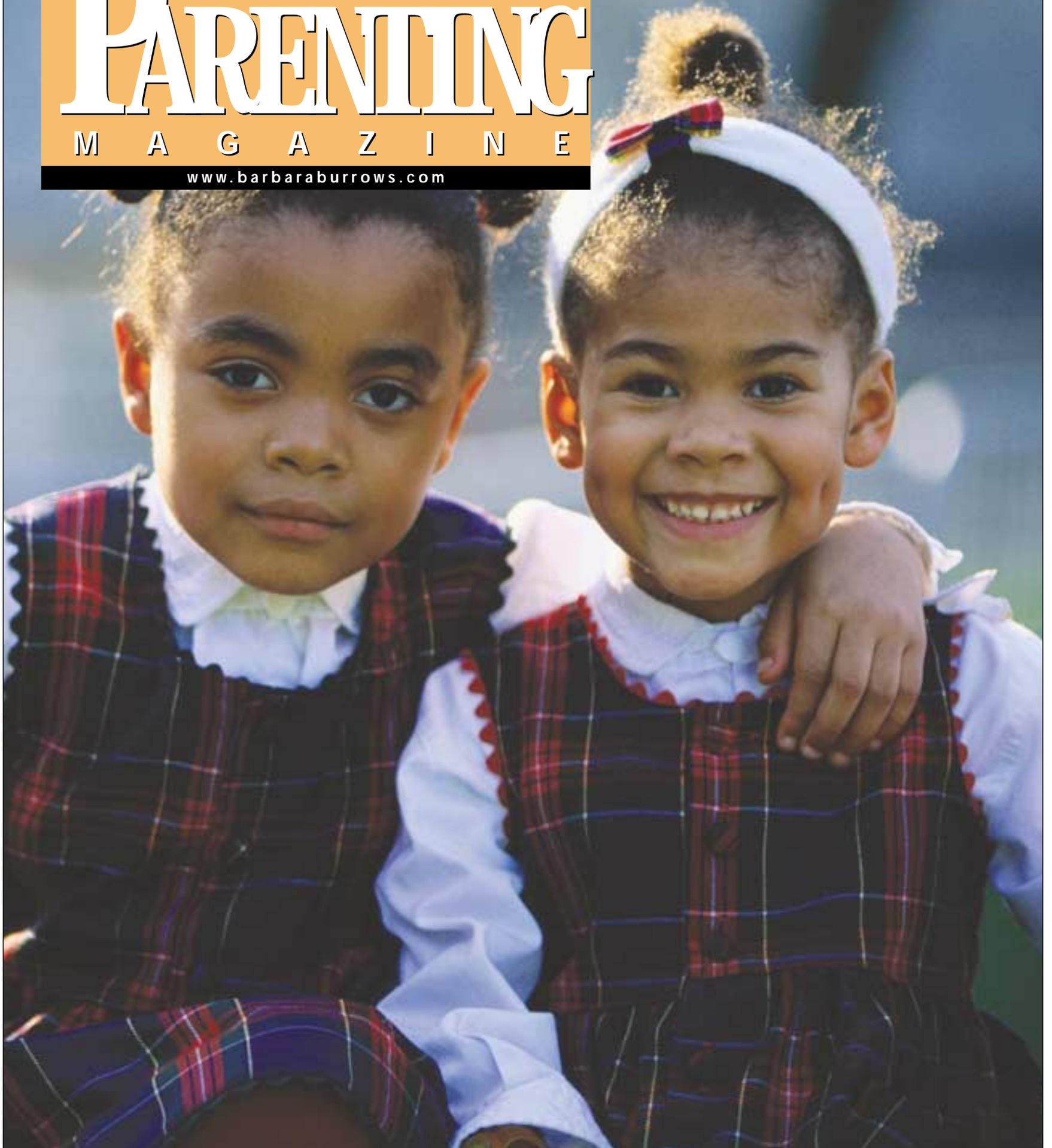


PARENTING

BARBARA BURROWS

M A G A Z I N E

www.barbaraburrows.com



Helping older babies sleep through the night - Part 4 • Telling a lie
Time-in Parenting • Self-care • Allowances - earned or a gift?
Take action against bullying • Trouble at school • Maybe our story will save a life

CANADA'S LEADING PARENT EDUCATION SERVICE • FEBRUARY 2003

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PARENTING
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Founder and Director
 Barbara Burrows

Executive Editor
 Barbara Burrows

Managing Editor
 Angela Greenway

Creative/Production
 Michelle Sharp

Barbara Burrows Parenting
 1328 Janina Blvd.
 Burlington, ON L7P 1K3
 Phone (905) 335-8803
 Fax (905) 332-4611
 E-mail:
 barbaraburrows@cogeco.ca

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After the storm

At this time two years ago, I was ready to pull my hair out. Our oldest, in her final year of high school, was driving us crazy (the parenting textbooks call it 'spreading their wings' which makes it all sound so nice and easy). As I recall, she was dating a guy we didn't like and driving around all hours of the night in his too fast car, missing curfew, sleeping late, not studying or worrying enough about university entrance marks, never cleaned up after herself, was at times rude, ate poorly etc. She lived in our house but in her world.

When she left for school in the fall, we were ready - all of us. Sure we worried (as I am sure she did) about how she would manage so far from home, how she would pass math, if she would be able to balance the social/academic life and if she would run out of money before the semester was over. She did manage, did pass, did party and work hard and did run out of money (of course!).

She is in her second year and is home for four months to complete a co-op work term. Now she's back living in our house. Her room is still a disaster (she tells me she needs a housekeeper) but just as some things never change, others do and for the better. She never sleeps late for fear of missing the train into Toronto, she has made the Dean's List two out of her three semesters at school, she won a second year scholarship, and she was the first in her class to secure a work term placement. She manages to make it to the gym to workout because she cares about her body, chooses her food wisely, goes to bed at a reasonable time and although we aren't sure about the new boyfriend, at least he's a student and doesn't own a fast car.

Always 'good with her words' (as in telling us exactly what she thinks!) I should not have been surprised at her eloquence in a personal essay she had penned to a friend. It was beautifully written, replete with insightful truism and a deep sense of inner well-being that comes from careful reflection. What surprised me was that she described herself in much the same way we had... in her words...

"My final year at Nelson (High School) can be summarized in two words: not good. Instead of doing Calculus homework I liked to date guys that my parents hated, skip classes that I felt were unimportant and worry my parents to the point

of insanity by coming home way past my curfew. However mischievous I was, I wanted to go to university."

In her essay, she wrote about how influenced she had been by one good friend who has achieved a high level of success in many areas. Our daughter attributes her own hard work ethic and strivings to her friendship with Lindsay.

Of course, it is always difficult to know where positive motivation comes from, what it is in children that helps them move into their early adult years full of enthusiasm with a willingness to work hard for what they want in life. It is even more difficult to understand the transition from that last stage of surly adolescence into this remarkable new stage I guess we call adulthood.

I can't tell you how many calls there were to Barbara (I knew there was a good reason I put so many years into helping her with this magazine!!! I get to call her day and night when I'm worried!!). We would talk together, try and figure out what was really going on from both sides - hers and ours. Talking usually helped and our daughter would probably agree that if we didn't always get it right, we were sure trying hard. Bruno Bettelheim writes in a "Good Enough Parent" that when adolescents are in the throes of their extremely difficult development - when they are fighting to be free of their parents and at the same time wanting to remain close to them, - this causes both parents and themselves to have a whole welter of difficult, connected and often contradictory feelings.

The lesson for me is that is so important that parents don't give up having faith that in the long run, their children are going to do well. It is this conviction on the part of the parents that does help them do well in the long run. And I better remember that because her brother and sister are catching up fast! For all of the parents who are tearing their hair out...I urge you to keep trying to understand and support your children's positive development rather than closing your mind and punishing them, which tends to make things worse in the long run. There really is a rainbow after the storm.

Angela

What's Up?



ANGELA GREENWAY
 Managing Editor

FEBRUARY 2003

What's inside?

WHAT'S UP?

After the storm
 by Angela Greenway

DEAR BARBARA

Could this child have Asperger's

GOOD BOOKS

Time-In Parenting

TIPS FOR BABIES

Helping older babies sleep through the night - PART 4

TIP FOR TOTS

Telling a lie

TIPS FOR KIDS

Self-care
 by Barbara Burrows

TIPS FOR TEENS

Allowances - earned or a gift?

TIPS FOR SCHOOL

Take action against bullying
 by Cindi Seddon, Alyson McLellan,
 Gesele LaJoie

DOCTOR DOCTOR

Trouble at School
 by Lydia Furman M.D.

OUR READERS SHARE

A friend in tears
 by Caroline Greenway

Maybe our story will save a life
 by Mrs. May Bob

FEATURES

Grandmothering - or the art of being a Grandmother
 by Ginny Steininger
 of the Grandmothers

Jenny's attachment to her Dad
 by Diana Mandell

About Barbara Burrows

Barbara Burrows is a psycho-therapist in private practice. She is founder of Parent to Parent Magazine and Positive Parenting. In 1999, these companies merged to form Barbara Burrows Parenting. Her syndicated column runs in newspapers across Canada.

Barbara helps parents raise emotionally healthy children and experience joy in parenting. After graduating from McMaster University in sociology and psychology, she worked to help parents with children's behaviour in Hamilton at Chedoke-McMaster Hospitals before developing her own parent education program.

She and her husband have two daughters and a son, and live in Burlington Ontario.

DEAR BARBARA

Could this child have Asperger's

Dear Barbara

Im responding to the letter in the column that opened, "I have a four-year-old daughter, Lee Ann" and concluded "...I don't want her on Ritalin. I am getting to the end of my rope." (see www.barbaraburrows.com Magazine - December 2002 P 7 - Helping Lee Ann over her tantrums)

The mother specifically mentioned school & family gatherings as being difficult for the child. I instinctively wondered if this child has been evaluated for Asperger's Syndrome. Her behaviour parallels that of someone I know who has had this diagnosis. If indeed this is the case here, the parents/family members need to educate themselves about Asperger's. I'm sure there are resources in every community & one excellent book is "Pretending to Be Normal" (Liane Holliday Willey; Tony Attwood) written by a woman who has Asperger's. It's insightful to realize how people with this condition perceive the world around them and how they become so overwhelmed they simply cannot cope. Social and group activities are particularly difficult & often lead to so-called meltdowns.

This particular child's behaviour may be unrelated to this condition but I would hate to think of parents struggling to deal with this situation while unaware of the existence of Asperger's. Please let the writer know of the possibility.

Thanks.

Dear Parent

Making psychiatric diagnosis with children is especially difficult, in that their symptoms are very transient, and the nature of childhood is change. In fact, childhood is fraught with difficulties that could fall into categories that could be diagnosed as a particular disorder, but often these symptoms ease up with time. I feel with children, whose personalities are less stable than adults, it is important to look beyond psychiatric diagnoses. It is always wise to consult with a professional, but also to remember that these definitions can narrow the way parents understand their children. Asperger's Syndrome or Disorder is considered to be a milder form of Autism, and both of the disorders come under the broader heading of Pervasive Developmental Disorders ("PDD") in the Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV) published by the American Psychiatric Association.

Making psychiatric diagnoses with DSM IV is a very complex process because the diagnosis is based upon observable behaviours at a particular time. Observing a person's behaviour doesn't give any insight into the struggles

in the inner world.

For example, one common symptom of Asperger's Syndrome is that children may become obsessed with a particular topic and talk incessantly on the subject - and yet are not really communicating. One might have the feeling that the many words shut others out, so the talking can have a defensive quality.

This behaviour, especially if other symptoms are present, might be understood as "Asperger's". If satisfied with this diagnosis, parents may not ask themselves the next, so very important question. "What could possibly be going on in my child's life that could make him want to shut others and the world out?"

To keep thinking about why a child might be showing particular behaviours is always a good step, and accepting a diagnosis as the final answer may stop parents from asking that question.

For this reason, I encourage parents to continue to think about all aspects of their children's lives and functioning, because it is amazing what parents can do to help when they are sensitive to children's inner struggles.



BARBARA BURROWS
Director,
Barbara Burrows
Parenting

Photo by Murray Pellowe

Tip for School – Take action against bullying

By Cindi Seddon, Alyson McLellan, Gesele LaJoie

For more information, see
<http://www.bullybeware.com/>

Over the next year, the issues of bullying in schools and some ideas of what schools might do to improve situations where bullies are problematic as outlined by Seddon, McLellan and LaJoie will be shared in our new "Tip for School" segment.

"Bullying is one of the most underrated and enduring problems in schools today. The negative consequences of bullying have an impact on everyone. Bullying is fast becoming one of the most significant issues that children face in schools today. This is evidenced by the attention the topic of bullying has received in the media and the increasing number of research results being published on the topic." (Take Action Against Bullying")

Bullying is defined as a series of cruel incidents involving the same children, often repeated, but can also be isolated. The bully always has power over the victim and the purpose is to cause distress.

Most children learn to control their anger and fighting instincts as they grow older, but not the bully who continues to have aggressive behaviour patterns, wishes to dominate others, shows little remorse and refus-

es to accept responsibility for his behaviour.

Research shows 60% of children are never involved in bullying incidents - either as a bully or victim. (Psychology Today Sept. 1996). Bullying at school has often been dismissed as "normal" but rough-housing and good-natured teasing is only fun when both parties agree it is playing. When one has and maintains power over the other, it is bullying.

Up to age 11 or 12, many bullies are often popular, but by late adolescence, this popularity wanes, and a study by E. Eron (University of Michigan) found that by age 24, 60% of bullies have at least one criminal conviction. By adulthood, identified bullies had more court convictions, alcoholism, antisocial personality disorders and used more mental health services than the others in the study.

Clearly, whether to protect the victim, or intervene in negative development of the personality of the bully, it is important that schools pay close attention to this issue.

Over the next 5 issues, this

column will explore:

- 1 Recognizing signs of victim behaviour
- 2 Goals of an Anti-Bullying Policy
- 3 Beginning an Anti-Bullying program in a school
- 4 Encouraging students to report bullying
- 5 Utilizing students to build a successful Anti-Bullying campaign.

The negative consequences of bullying have an impact on everyone.



GOOD BOOKS - MORE THAN A REVIEW

Time-in Parenting

Time-In Parenting
Otto Weininger Ph.D. Published
by Rinascente Books Toronto
\$16.95 Canadian
ISBN 0-9730905-0-2

By Barbara Burrows

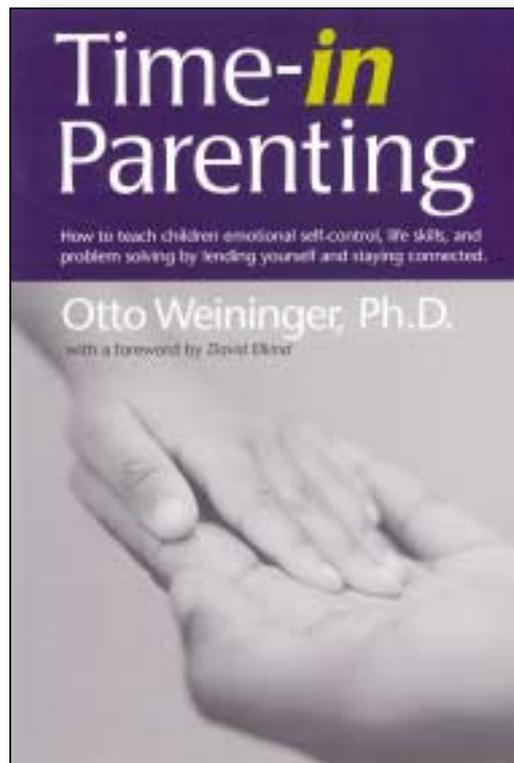
In every family, children become irritable, rude, upset and angry. So do parents. Since all parents want to help their children develop emotional health, it is important to give much thought to the best ways of helping children cope with these feelings.

The common advice to parents is to send children for "time out" when these emotions build up and lead to misbehaviour. Dr. Otto Weininger, author of "Time-in Parenting" disagrees. When children are "losing it" what they need most is a parent who can help them regain control, who can "contain" and hold the child's strong feelings until the child can again cope well.

Some might say that children regain control when they are sent away. When rejected, however, children are given the message that they are unacceptable to their parents when they experience strong emotions. What Dr. Weininger explains so well, is that when parents say "I am here for you" and offer support when children are troubled, this gives children the feeling that parents believe in them, and their ability to eventually manage those feelings in a much more positive way." (P26)

Time-in doesn't refer only to a way of handling an upset child. It is a term Dr. Weininger has applied to the concept of attachment – he helps parents realize the many, many ways that can help their children form a secure attachment. He encourages parents to "use their ears, eyes, and heart, to see, hear and be there for your child." (P27)

The book goes on to give numerous everyday examples of how child rearing difficulties can be solved by applying the idea of "Time-in". One 9-month-old baby developed a serious sleep problem when her mother went back to work at six months and the baby was weaned to a bottle a few months later. The baby howled every night at bedtime. She refused her bottle and wouldn't be soothed. She fell asleep exhausted from crying, and woke up several times during the night. Dr. Weininger understood that the baby was reacting to the anger of the parents, who were frustrated and tired of being



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awakened. He suggested that they have "time-in" by taking the baby into their bed, and sing quietly to her and offer her the bottle to suck. Although they resisted the idea, thinking they might harm her, or she might roll out of bed, they finally agreed on a compromise of building her a "nest" with blankets rolled up as barriers. Within 3 weeks, the baby's sleep had returned to normal and she was able to sleep in her crib again. Dr. Weininger stressed that until a child's attachment needs are well enough met, she cannot move naturally and positively towards separation and autonomy. This baby needed to feel well connected with parents who were not angry with her before she was able to settle down and sleep well again. (P 99,100)

Another typical example is James, an oppositional 5-year-old. His mother asks him to do something, he refuses. His mother gets angry, Jamie smiles. She sends him to his

room; he settles down and plays with his toys, apparently not caring less about the punishment. His mother decides she had better remove the toys so he knows she means business. With no toys, Jamie cries, but soon falls asleep in his room – and his oppositional behaviour continues day in and day out. Then she consulted with Dr. Weininger. He suggested "time-in" rather than time out. After he explained the concept, she agreed, saying, "Nothing else is working anyway."

Next time Jamie was hedging for another fight for control, his mother sat with him and quietly talked about the distress she thought he must be feeling. He calmed immediately and as they continued to talk, they both smiled warmly. Jamie explained that one reason he is nasty to his mom is that she is "always" stopping him from doing what he wants.

She explained she only stopped him from doing dangerous things, and may even be able to help him with other things he wanted to do. Jamie "tried on" this new approach by immediately asking to do something "ridiculous". Understanding now how to use "time-in", his mother didn't take the bait, but instead answered that it sounded pretty difficult, maybe even impossible, but they would talk about it.

The ways parents find to be with children using "Time-in" vary with different circumstances and different families, but one thing suggested by Dr. Weininger is that when a child is upset, the parent sits nearby and invites the child to put his hand into the parents when he feels ready. To quote Dr. Weininger, "The child needs to sit beside the parent, to be held by the parent and essentially told, "You're having a very hard time, and you really don't know what to do about it. You can't handle this by yourself. I will come and sit with you and when you can, put your hand on mine."

The readiness, availability, and predictability of the parent leads to the expectation that someone will be there in times of crisis. The security of knowing this yields a sense of confidence and competence in the upset child.

Dr. Weininger is Clinical Psychologist, and Professor Emeritus at University of Toronto. His ideas are based upon his more than 30 years of clinical work, study and teaching where he has worked with children around emotional troubles, learning and play. He is widely published in the academic world, and Time-in Parenting makes a significant and unique contribution to the body of literature available to parents. I hope this book stays on family bookshelves as long as Dr. Spock has!

DOCTOR DOCTOR

Trouble at school

Lydia Furman M.D.

Dr. Lydia Furman is Assistant Professor of Pediatrics, Division of General Academic Pediatric, Rainbow Babies and Children's Hospital, Cleveland Ohio. She is also consultant to Hanna Perkins School in Cleveland.

"Doctor Doctor" columns, in February, April and June 2003 issues, share three children's stories that are real, and illustrate a few important points. School failure is rarely an isolated problem, and is more often the symptom of another problem. When a school cries "attention deficit", it usually means their evaluation has not revealed the cause of the child's difficulties, and further evaluation, not medication, are needed.

Medical diseases alone rarely cause failing grades. If a student continues to have difficulty, academic testing performed at school must be repeated, preferably outside the school system. Finally, if home and school are not safe places, and this must be explored directly, no amount of testing or tutoring can help. Likewise, assessment of the child's emotional functioning is crucial, because when psychological difficulties interfere, progress in learning is usually blocked.

Parents should request guidance when seeking testing or therapy. The training, experience and orientation of the evaluating psychologist or therapist are very important. It is always important to find a clinician who takes all aspects of a child's life into consideration when deciding upon the best course of action.

Case #1

Nine-year-old Justin is at the pediatrician's office for a check-up. Does mother have any concerns? Yes. He was retained in second grade last year, and there is a strong possibility he will be held back again. School testing placed him in learning disabled classes with special tutoring, but to no apparent avail. He is described as "fidgety, unable to concentrate, and unable to follow directions."

How is his physical health? Mother reports he is rarely sick. A physical exam reveals that his growth and blood pressure are normal, and that there is no sign of potentially interfering illnesses, such as asthma or ear infections. His neurologic exam reveals balance and co-ordination adequate for age.



School failure is rarely an isolated problem, and is more often the symptom of another problem.

His hearing and vision, both tested that day, are normal.

Justin is very quiet during the exam, and cannot offer insight into his difficulties. He is able to follow directions when they are stated slowly and clearly.

How are things at home? Terrible, mother reports. Justin is said to lie and steal, to require constant supervision, and to have great difficulty with his homework. There are two other sibs who are doing well enough in school. Justin's biological father is not in the home and does not visit, but mother feels this is "no excuse." Punishments involving removing privileges or righting wrongs done are said to be ineffective.

The school is a safe environment, according to Justin and mother, and Justin is not being harassed or intimidated. Testing at

school has not yet been repeated because the waiting list is long. The school has mentioned that Justin may need medication for "attention deficit", but mother is not sure about this.

From the pediatrician's viewpoint, Justin appears physically well, but there are clear signs of difficulties at home and at school. Therefore, Justin was referred for independent educational testing and a psychological assessment, in order to examine his intellectual abilities as well as any interfering emotional factors.

Testing revealed that Justin's full-scale intelligence quotient was 62, placing him in the severely intellectually handicapped range. Although concerned and upset about the test results, mother was relieved in a way to understand that Justin's school failure had an organic (biological) basis. Numerous emotional factors and family stressors were identified, some of which may be amenable to therapy or parent guidance.

Watch for Doctor Doctor in April for the story of 10 year old Jason and what turned out to be interfering in his school success.



Tip for Tots – Telling a lie

Concepts from Time-In Parenting by Otto Weininger Ph.D. Published by Rinascente Books. (For further information see "Good Book More Than a Review" in this issue.)

The parents of a 2-year-old were concerned when they asked if she had made a bowel movement in her full and smelly diaper. She answered no, and said the family dog did. Even when shown the messy diapers, the little girl insisted that it was the dog.

Wondering whether they should punish her for lying, they consulted Dr. Weininger. He explained that their daughter understood the negative tone in their voice and was frightened by their question. She did not know whether she had done the right thing. 2-year-olds cannot understand the concept of "telling a lie". Instead she was worried that she had misbehaved. She picked up on the parents' negative feelings about the dirty diaper. Saying it was the family dog was her way of denying her bodily function, as she

didn't want to displease her parents.

Dr. Weininger suggested that the parents, rather than implying that she was bad, or naughty, say that she made a good and healthy bowel movement, and it was just the sort that their little girl should make. When they said this, she grinned, but did not reply.

Within a short while, she announced that she had made a good and healthy bowel movement. Likely she did not understand the words "good" or "healthy", but she did understand the attitude that her parents were able to convey that she was a great little girl who was loved and that they were not upset by what she did.

By accepting their daughter's bowel movements in a natural way, the parents are accepting the child's body and its' functions, and they help the child do the same. This helps the child take ownership of herself, and her body which helps her develop a positive self-image and good feelings. P. 90

2-year-olds cannot understand the concept of "telling a lie"

Tip for Babies – Helping older babies sleep through the night PART 4

This is the 4th and final part in a series "Helping Older Babies Sleep Through the Night". For earlier segments, see www.barbaraburrows.com and follow August, October and December magazine tab.

It is always important to make any changes in a baby's life as gradually as possible, creating only little frustrations at a time that the baby can "get over" easily, without undue upset.

If babies have been sleeping in their parents' bed for many months, or maybe all their lives, the transition to their own beds and their own rooms must be done positively and slowly.

Start with afternoon naps. If the baby is climbing, it is time for him to have his very own

low bed, rather than a crib. Encourage the baby to help you get his room and bed ready for him, making it inviting and cozy with special soft toys, special blankets etc.

Once the room is inviting, tell your child ahead of time that "tomorrow you will have your nap in your own big bed".

Be prepared to put lots of time against helping your child adjust to his new room. Read stories together, get that special transitional object (his favourite teddy) and lie him down, patting his back, singing, listening to favourite calming music etc.

Once it is time for your child to sleep, stop talking and stay in the room. Give him as little attention as you can, and don't let him crawl or run out of the room (put a chair against the closed door and sit on it – with you inside the room).

Respond if he cries, but comfort your baby with as little attention as possible, always encouraging him to put his head down and go to sleep. Try not to hold him to get to sleep. The idea is to teach him to fall asleep in a

new way, without bodily contact.

Within a few days or weeks, he will sleep easily in his own bed. Once he goes to sleep in his own bed easily at naptime, it is easy to use this new skill at bedtime, and you can ease him from your bed to his own bed at nighttime.

If the baby is climbing, it is time for him to have his very own low bed...





Tip for Teens – Allowances – Earned or a Gift?

After a certain age, it works well for most teens when parents attach a dollar value to tasks and allow children to earn some or all of their allowance. Teens can take some pride in their contribution to the family and do not feel they are taking more than they should from parents when they do something in return (although they'd never admit this is true!). They move towards greater independence as they give something in return for what they get. This reciprocity is more adult-like than like childhood when parents give unconditionally. These responsibilities also help teens focus, and organize themselves and their time.

Teenagers, especially during times of stress, frequently become "scattered" - not thinking or acting with clarity. Responsibilities around home may help teens get back to a more stable place psychologically. There are many benefits from expecting a teen to pitch in and help a little.

Once allowance is payment for a given task, should parents withhold the allowance if the task is not completed? It depends. Do the parents sense the teen is over-whelmed? If the teen just does not complete the task within the agreed upon time limit, this may indicate he is "too scattered" psychologically to get organized enough to accomplish everything he planned. Since the goal in giving the jobs is to help the teen become more stable in thinking and behaviour, there

may be value in giving him some spending money anyway. This may sound contradictory, but leaving the teen without pocket money doesn't help him organize the scattered part of himself any better or help with the overwhelmed feelings. Offering the allowance as an incentive might help the teen "get it together", but withholding the money does not necessarily achieve the opposite.

During times of stress, teenagers may need more support from parents than usual. Giving the allowance, even when work isn't done, can offer this support. Taking the allowance away can make the teen (who already isn't managing as well as usual) feel rejected and punished.

Sometimes it will work better if parents don't give the allowance for work not completed. Parents need to take into consideration what they think their teens can manage, and try to set their expectations in a way that will encourage the teen to move forward in their lives positively, rather than get discouraged and retreat. Whether that means reducing expectations or holding to them consistently depends entirely upon the teen's psychological position. Trying to figure out what kind of mood or "space" is difficult, but needs constantly to be taken into consideration so parents can make thoughtful decisions when trying to decide the best course of action.

Children enjoy doing for themselves in self-care

Tip for Kids – Self-care

Barbara Burrows

This tip is taken from ideas written by Mrs. Erna Furman in "Helping Young Children Grow" published by International Universities Press (P 217). For more information, See <http://www.iup.com/>

Children enjoy doing for themselves in self-care - when pre-schoolers want to be fed, dressed, cleaned, (except when tired, sick or under particular stress) they are showing that they have not developed the usual wish to look after themselves and their bodies. Why might this be?

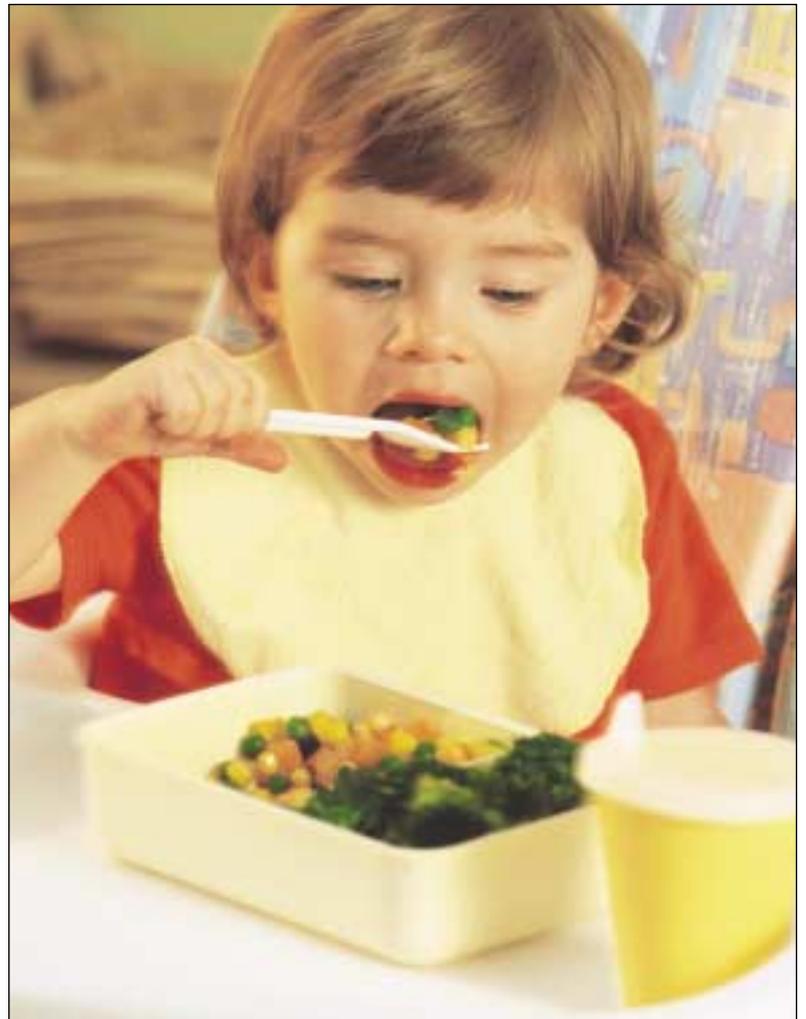
Mrs. Furman explains that children develop the wish to look after themselves when their mothers have taken pleasure in looking after the child's body and can also take pleasure in letting the child make his own clumsy efforts to imitate her efforts.

If a pre-school child does not take pride in self care tasks, it may be an indication that:

- his mother may have been away too often or too long
- she may not have allowed the child to do for himself or have been impatient or critical when he tried
- she may have insisted that he do things for himself before he showed any interest or readiness
- she may not have shown her interest (been an appreciative audience) while he was learning to do these things for himself.

Children enjoy doing for themselves in self-care

Sometimes mothers do not realize how much they are still needed, even when children start to do self care tasks themselves. It is as if the child is saying "I don't need Mom to do it but I need her to love me while I do it and love me for doing it."



F E A T U R E

GRANDMOTHERING

or the art of being a Grandmother

Ginny Steinger
of the Grandmothers

"The Grandmothers" are Early Childhood Consultants, and an energetic, experienced group of professionals linked with The Hanna Perkins Center in Cleveland, Ohio. Collectively, they have decades of experience and have helped several thousand children lead happier lives. "The Grandmothers" are Maria Kaiser M. Ed.; Lyn Kirst B.S.; Georgianna Roberts M. Ed.; Nancy Sabath, M. Ed., Kathleen Smith, M. Ed., Virginia Steinger M. Ed. "The Grandmothers" are co-ordinated by Barbara Streeter M.S. (Bank Street) L.P.C.C. Child Psychoanalyst, Associate Director, Hanna Perkins Center, Extension Division

As a "grandmother" who has no grandchildren, I could not presume to give advice or pointers to my friends who are bonafide grandmothers. I have however, commented many times in praise of the ways each of them has become such an important, helpful part of their children's and grandchildren's lives.

I think of the friend whose grandchild has physical and emotional difficulties. She helps the young parents in ways no one else can. She understands the anguish that causes their almost compulsive dedication to focus on their child's needs, sometimes to the exclusion of their other child. At the same time, with love, patience and a calming reassurance, she manages to help them moderate their reactions, making their efforts on behalf of their child more effective.

A former career-woman grandmother I know, who was in charge of a large staff of professionals, is now very conscious of not taking charge when she is with her son and his family. When she is in their home, she makes sure she does not register disapproval or use her own methods of handling situations, but instead consults with her son and her daughter-in-law first about what should be done. When she is baby-sitting her grandchildren, whether in their home or hers, she asks them, "How would Mommy and/or Daddy do it?" "What would Mommy and/or Daddy want you to do?" Of course she has tried to cover every eventuality beforehand with their parents so that she fairly well knows their procedures and wishes for most of the situations that would come up.

On the other hand, I do know another grandmother who takes great pride in how she "raised her children." According to her memory (which has got to be blurred by time!), there was never an unkind deed, a rude word, or a bad grade in her house because of the straight and narrow upbringing of her children.



...put aside temptations to "raise" children in the way she might think best!

Whenever she visits her grandchildren or they visit her, she eagerly looks forward to giving them a 'taste of firm discipline' and 'shaping them up'.

When recounting the visits afterwards, her listeners sadly never hear of fun shared experiences, pride in her grandchildren's achievements or joy from their delight in her.

A friend of mine is blessed with nine spectacular grandchildren. I delight in hearing stories about them—some from her frequent contacts with several of them, some from letters she receives from them. Even though she has that many to relate to, she 'grandmothers' each of them in quite an individual way. She knows which one needs special encouragement and support, which one needs a gentle nudge out of complacency or lack of motivation, which one needs to hear the hard facts about facing up to one's responsibility. She can do this constructively because she has always appreciated each one's uniqueness, valued each one's efforts and shown personal compassion for

each one's difficulties. She guards against imposing her projections of what would make things easier, what would be more profitable or what would gain more success. She cheers them on to find their own ways while communicating to them her unconditional love.

Another grandmother I know with a flock of grandchildren is a delight to them because in many ways, she has never grown up! Nothing pleases her (or them) more than to spend a day with them in the woods, at the park, at the lake at the zoo or making a garden. She enjoys these experiences with them at each one's level of taking in. The older ones get a more formal education with many questions written down to look up later; the younger ones are educated by their grandmother's encouragement to touch, look and try. The children are fully involved because she is discovering with them as though the experience is as fresh and full of wonder for her as it is for them.

Some grandmothers whose grandchildren live some distance from them see them maybe only once or twice a year and for a short period of time. One of my friends prepares for these visits with a frenzy to schedule an activity or outing for their every waking moment. She has finally seen the light—rather, was forced to. She sprained her ankle badly last year just before their visit, but couldn't stand the thought of their not coming. Despite her not being able to take them here and there for entertainment, they had one of the most enjoyable visits ever. Her plans for their visit were so very simple, yet quite creative. This visit with her grandchildren expanded her relationship with them as no amount of "field trips" could have. She ordered several books from the library she had particularly enjoyed as a pre-adolescent child. She ordered CDs featuring the likes of Arlo Guthrie and Ella Jenkins singing timeless folksongs. She gathered pictures of her and their grandfather's families that were stored away in albums and boxes. They spent hours listening to her read aloud sharing her enjoyment of these books and her long ago feelings about them. They sang, tried to harmonize and laughed together as they played the CDs. The most companionable time of all was when she showed them pictures of when she, their grandfather and daddy were younger and told them stories of the 'olden' days. They still beg her to tell them again and again.

From my experience of working with young families and from observing some of my friends who have become grandmothers, I believe that one of the greatest assets a young parent can have is a mother who is really into grandmothereing in a way that truly recognizes the individual needs of her children and grandchildren, and is able to put aside temptations to "raise" children in the way she might think best!

F E A T U R E

Jenny's attachment to her Dad

By Diana Mandell

Diana Mandell M.Ed.; Certified Mental Health Counsellor works with mothers and their babies in Redmond Pediatric, Redmond Washington helping mothers get a deeper understanding of the emotional needs of themselves and their infants. She is married and she and her husband have two grown daughters.

Let me tell you a true story. It was told to me by Catherine, Jenny's mother. Catherine participated in a mothers' support group I led at Redmond Pediatrics in Redmond, Washington. She was one of five mothers in the group and the only one with more than one child. She was a lovely, gentle young woman devoted to her children. Catherine was interested in everything discussed in group, though she had a particular interest in the session on attachment issues.

I talk about the different kinds of emotional attachments people make in their relationships, mostly focusing on what makes for a secure one. Security comes from learning that needs for human connection and to be cared for will be sensitively responded to. As this happens in the early months of life, trust builds. The idea is that each of us carries into parenthood significant attachments from our past. Awareness of these early relationships and the kinds of attachments we feel is the key to beginning to change them if we need to do so as we raise our own children. We also talked about the benefits to children who become securely attached and how this happens.

As we talked, Catherine shared her own experience growing up with a distant and uninterested father who often traveled. When she was in her early twenties she met and fell in love with Chuck. He proposed marriage. Her response was that she would not marry him unless he found a job that required less travel than his present position. She shared with Chuck that when they had children, which they both desired, she wanted her children to have a different experience with a father than she herself had. It was so important to her that unless he made this change she would not marry him. He understood what she meant and shared her wish that

it should be different for their children. Chuck changed jobs and they had their first child two years later.

Chuck spent a lot of time with their baby. In her earliest weeks he often sang to her the Elvis Presley song, "I Can't Help Falling In Love With You". When Jenny was three months old her doctor detected a heart ailment. Open heart surgery was recommended. At the age of ten months Jenny was operated on. Words cannot adequately express how Jen's attachment to her father helped her at this time.

Several hours after surgery, the nursing staff was attempting to remove an IV from the carotid artery in Jenny's neck. She was frantic. There were others about witnessing the baby's distress as she cried and cried. Catherine was not present though Catherine's mother was there, but was unable to calm the baby. Chuck, who according to Catherine was a very shy man, walked in hearing her cries. Immediately he started to sing the old familiar Elvis song. This panicked baby turned her head, fixed on her father, listened and calmed down. We can only guess that whatever love and security Jenny felt from her father in numerous earlier experiences of hearing him sing somehow helped her immeasurably now. As Catherine told this story to her mother's group, we sat silently transfixed by her words and the emotions we all felt.

No one could have more effectively demonstrated what I was talking about in

this group session. Catherine presented her history, her awareness of her pain and the hope that lies within each of us as parents that we can prevent our children from knowing the same pain. She shared the effort she and Chuck made to turn this hope into reality. Catherine knew this triumph came from her recognition of her own early pain and her desire to give her own children what she herself wasn't fortunate enough to experience. She needed and wanted to share their journey. In being able to make this change for the next generation, she felt pride in herself as a mother, and in her husband as a father. This good feeling furthered her own healing, as did being able to see her daughter experience what she so deeply wished for herself. Through this conscious effort, Catherine was able to ease some of her earlier pain and make things better for her children.



This panicked baby turned her head, fixed on her father, listened and calmed down.

OUR READERS SHARE

A friend in tears

by Caroline Greenway

Late one evening the phone rang. I was doing my homework but I picked it up anyway. "Hello?" All I heard was crying. "Hello? Who is this?"

"It's me" said the struggling voice. It was my best friend Emma.

"Oh hey! What's wrong?" I hate hearing her cry because it makes me feel like I am going to cry too.



"It's my mom" she finally said. "I got in a fight with her again."

I've gotten in many fights with my mom too, and she has as well but still, I was quite uncertain about what to say. I started anyway.

"Oh hun, tell me what happened, maybe I can help."

"School was terrible!" she said. "My whole schedule got changed and now I have no classes with any of my friends and I told my mom but all she said was, 'Emma, life isn't perfect, you will have to deal with it!'" Emma went on, "Then I went up to my room because I was starting to cry. My mom followed me and watched me cry through the doorway. All she said was, 'Thanks Emma, that makes me feel good' and that made me cry even more. She makes me feel so unloved."

At the beginning of the semester, my schedule got changed as well and I knew how she was feeling and it wasn't a good feeling at all. I kept talking to her.

"Emma, it's ok, I'm here!" She was still crying so I just kept talking.

"Ok, you know that you are the most important person in your mom's life and without you her life wouldn't be as great as it is. You should try and talk to her about this and tell her what is upsetting you. Tell her exactly what you are telling me and try to figure out a way to resolve the problem...." No response....

I continued, "Remember when I had my schedule changed at the beginning of the term? Well my mom told me to try it for a couple days and if I was still upset then she would talk to the principal. Maybe if you do the same your mom will do that too! ..." Pause

On I went ... "Your mom is such a good person and she loves you with all her heart and I know you love her the same way." She still said nothing so I said nothing and just waited. Finally I heard some sniffs and when she spoke her voice was a bit teary but a lot clearer.

"Ok, thank you!" was her simple response.

"It's nothing" I replied. "I have to go though. Remember what I said ok? Call me anytime and don't forget to talk to your mom."

"Ok I will, thank you, I love you," she replied.

"I love you more" I said and hung up the phone.

The next day at school she didn't say anything but ran and gave me the biggest hug anyone could ever get. She was smiling. I love it when she smiles. All she said to me was, "You made me feel so good Caroline, thank you again!" She laughed and gave me another hug. I didn't say anything. We enjoyed our day at school like nothing had happened at all. I don't know how I knew what to say to help her. I tried my best to make her feel better. I succeeded. That felt so good!

OUR READERS SHARE

Maybe our story will save a life

By Mrs. May Bob
North Bay Ontario

June 16/02

I am currently sitting in the hospital, where I have been every day since March 11/02 with my 16 year old son who apparently took an accidental overdose of pills. I don't think it was a suicide attempt, as my son and his friends have talked different times of finding new ways to get high.

So many times I tried to talk to them, and heard, "Don't worry, we know what we are doing. We aren't stupid."

When found in a coma, he had four kinds of medications in his system - THC, Benzodiazepine, Amphetamines and Morphine. His friend reports that my son took maybe 5 of the Morphine pills before the friend fell asleep about 5 in the morning. Apparently, my son took more after that, since there were four different drugs in his system.

When the ambulance came, he was barely breathing. The doctor explained that within half an hour of taking the Morphine, his heart, his blood pressure and kidneys would have all slowed down. The drugs cause a person to vomit. This almost suffocated him, but somehow enough oxygen reached his brain to keep him alive.

In the beginning, the doctors just kept telling us there was no hope. My five daughters and I did not give up hope or our faith. I feel it was a miracle that he pulled through the early crisis.

Later, my son was moved to Ottawa for a neurological assessment. Here I heard the most difficult words I expect I will ever hear - that my son would never be able to walk, talk, or eat again.

I could not hold back my tears. To hear that my only son, my baby, would never be able to do these things again - he is only 16. How could this be? It is not fair. He has been robbed of his life.

Deep down, I know he probably took these pills of his own free will, but I don't think he had any idea of how dangerous they are. Everyone knows where he got the pills. The person had just been released from jail for trafficking. Because my son is unable to testify, this low-life is getting away with this. Even if it was my son's choice to take the pills, I think something should be done about the dealer before someone else's life is destroyed. What doctor in his right mind would prescribe 70 Morphine pills to a person just released from jail for trafficking?

I do not think my son can see us - and we



Eugene (Huey) and his mother, May Bob

...I heard the most difficult words I expect I will ever hear - that my son would never be able to walk, talk, or eat again.



don't know how much he can hear, or understand at least. He is beginning to talk a little and his words are the sweetest sound that a mother could hear, after being told there was no hope. At times, he is even able to answer a question coherently. I don't know how much he will be able to recover, but this is a good start.

When I see other kids his age out and about, it brings tears to my eyes, knowing that he can do none of those things any longer, yet deep down, I know I should be (and am) grateful that he is still here.

One thing I wish for deeply is to meet another parent who has faced a similar tragedy, who can really understand what I am

going through. I feel like a bubble about to burst. Then I look at my son, and think that the love and faith I have will conquer any obstacle we have ahead of us.

October 7/02

My son has now been home from the hospital three months and two days and I am caring for him 24 hours/day. They wanted to put him in a senior complex for long-term care, but I would not hear of it. He is better off at home. I will care for him at home as long as I am able.

We are now sure that he can see. We would make various facial expressions for him, and one day last August he imitated the faces we made. We were so happy.

He loves to go outside, but now it is getting too cold to be outdoors very often. He loves to go places as well. What I would give for a wheelchair van to be able to take him out often! We book the public transportation for wheelchairs for doctor's appointments etc. and he really enjoys the ride.

November 11/02

Today is 8 months since my son's overdose. He can almost carry a conversation about little things. When he first came home from the hospital July 5/02, he was fed through a tube - 8 tins of a food supplement daily with a feeding pump. He gets physiotherapy three times a week.

December 11/02

Huey has only 4 cans of supplemental food now and is eating more normally - steak, hamburger, potatoes and vegetables. He will be having turkey with us for Christmas. God bless!

January 1/03

My son does not remember who we are, but every day seems a little bit better. He can tolerate more than 2 hours in his wheelchair. I thank God every day for my son, and for the small gains he is making.

I share my story with the hope other children may learn. My son thought it would never happen to him, but it did. And now we all have to live with it. Quite a price to pay for one little buzz. I know I cannot stop all the pill pushers, but if our story can help even one teenager avoid this terrible tragedy, I'll feel it was worthwhile to share.

Editors Note: Please send any comments for Mrs. Bob via Barbara Burrows by mail to 1328 Janina Blvd. Burlington L7P 1K3 or barbaraburrows@cogeco.ca

L E T T E R S

Adoption article angers and saddens Mother to be

Dear Ms. Burrows:

Re: "Talking Adoption," by Marilyn Thorpe, *Barbara Burrows Parenting Magazine* – Part 1 – October 2002 P 8; Part 2 December 2002 P 8. See www.barbaraburrows.com and follow magazine links.

It's a little difficult for me to describe, in four words or less, my reaction to Marilyn Thorpe's article printed in your parenting section yesterday. Appalled. Disgusted. Angry. Sad. It is disheartening to see the myths and stereotypes so associated with adoptive families appear in such a commonplace source as our daily newspaper. To me, it just reminds me of how little people know of adoption, and of how important it is to do everything I can to change the attitude that Ms. Thorpe so blithely adopts herself.

Adoption is not a second class act. Family is not merely an act of biology. If that were the case, there would be no husbands and wives, no in-laws, no second cousins, and no step parents. Family is an act of union, of coming together to care for one another. Adoptive parents and adoptive children do need to

attach and bond, just as biological parents and their biological children do. Being a biological parent does not make anyone automatically love a child: just look at the short, sad life of Randal Dooley to see that.

I am an adoptive parent, who has not yet had the privilege of starting my family through adoption. Currently, we are fifteen months into this process, and it could be another five, six, eight, ten months—maybe a year—before we're actually united with our children. We don't know. Does that mean I spend my time, desolate and grieving, because the children that will one day be my sons or daughters are not mine biologically? No. I tell people that adopting children is like being pregnant without a due date. The process, the waiting, the preparation is all the same, except that oftentimes the end result is even more miraculous, as you find your children, once they become yours, really are a gift of God, or of some greater force at work out there. That you have found one another is truly amazing.

It disturbs me that a professional person would treat the subject of adoption with such a second-class attitude. I can imag-

ine adoptive parents out there, trying to explain to their eleven, twelve, thirteen year old children today, that, no, they weren't "disappointed or depressed" when they adopted them, and that no, there's nothing wrong with being adopted. What kind of message does that perpetuate about adoption?

I think of the words of Lois Melina, author of *Raising Your Adopted Child*, and adoptive parent: "Is this an adoption issue or a parenting issue?" The change that comes with becoming a parent—the emotional trials, the adjustment—is a parenting issue. All families go through it. That's it. My children will be my children—not my adopted, second-choice children.

I'd like to recommend to Ms. Thorpe, and to you as well, *Adoption is a Family Affair*, by Patricia Irwin (Perspectives Press). Instead of allowing you to "forsee difficulties with adoption," the book may instead teach you how to forsee the myths of adoption, and how the greatest difficulties some adoptive families face is the attitude of others, not themselves.

Natalie Wilson
North Bay, ON

Editor's Note: The section written by Dr. Thorpe to which Ms. Wilson refers is included here. As always, in Barbara Burrows Parenting Magazine, we try to help parents understand feelings that arise in parenting that they may least expect.

Here is the excerpt from Adoption Part 1 by Marilyn Thorpe Marilyn Thorpe BA, MD, FRCPC.

The parents will need to be very honest about their many conflictual feelings; it is our denied feelings that erode a child's esteem. For example, when mothers and fathers can acknowledge to each other their darker feelings about the adoption - perhaps their worries that they will not be able to love the child, the fact that they don't feel connected at the beginning, or their disappointed or depressed feelings (that often accompany even a natural birth), they will be less likely to run into difficulties that come when denied, unconscious feelings get acted out.

A common problem that can develop is that certain normal and expected disappointments of the mother of father remains unconscious, or even when conscious, parents cannot speak about them. The baby, of course, "feels" these hidden or unspoken emotions, in the way he is held, diapered, fed and cared for. The infant responds to these hidden feelings with unsettled and difficult behaviours. He doesn't "warm up" to the parents, who then feel even more inadequate. The more parents can talk together about these darker feelings, the less the emotions go underground, where they get "stuck" and create greater problems for both the parents and the child. Talking helps parents find their way to feel more loving and get over the disappointments. This frees them emotionally to respond more fully to the baby, who then responds better to the parents.



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The members of the advisory board contribute articles to the magazine on a regular basis, and oversee the professional integrity of articles published in the magazine.

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Clinical Psychologist,
Child/Adolescent Psychoanalyst,
Director and Faculty Member,
Cleveland Center for Research in
Child Development and Hanna
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Sylvia Brody Ph.D.
Post graduate work at The
Menninger Foundation, Author of
five books, numerous papers and
seven films on maternal
behaviour on infant and child
development, Extensive clinical
research in infant and child
development.

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M.D. Ph.D. F.R.C.P. (C)
Graduate of Yale University (M.D.)
and California Institute of
Technology (Ph.D.), Director of
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Centre, Toronto.

Judith Deutsch M.S.W
Clinical Social Worker, Graduate of
University of California at
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Psychoanalysis, Editor of a book
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Clinical Psychologist -
Psychoanalyst,
Member of Faculty - Toronto
Institute of Contemporary
Psychoanalysis,
Professor Emeritus O.I.S.E.,
U of T - Toronto,
Author of 12 books and
numerous papers.

Barbara Burrows Parenting Magazine expresses deepest gratitude for the support of Dr. and Mrs. Furman during their illustrious careers.

Erna Furman
1926 - 2002
Faculty Member Department of
Psychiatry, Case Western Reserve
School of Medicine, Cleveland
Psychoanalytic Society; Author of
seven books and over 180 articles
on child development, many of
which have been translated into
German, Dutch, Finnish, Spanish,
Italian, & Polish and have been
the topics of some 450
presentations to scientific and
lay audiences.

Robert A. Furman M.D.
1924 - 2002
Pediatrician, Psychoanalyst,
Training & Supervising Child,
Adolescent & Adult Psychoanalyst,
Author of numerous papers on
childhood development,
published in both North America
and Europe.

Barbara Burrows Parenting Magazine welcomes

...your questions, comments
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mail:

Barbara Burrows Parenting
1328 Janina Blvd.
Burlington, ON L7P 1K3

fax:

(905) 332-461

e-mail:

barbaraburrows@cogeco.ca

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