

THE CHILD WHO DIDN'T CARE

by Peter Ernest Haiman, Ph.D.

The parents of a 5-1/2-year-old girl reported that she used to be interested, involved, decisive, spirited, and willful. She made friends easily and was popular among her peers. However, recently, she had lost her ability to cope with situations she handled competently as a 4 year old. She no longer tolerated small frustrations and was incapable of sharing or taking turns. When asked which food she wanted, or a similar question, she responded, "I don't care." She had regressed psychosocially. Her behavior under stress was characteristic of a young toddler.

This problem reached a crisis when the girl became overly possessive of a classmate. Her kindergarten teacher told the parents the two girls' friendship was marred by the fact their daughter would hold and not let go of the other girl's hand. She directed her classmate's play and prevented her free movement. The other child finally complained to her mother, who asked the teacher to intervene, prompting a telephone call to the parents.

They were worried, confused, and deeply concerned about their daughter's welfare. What could they do to help her?

The research literature suggests parents faced with childhood misbehavior, like that of this 5-1/2-year-old girl, will be more effective if they employ the following strategies: (1) understand childhood psychosocial and physical dynamics; (2) view the misbehavior as communicating the status of these childhood dynamics; and (3) focus on preventing, diagnosing, and treating the cause(s) of behavior, rather than on punishing the child. When a child's physical, emotional, intellectual, and social needs are met appropriately, the child will behave well. If, however, the child experiences the frustration of these needs, misbehavior frequently occurs. If the frustration persists, a pattern of deviant behavior can develop.

Many parents react to this childrearing approach by saying, "Isn't that the prescription for a spoiled child? If I make sure all my child's needs are satisfied, won't I raise one?"

Several child development realities address these questions. In the first six years of life, a child is physically dependent, and extremely vulnerable and dependent emotionally. In addition, young children have many powerful needs and drives. The frustration of these needs can be threatening to the child, who may not know why he or she feels upset or be able to articulate the frustrated need(s). Additional frustration comes from a felt helplessness: the child cannot independently control the satisfaction of his or her most important needs and wants. Because of these developmental characteristics, infants and young children promptly announce any frustration through behaviors and cries. These responses are survival mechanisms.

How, then, can parents help young children learn to tolerate frustrations? The answer is that they must be raised to have an abiding trust in the responsive, loving care of their parents. They also should develop a secure trust in themselves and in their ability to be effective on behalf of themselves. Let's examine this process.

Mild frustration accompanies most initial efforts to learn new skills, gain new knowledge, or engage in new experiences. Trying something new involves taking a risk. Young children who have learned to trust their parents will be motivated to risk trying, doing, and learning. This trust develops over time when infants, toddlers, and preschoolers communicate the frustration of their needs and their parents respond appropriately. Parents can engender feelings of security by

providing a nurturing environment with consistent, synchronous responses to their youngster's needs. As security and trust strengthen, the child is not threatened by subsequent frustrations.

Self-trust and self-confidence are derived from a history of learning to tolerate frustration and solve problems unassisted. All children are curious about their surroundings. How parents respond can significantly influence a youngster's motivation to do and learn. When children feel secure about their parents' nurturing behavior, they will more willingly risk expressing their curiosity. They feel emboldened because they know their parents will respond appropriately if needed.

Young children who have had their normal needs frustrated will fight initially to announce these needs. Children whose announced needs are not appropriately met soon develop a profound hurt, combined with fear and anger. They emotionally withdraw, remain on guard, and do not develop trust in their parents. They may express a preoccupation with their threatened or unmet needs. They feel too insecure to experiment with their own abilities and self-advocacy skills. Instead, they develop a pattern of behavior characterized by avoiding new experiences. Therefore, they fail to learn to tolerate the frustrations inherent in these experiences and do not develop self-trust in their own abilities. This breeds a poor self-concept, a lack of self-confidence, and often fear.

Many of these children develop persistent deleterious patterns of behavior that concern parents (e.g., thumb sucking, nail biting, shyness, nightmares, short attention span). What rational and humane childrearing approach can parents follow to reduce and eliminate these behaviors?

When the parents of the 5-1/2-year-old girl sought professional consultation from me, I encouraged them to diagnose the cause of her behavior through a series of questions derived from research on child development, childhood behavior, and parenting practices. The questions covered (a) physical dynamics; (b) psychosocial dynamics; and (c) parental, familial, and other interpersonal dynamics.

The findings revealed this girl had physically developed normally, and except for typical childhood colds, was in good health. The mother had cared for her continuously since birth. Indirect questions and listening demonstrated that both parents loved their child and appropriately and responsively nurtured her. They had an above-average knowledge of child development and corresponding childrearing attitudes.

When she was 3 years old, the parents enrolled their daughter in preschool. She enjoyed the experience and was popular among her peers. She never sought to dominate her friends. All seemed to be in good developmental order. So what could be causing her current predicament?

Childhood misbehavior, in addition to announcing the frustration of underlying normal needs and drives, can be metaphoric, and thus provide clues about origin and meaning. This girl's inordinate possessiveness of her friend suggested to me behavior motivated by a fear of loss. I asked if a relative had died recently. The answer was no. Because fear of loss can be motivated by experiences other than death, I asked if the family had moved. The parents said they had lived in the same location until last year, when they moved twice. I asked if she had any close friends before the first move, at age 4 1/2. The parents remembered two friends, but did not know if they were important to their daughter.

With this information I had an idea about the possible cause of this child's problems. I told the parents that when a young child suddenly loses a friend, the child experiences the loss much as an adult would. In both cases, anger can develop, along with grief and depression. A year ago, this girl was taken from her friends by her parents. She had no control over the move

and could not prevent the loss of her friendships. Her recent controlling behavior toward her kindergarten friend expressed her anger-fueled determination to maintain control. This time she would not let her friend go. Her behavior communicated this when she physically held onto her friend and directed her activities.

With these as empirically derived hypotheses, I suggested this mother and father telephone the parents of their daughter's "lost" friends, explain the situation, and arrange a series of contacts, which could begin with telephone calls twice weekly. The parents were advised to let their daughter make decisions about the calls. Also recommended was exchanging photographs, drawings, and child-to-child gifts through the mail. The goal was to renew and continue the friendships their daughter missed.

The parents agreed to this plan. They called two months later to say their daughter's behavior had changed and her vitality returned. She enjoyed speaking to her old friends on the telephone. Their friendships had been renewed, enlivened, and enriched. She was back to her own self again, and also making new friends. Her I-don't-care attitude and possessive control no longer existed.

Everyone likes happy endings. This one illustrates three key childrearing principles. First, parents must understand the physical and psychosocial needs of children. Second, childhood behaviors are signs indicating the status of these needs. Third, when deviant behavior occurs, parents should diagnose the cause and focus their intervention on the cause, not the behavior.