruptive consequences to the relationship between the youngster and the parent.

With regard to the excesses of hostility in adolescence, such as the emergence in early adolescence of prejudice, of antisocial and delinquent behaviors, parents are well to be attentive to these as early as they become apparent. It is far easier to deal with problems of this kind when they are in the making than when they establish and can consolidate during mid and late adolescence. Because these problems tend to result from excessive hostile feelings toward the parents, help in dealing with them early may require professional consultation and intervention. This is especially so in antisocial and delinquent behavior. Many of us believe this should also be the case with the development of prejudice. Unfortunately, prejudice may go unattended to in families where parents hold significant prejudices themselves. While some degree of preference for one's own ethnic and racial group is understandable, its heightened experiencing, its use as vehicle for discharging hostility can have seriously noxious consequences, as we all know only too well. It is well for parents to tend to expressions of prejudice given the destructive influence it invariably has in society. With regard to prejudice as well as antisocial behavior, it is well for parents to bear in mind that these are behaviors in which how the parents behave makes a meaningful contribution to how the adolescent behaves. Clearly, a father who cheats in business, in social interactions with others, is not going to be successful in demanding that his adolescent son or daughter not cheat with him. Parents who are explicitly and clearly prejudice be it toward ethnic groups, racial groups, religious groups, cannot be surprised if their adolescents begin to express prejudices in areas that do not please the parents. For instance, a parent who is prejudiced toward Catholics cannot be shocked if his son becomes prejudiced toward Blacks, Italians, etc.

Parents will find dealing with their adolescents hostility, hate, and, where it occurs, rage, to be extremely challenging. But it is important that they undertake it, with professional help if necessary, given the serious consequences it may have if unattended on their adolescent's eventual personality consolidation and therewith their adulthood and the rest of their lives. We want to also emphasize, that parents can be enormously helpful even to their mid and late adolescents in helping them contain the expressions of their hostile destructiveness as well as in supporting their constructive aggression, in supporting their efforts to adapt to adolescence, to continue to develop skills and the ability to work, and to reach for their goals.