

PARENTING

BARBARA BURROWS

M A G A Z I N E

www.barbaraburrows.com



**Spoon feeding with the swap system • “He bit me!” • Just wait a minute!
The bottomless (?) teenage pit depletes parents • Recognizing signs of victim behaviour
Trouble at School • ADD: Does it really exist? • Emotional realities on new mothers**

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BARBARA BURROWS
PARENTING
 M A G A Z I N E
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 Canada's leading parent education service

Publisher

Barbara Burrows

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Are Boys Heading for a "Cascade of Disaster"?

Early this year, in the Globe and Mail, and also on CBC Radio there was discussion about boys learning, and indication is that they are falling behind the girls. The Globe and Mail (How the schools wage war on boys by Margaret Wente) indicated that the Grade 3 testing is showing that boys are well behind the girls. The implication is that parents should be aware, and not ignoring this information - they should be helping their boys catch up. CBC Radio (The Current - Anna Maria Tremonti - Feb 26/03) did a documentary on boys in schools and indicated that "One in three boys in that province (Quebec), by the time they are 20, will have given up on school. They will have left without graduating. And it's not just in Quebec. Boys are consistently doing worse in school than girls in much of the industrialized world."

I would urge parents not to become too upset with these statistics. My experience, and that of my friends has proven this information incorrect. I would go so far as to say that becoming worried, and trying to pressure boys "to learn" before they show a readiness might lead to the opposite - they become overly discouraged, and stop learning.

By the end of Grade 3 our son couldn't read or write very well. No one panicked. No one cited studies that forecasted his future to be a "cascade of disaster". We just plugged along, helping him succeed at activities he did enjoy - like sports - and tried to help him with homework - at whatever level he would tolerate.

Then in Grade 9 we worried he was way behind. We even considered out of school tutoring in English so he could master the basics. My friends had the same concerns about their

sons. We laughed together (well - maybe we weren't quite a cavalier as I pretend) driving together to a meeting one evening - 4 mothers - 4 boys in grade 9. As we started talking about our sons' literacy level, we admitted they really couldn't write a decent paragraph and none had read a book for their own pleasure.

Then something happened. In Grade 11, our son decided to be smart. He pulled in an Honours Standing report card. The next year he wrote an Independent Study Unit, OAC Level Economics paper on Marx that earned the comment, "higher than grade level expectations". He currently sits 11th out of all 4U and OAC students in the school for top marks.

These "illiterates" are now 18 years old. One of the other boys has discovered Freud and really "likes what he says" because "he and Freud think in a similar way." The third boy is also getting high marks and is preparing for university entrance. The 4th is working for a year, and then heading to college.

One of the things that was important to all of us was to support our sons' wishes to learn - wherever they were apparent. For our son, it was sports he enjoyed most for a good many years.

The example of our son, and of my friends shows the importance of continuing to support boys - where they are at.

Our society is not full of illiterate men. Maybe the school experts should just learn to relax a little and let boys be boys.

What's Up?



ANGELA GREENWAY
 Managing Editor

APRIL 2003

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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.

Angela

DEAR BARBARA

Helping a shy 9 year-old

Dear Barbara,

My 9-year-old son Jake is an overall great kid. He is a great student and very respectful of other people, great big brother, he listens to us for the most part and really we have had very little problem with him. Jake has always been a sensitive child as well as a little shy and as long as we can remember fearful of anything new or out of routine. We have a very hard time to get him to try new things like playing basketball or swimming lessons and we even have a hard time to get him to go to birthday parties that he has been invited to - even his best friends. He will do things when we go but it is impossible for us to leave even if he is having fun. When he was younger we weren't too concerned. We expected that it would get better as he got older and in certain instances it did. In some ways though, it is getting worse. He missed school recently because of a carnival they had because he did not know anyone on his team. We have been getting very angry with him and a lot of yelling has occurred on our part because we don't know how to deal with this.

Dear Parent

One possible factor in a child's uncertainty is the child's fears about his own hidden aggressive thoughts and feelings. There are children "who wouldn't hurt a flea" but then we must wonder what happens to their normal wishes to hurt those who frustrate or upset them. They manage to be "very good" which in many ways is commendable, as they have learned to get their impulses under control. If aggressive wishes get repressed too quickly, the child may not have enough time to "work them through".

For example, children love, but also hate their beloved parents when things don't go the child's way. If a child screams out "I hate you, I wish you'd go away forever!" his wish is clear. He discovers his parent isn't hurt, nor does the parent disappear, no matter how much the child (momentarily) wished it. The child doesn't get sent away "forever" for being so "bad" to wish parents gone (another common childhood fear). The anger is out, and then, in a

little while, is over. A shy child rarely expresses negative feelings in this way. He represses feelings so quickly, it appears that he doesn't get upset at all. However, this type of child can feel very uncertain about things - and often needs to keep his parents close, so they can protect him and he can protect them. He needs protection from his own unconscious (unknown) angry impulses. To help, encourage him to express his anger, frustration, sadness, jealousy, envy - all the difficult emotions - as openly as possible.

As well, continue what you have been doing. Encourage him to try new things, help him have good experiences away from you. Reassure him that you will be fine, and so will he. Acknowledge that he can still have fun, even if he is a worried. Remind him that worries come and go, and if he feels worried at a particular moment, that his worry will pass. Encourage him to think about what he can do to manage until he does feel better again when his worries come.



BARBARA BURROWS
Director,
Barbara Burrows
Parenting

Photo by Murray Pellowe

Tip for School – Recognizing signs of victim behaviour

From *Take Action Against Bullying*

By Cindi Seddon, Alyson McLellan, Gesele LaJoie

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

This is the 2nd in a series of 6 articles on the issues of bullying in schools. 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 each of these segments.

“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)

When a child has been repeatedly victimized certain behaviours and attitudes tend to emerge which are inconsistent with his/her typical behaviours. Often children are too embarrassed and humiliated to report victimization. School personnel need to honour parents concerns in these areas. The follow-

ing guidelines will help parents and school personnel identify a child who may be being victimized.

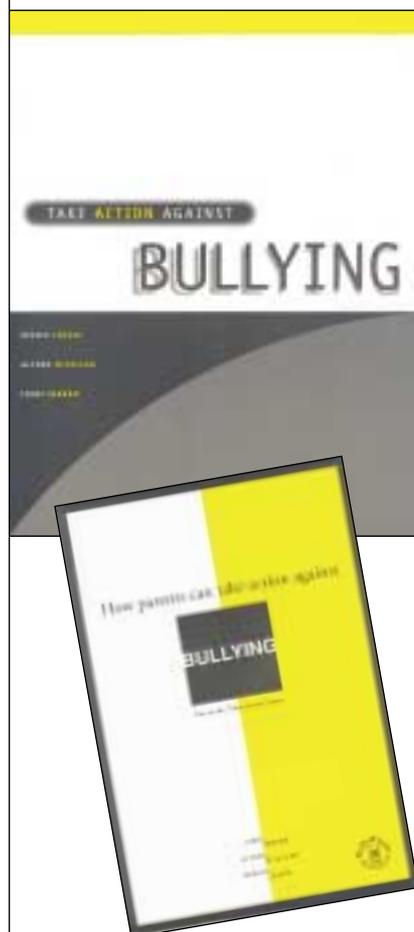
The child:

- is disinterested in and reluctant to attend or talk about school
- arrives home disheveled or “roughed up”
- is reluctant to walk to or from school
 - arrives to school late or just at starting bell
 - withdraws from social groupings
 - appears to be alone most of the time at school or hangs out primarily with younger students (which may indicate problems with grade age peers)
 - complains of headaches, stomach aches, untraceable illness or frequent injuries

Often children are too embarrassed and humiliated to report victimization

- is repeatedly missing expensive and/or designer clothes or other clothing articles
- may arrive home unexplainably hungry, possibly indicating that someone is taking his/her lunch or lunch money
- is reluctant to participate in any extra curricular activities
- appears apathetic, depressed, loses sleep or sleeps too much.

Watch June 2003 for “Goals of an Anti-Bullying Policy” in schools, which will outline further policies that schools can institute to address the problems of bullies..



GOOD BOOKS - MORE THAN A REVIEW

The Development of Anorexia Nervosa

The Hunger Artists

Sylvia Brody PH. D.

Paperback

ISBN 0-8236-3381-0

**Published by International
University Press**

<http://www.iup.com/>

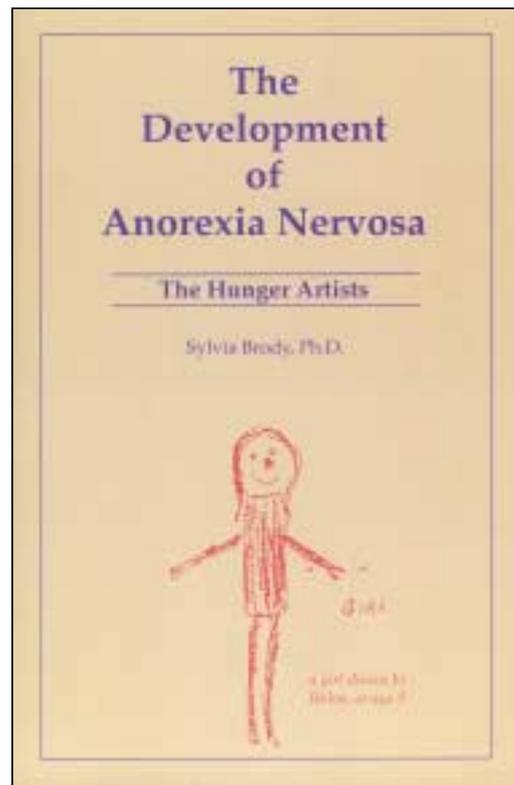
This book is written for a professional audience. Parts may be difficult to understand for the lay reader, but the cases and the main message are easily comprehended.

In "The Development of Anorexia Nervosa" Dr. Brody draws on her research to offer new, important information on what may lead to this condition. Dr. Brody's study followed 131 mother/infant couples from the 1st few days of the baby's life and most were followed for more than 30 years. Two of her subjects became anorexic. Her book outlines, in precise detail, the troubles in parent-child relationships, the early signs of unresolved frustration and the early antecedents of anorexia in these two subjects - Ariel and Helen.

Dr. Brody offers data gathered from direct observation of mother and baby, interviews with the mother and father and psychological testing done at periodic intervals over a 30 year span. It gives a detailed history of the two girls, describing their psychological development, areas where problems were developing, and areas where their parents were unable to see the distress of their children.

Discussion of "the quality of engagement" between mothers and their babies, and how this was measured appears in Chapter 7. Dr. Brody looked at "how reliably the mother's psychic energy is channelled into engagement with her infant". The "quality of engagement" turned out to be an extremely important factor in understanding future pathological difficulties of the children.

One thing apparent in both Ariel and Helen's case, was that neither their mother nor their father were able to make this meaningful engagement with their daughters. They held, talked looked at and cuddled with these girls as infants less than average. The parents in both cases paid little attention to the problems the girls experienced in their growing up years and throughout adolescence, unless their "poor" behaviour impacted directly on the parents. The parents felt their obligation was to provide food, shelter, schooling etc., but were unaware of the lone-



It is also an important book for any family who may be facing and wishing to know more about anorexia

liness and unhappiness that showed up in observation and psychological testing of their daughters. In fact, both mothers described their girls as "happy" numerous times. Although the mothers and fathers willingly came to all sessions to participate in the study, which clearly showed their interest in being good parents, they missed the mark in one important area. They were unable to be "in tune" with their children psychologically. They were unable to "reliably channel their psychic energy into their daughters". This left the girls lonely, isolated and eventually, anorexic.

Another factor in both cases was the lack of pleasure noticeable during feedings. As early as 6 weeks, Ariel's mother was force feeding her, urging her to take more of her bottle, after Ariel clearly didn't want more. The same pattern repeated with solids - urging "just one more spoonful" of food until Ariel gagged.

Helen's mother waited until she "screamed" wanting to make sure she was really hungry before nursing her. She tried to delay each feeding 15 or 20 minutes longer,

as this would make fewer feedings each day. She tried to make the feedings brief. Helen was abruptly weaned from breast to bottle, which left her very upset. By a year old, she was throwing her food into the air, and pushing it away. (P55) Her mother thought her a difficult eater. Feedings for Helen were filled with tension.

Troubles continued through the other developmental stages and will be outlined in detail in the June 2003 Issue. (See Synopsis of Ariel's History)

Body image is another important topic that Dr. Brody discusses in detail as well as the ways both Ariel and Helen longed to be loved and cherished by their fathers. Unfortunately, their fathers had similar difficulties to their mothers - they couldn't take deep pleasure in their relationships with their daughters, and both daughters were deeply disappointed by them.

Chapter 10 - The Triumph of Rage - explains how losing weight, and becoming "thinner and thinner" can unconsciously be an effort on the part of the anorexic to squeeze what she hates out of her. At the same time, she is actually directing the hatred towards herself, as she puts her own life in jeopardy as she loses the weight.

This carefully written book offers us a detailed look into the upbringing of two young women - and the ways the upbringings led to pathology that made their lives more difficult. It is apparent the parents were unaware of the mistakes they were making that interfered in their children's development. Dr. Brody stresses that these troubles are not the fault of the parents, who did the best they knew how to do, but feels the responsibility lies instead with the professional community, to help parents prevent and alleviate such problems with children.

This book is an important one for therapists, pediatricians and other professionals who help parents. They are in a position to catch the troubles in early stages, when they can be solved. It is also an important book for any family who may be facing and wishing to know more about anorexia.

Dr. Brody says "Anorexia has turned out to be one form of pathology that takes a surreptitious start in the first years of life. All that I have read and thought about it indicates that it represents a distressful consummation of a process that has its onset in infancy, with the possibility of lasting psychological and psychosomatic illness." (P212) Her work, and this book offer information that can help us understand better and this knowledge can help families who have faced this life-threatening difficulty.

Watch Barbara Burrows Parenting Magazine June 2003 for further discussion on Ariel's development and behaviour.

F E A T U R E

ADD: Does it really exist?

by Thomas Armstrong, Ph.D.

This 4 part series "ADD Does it Really Exist" will appear in Barbara Burrows Parenting in April, June, August and October 2003. The article appears in its entirety at www.thomasarmstrong.com

Thomas Armstrong, Ph.D. is a psychologist with a special interest in multiple intelligences, the myth of ADD/ADHD, and the natural genius of kids. He is also an award-winning author and speaker with thirty years of teaching experience from the primary through the doctoral level, and over one million copies of his books in print on issues related to learning and human development. For more information, see <http://thomasarmstrong.com/>

Several years ago I worked for an organization that assisted teachers in using the arts in their classrooms. We were located in a large warehouse in Cambridge, Massachusetts, and several children from the surrounding lower-working-class neighborhood volunteered to help with routine jobs. I recall one child, Eddie, a 9-year-old African American youngster possessed of great vitality and energy, who was particularly valuable in helping out with many tasks. These jobs included going around the city with an adult supervisor, finding recycled materials that could be used by teachers in developing arts programs, and then organizing them and even field-testing them back at the headquarters. In the context of this arts organization, Eddie was a definite asset.

A few months after this experience, I became involved in a special program through Lesley College in Cambridge, where I was getting my master's degree in special education. This project involved studying special education programs designed to help students who were having problems learning or behaving in regular classrooms in several Boston-area school districts. During one visit to a Cambridge resource room, I unexpectedly ran into Eddie. Eddie was a real problem in this classroom. He couldn't stay in his seat, wandered around the room, talked out of turn, and basically made the teacher's life miserable. Eddie seemed like a fish out of water. In the context of this school's special education program, Eddie was anything but an asset. In retrospect, he appeared to fit the definition of a child with attention deficit disorder (ADD).

Over the past 15 years, ADD has grown from a malady known only to a few cognitive researchers and special educators into a nation-



al phenomenon. Books on the subject have flooded the marketplace, as have special assessments, learning programs, residential schools, parent advocacy groups, clinical services, and medications to treat the "disorder." (The production of Ritalin or methylphenidate hydrochloride - the most common medication used to treat ADD - has increased 450% in the past four years, according to the Drug Enforcement Agency.) The disorder has solid support as a discrete medical problem from the Department of Education, the American Psychiatric Association, and many other agencies.

I'm troubled by the speed with which both the public and the professional community have embraced ADD. Thinking back to my experience with Eddie and the disparity that existed between Eddie in the arts organization and Eddie in the special education classroom, I wonder whether this "disorder" really exists in the child at all, or whether, more properly, it exists in the relationships that are present between the child and his or her environment. Unlike other medical disorders, such as diabetes or pneumonia, this is a disorder that pops up in one setting only to disappear in another. A physician mother of a child labeled ADD wrote to me not long ago about her frustration with this protean diagnosis: "I began pointing out to people that my child is capable of long

periods of concentration when he is watching his favorite sci-fi video or examining the inner workings of a pin-tumbler lock. I notice that the next year's definition states that some kids with ADD are capable of normal attention in certain specific circumstances. Poof. A few thousand more kids instantly fall into the definition."

There is in fact substantial evidence to suggest that children labeled ADD do not show symptoms of this disorder in several different real-life contexts. First, up to 80% of them don't appear to be ADD when in the physician's office. They also seem to behave normally in other unfamiliar settings where there is a one-to-one interaction with an adult (and this is especially true when the adult happens to be their father). Second, they appear to be indistinguishable from so-called normals when they are in classrooms or other learning environments where children can choose their own learning activities and pace themselves through those experiences. Third, they seem to perform quite normally when they are paid to do specific activities designed to assess attention. Fourth, and perhaps most significant, children labeled ADD behave and attend quite normally when they are involved in activities that interest them, that are novel in some way, or that involve high levels of stimulation. Finally, as many as 70% of these children reach adulthood only to discover that the ADD has apparently just gone away.

It's understandable, then, that prevalence figures for ADD vary widely - far more widely than the 3% to 5% figure that popular books and articles use as a standard. As Russell Barkley points out in his classic work on attention deficits, *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment*, the 3% to 5% figure "hinges on how one chooses to define ADHD, the population studied, the geographic locale of the survey, and even the degree of agreement required among parents, teachers and professionals.... Estimates vary between 1[% and] 20%." In fact, estimates fluctuate even more than Barkley suggests. In one epidemiological survey conducted in England, only two children out of 2,199 were diagnosed as hyperactive (.09%). Conversely, in Israel, 28% of children were rated by teachers as hyperactive." And in an earlier study conducted in the U.S., teachers rated 49.7% of boys as restless, 43.5% of boys as having a "short attention span," and 43.5% of boys as "inattentive to what others say."

Next issue - ADD: Does it Really Exist - The Rating Game - How children are diagnosed.



Tip for Tots – “He bit me!”

Excerpts from “Time-In Parenting” by Otto Weininger Ph.D. (P 90)

Published by Rinascente Books

A mother was chatting with her friend about putting her toddler into day care in the fall. Her son was playing with blocks calmly as the adults were discussing this plan. Suddenly, her son came up and bit her breast through her blouse.

The mother was shocked and angry. She hit her son, and sent him away “to learn to behave properly” to ensure that this would not happen again.

The mother had no idea why the child did this and did not think her conversation had had any effect on the boy, but in fact, children do listen to adult conversation and have “big ears”.

In this case, the parents had not discussed the day care plans with the child - the first he heard was his mother chatting with her friend. Although the toddler didn't know exactly what “day care” meant, he understood it meant going away from his mommy.

Dr. Weininger suggested that the child was upset and angry that he was going to be “sent

away” and his reaction was direct. He bit the very breast that had fed him and now appeared to be turning away from him and hurting him. He simply hurt it back.

This was a curious, bright child who enjoyed his parents very much. To punish him was to aggravate the child's sense of being rejected, hurt and bad.

Dr. Weininger further suggested that the mother talk with the child about her understanding that he must have been angry and upset to hear about the day

care plans through her chatting with a friend. He encouraged the mother to talk directly to her son about day care - to show him where he would be going, for how long, where mommy and daddy would be etc. She

could help her son understand that the day care arrangements were another step in the growing up process and that her tone would be able to convey that this was not a rejection, and that he was still loved and wanted.

This is an example of “Time-In Parenting” ways that parents can help their children by helping them understand things better - for more information on this book, see www.barbaraburrows.com - Feb 2003 Magazine link.

Tip for Babies – Spoon feeding with the swap system

From *Your Baby and Child* -
Penelope Leach

Penelope Leach, in “Your Baby and Child” (P.245) explains that many common feeding problems can be avoided in the toddler and young child by making feeding an enjoyable experience for the older baby. It must be an active experience for the baby as much as possible, rather than passive, and the baby must be allowed to eat according to her own appetite, not what her mother deems best. In the early stages of spoon feeding, it is too difficult to dip the spoon into the food and reach the mouth.

the baby must be allowed to eat according to her own appetite

One way to make the experience active (letting the baby take part) *and* get the food to the baby's mouth is to use two spoons. Mommy puts a spoonful into baby's mouth, and then lets baby chew on and hold the spoon. Baby won't like Mommy taking his spoon out of his mouth to refill, so Mommy fills a 2nd spoon with food. As she is ready to offer the 2nd spoonful of food, she quickly swaps, taking the 1st spoon out of baby's mouth and giving Baby the 2nd spoonful to eat and play with. Now he still has a spoon in his mouth that he holds, chews, looks at and plays with. Mommy also has a spoon to refill.





Tip for Teens – The bottomless (?) teenage pit depletes parents

During teenager years, a quiet, unspoken painful, psychological struggle goes on in the inner world. Giving up the nurturing they enjoyed as young children does not come easily, and when teens are struggling psychologically to wean themselves from parental support, their methods of “taking” from parents can actually increase, although the methods use to “take” become more subtle.

To help teens in this struggle, parents can be very clear in just what they will do, to fill what might seem like a bottomless pit of financial requests. How much will parents contribute towards clothing, transportation, personal grooming products etc.? Can teens expect parents to buy expensive brand name shampoo, or does the teen have to make do with the family “no name” products or does the teen have to buy all personal grooming products? How much allowance does the teen get and what is s/he expected to cover with that money?

There will be no other period in life that it will be so necessary to make these agreements clear, perhaps even in writing.

Expect angry episodes from the teen when the “eternal supply of love” dries up and you remind your teen that he is responsible for his movie admission, as previously agreed. This is when going back to original, written agreements can help a great deal.

Can teens expect parents to buy expensive brand name shampoo,...?

The more concrete these financial arrangements can be for the adolescent, the easier it is for the teen to cope with the sadness and loss (which often remains hidden on an unconscious level) he experiences as he assumes financial responsibilities that were once offered generously by parents.

Keeping this psychological struggle in mind might make parents less angry when their children try to make unreasonable demands.

Next issue: Teens and credit cards.

Tip for Kids – Just wait a minute!

by Abbey James

When my kids were babies, and they started to wake or fuss during the night, I usually waited a few minutes to see if they could settle themselves on their own. If the little noises became louder and stronger, I would start to feel that they really needed some help, and I usually responded. I realized recently that to “wait a minute before I respond” works just as well now that they are older.

For example, quite often the kids ask me for something to eat, ask me to do something for them, ask me to take them somewhere, etc. when they are feeling bored. I’m not always willing to drop what I’m doing and respond immediately so I say, “just wait a minute...I’ll finish what I’m doing and be right there.” More often than not, they’ve managed to think of something to do on their own and are happily involved in an activity before I get back to them.

I started to wonder how this approach works and realized that I use the same approach when my kids ask to “bend a rule”. During the school year, the kids are not supposed to be watching TV during the week, but when they are bored they will come and ask for an exception. In between the pleading and begging, I usually ask them to “wait a minute” or sometimes I just make eye contact or say “m-m-m I’ll think about it” and I wait to see what their reaction will be. If I can see they really

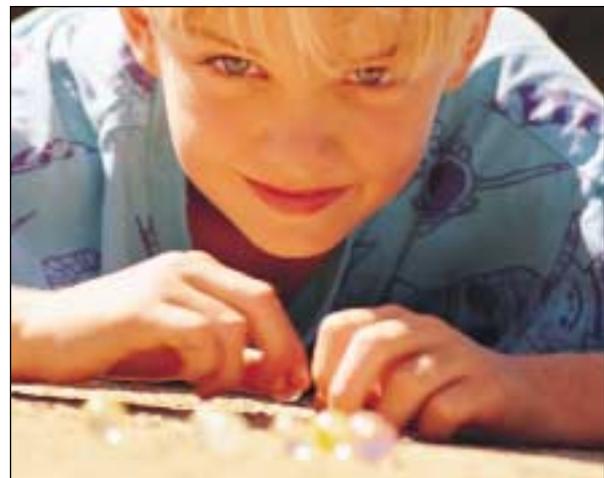
cannot manage their bored feelings on their own, and they get increasingly upset and agitated, I am more willing to bend the rule or try to respond to their restless feelings. If they don’t push too hard, or go off and find something else to do while I’m “considering”, I realize that this moment of non-response somehow gave them a chance to turn to their own thoughts and ideas and often they discover their own way to ease their restless feeling.

...it gives them an opportunity to find their own solution.

Somehow it seems that “waiting a minute” leaves children with the feeling that they do not have to solve this restless or bored feeling alone, yet it gives them an opportunity to find their own solution.

In this pause, often a new idea will pop into their mind they can act on. In trying to understand why this “waiting a minute” might help children, I had an opportunity to ask child therapist Judith Deutsch.

Mrs. Deutsch replied, “Whenever children rely on their own ideas to keep themselves busy and happy, they experience more than the enjoyment of the chosen activity. On a deeper level, children experience a satisfaction that they cannot understand or explain. When they are able to solve a problem — even a little problem like feeling somewhat bored — they experience a sense of well-being for being able to find a way, without help from a parent, to solve their predicament. It makes them feel content and pleased with themselves that they have managed independently.”



F E A T U R E

Emotional Realities OF NEW MOTHERS



Diana Mandell M.Ed., Licenced 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.

The purpose of this article is to give information of a psychological nature to new mothers. The focus is about powerful emotional feelings that at times are triggered when raising a baby. Some of these feelings can cause stress and are not readily understood. Being able to recognize what is stirring under the surface can provide a relief that will make mothering a new baby that much more pleasurable.

I will not be referring to the normal stresses of being a first-time mother. Those stresses might include the initial overwhelming sense of responsibility for this tiny, dependant, little being; the concerns all parents have about how well they are doing as parents; all the newness inherent in understanding an infant, and particularly in making sense of the behaviors of your own baby, the fears about your baby's survival that grip new parents, and the impact of the primitive nature of infants, meaning the rawness, vulnerability, intensity and timelessness of infant life. The challenges of learning to meet the needs of babies, while surviving sleep deprivation, running a household and/or holding a job, and remaining an active partner in marriage, outstrip any combination of responsibilities one may encounter at any other time of life. These parts of new parenthood we are all too aware of and grapple with over the initial adjustment (which possibly takes, say 3 years).

At the same time of this normal adjustment, there is another piece of motherhood which affects many new mothers. When a woman nurtures her baby, the experience may bring her back to her own early infancy on a level which may be out of her awareness. She doesn't have words from her own infant life because this was a preverbal time, but she does retain feelings which can be reactivated. Parents can be blindsided by

Parents can be blindsided by these feelings because of the powerful nature of what is reawakened.

these feelings because of the powerful nature of what is reawakened. Knowing that this can occur and having an understanding of how this happens can be helpful. This knowledge doesn't necessarily reduce the distress that can be triggered, but it helps to identify its' nature and cause. This in itself can provide relief and acceptance.

Those of us who work with mothers recognize this as a form of post traumatic stress response. This means that when taking care of an infant, memories in the form of feelings stemming from one's own infancy experiences can be triggered. Until you see how this actually works, it feels like a foreign idea. Once you've lived through it yourself though, it not only becomes very real, but it makes sense. A father in a group of new parents was at first disbelieving when he heard this. He challenged the notion asking if it were really possible to remember anything from infancy. Then he said to the group, "You know, I had cancer as a baby from 4 to 8

months of age and was in the hospital. I don't recall that but I do remember being a toddler, walking into the hospital, and noticing that the equipment looked familiar." He now understood. Following are examples which will show you more of how this happens.

These early powerful memories can come out in different ways. Sara stayed home for four months with her infant son before returning to work. Her husband planned to stay with their baby when Sara went back to the office. Within weeks of returning to her job she commented that "it feels like he (the baby) is slipping away." It seemed to her that the baby preferred daddy to herself. Within three weeks she talked about the relationship with her baby with resignation. Sara was aware of thoughts about "leaving him before he leaves me." She examined what she labeled as her "default behavior," noting that she found herself "a million miles away while diapering." She recognized how absent she was. With this came an awareness that her baby was watching her closely. Sara said "I'm afraid to take the risk of staying attached." What she most feared and expected was rejection by her son. Sara's attachment to her baby had felt better to her in those first four months when she stayed home with him. Something significant started to take over as she returned to work.

Sara knew she was in the midst of an intense, confusing struggle. Two things happened to give her understanding and perspective. She started to talk about her own infancy in a group with other mothers. She knew her own young parents had been drinkers. They had checked out emotionally in many ways. Her early years were filled with experiences of abandonment and neglect. She had struggled as a youngster because of this, but when she had her own baby she never expected to be haunted by her own early times. It never crossed her mind, even as a possibility. As she learned to understand what it meant to carry ghosts from her own nursery, she began to put the pieces together in a way that made sense to her. She started to see that she was detaching from her baby as her parents had detached themselves from her. Though Sara couldn't retrieve her emotional memories in words,

Emotional Realities OF NEW MOTHERS CONTINUED

she was able to see how the feelings she was caught up in about detachment and fear of rejection came from her own early life experience.

Going through this kind of experience, feeling as though you are losing the attachment you so desperately want, causes pain and stress. The feelings enveloping you don't make sense until you are able to gain an understanding and some perspective of the trauma that is being reawakened. It can be like putting pieces of a puzzle together and often some of the pieces remain missing. Because new mothers are touched so powerfully by the emotional ties to their babies, they are often emotionally open and more vulnerable than usual. The flood of these early feelings can be difficult to sort out.

Another mother didn't recognize the feelings which were stirred up after giving birth to her first baby. Whenever her baby needed to be picked up, Meg was "there in a flash." She knew the importance of this kind of response in the early months. Though as her baby grew, Meg continued to feel that a rapid response and "never, ever ignoring a need to be picked up" was critical. The idea of not picking the baby up immediately felt like a headache to her.

When Meg herself was a six week old infant she was placed in daycare for ten hours a day. She had always known this as fact. Until she had her own baby though, she had never been aware of any feelings surrounding this fact. Now, being with her own baby triggered a profound sadness, though she had no conscious memory to draw on. As her baby thrived, she did recognize that her own behavior of such a quick response was coming from within herself. Understanding that the sadness she carried came from her early extended day care history gave her perspective. This allowed her to think about her own behavior of needing to respond so rapidly. The sadness she felt wasn't easy. However, she recognized that this feeling held the key to understanding something she couldn't put into words.

New mothers who as infants were not in the care of their own mothers for significant periods of time can struggle in puzzling ways that don't make sense to them until they examine their early histories. Lauren was cared for by a close relative. May was placed in the care of a distant relative. Allison was placed with a state adoption agency for two months. Each of these women lived with feelings of abandonment. When each became a mother, it was hard to separate her own vulnerability from that of her baby. Though most new mothers are in a heightened state of vulnerability and vigilance in caring for their newborns, these mothers were unable to relax and trust that their infants were safe, unless in their sight. The heightened state of vulnerability for each of these women was extreme and unrelenting. There was underlying fear that the baby was in danger, was autistic, or wasn't attaching. These kind of fears cause tremendous anxiety and stress.



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Examining the roots of these feelings is painful but essential to managing the early experiences of parenting, to learn to gradually relax, and to begin to enjoy the baby.

One more mother who coped with a post traumatic stress response was Suzanne. For the first seven weeks of her daughter's life Suzanne would pick her up every time she grunted through the night. This new mother believed that her daughter was in pain when she grunted. When Suzanne learned that it is normal for babies to grunt, she started to put some early pieces of her own infancy together. She needed to understand why she had been responding this way and misinterpreting her baby's behavior. Suzanne learned from her own parents that as an infant she had colic. The doctor had told her parents to let her cry instead of holding her when in this kind of physical pain. Suzanne realized though she had no memory of colic in her own infancy, that she had been misinterpreting her baby's grunts because feelings (about pain) from her own infancy were being reawakened.

These kinds of memories that can be stirred in a mother's behavior with her own baby can stem from mild to quite serious early circumstances. Some mothers' post traumatic responses carry such heightened and continuous distress that they find themselves in the midst of postpartum depression. Others, though stressed, manage without experiencing depression.

Post traumatic stress response may be far more prevalent than presently identified when raising a baby. We need to understand the following three notions. 1) Everyone who has a baby has a history of having been a baby. 2) Some mothers experience a form of post traumatic stress response with no awareness of the connection between their present mothering experience and behavior, and their own early life experiences. 3) And, some mothers suffering with postpartum depression are in the midst of significant post traumatic stress responses, along with other hormonal and genetic complications (for example, a family history of depression).

Many mothers aren't comfortable talking about the new stresses they are living with as they nurture their infants. They look around them and perceive that everyone else appears to be doing well. Major adjustments are going on in all families with new babies. We all recognize this fact. It is hoped that an understanding of how post traumatic stress response can impact this period of time in a mother's life will be useful.

Selma Fraiberg, a gifted social worker who died in 1981, wrote about ghosts in the nursery. (Journal of American Academy of Child Psychiatry, V.14:387-421, 1975) Her ideas deserve wider public recognition and hopefully this article will help new mothers to identify these ghosts. Post traumatic stress responses cause significant degrees of distress and without any understanding can compromise the joys inherent in raising an infant.

FEATURE

Teen TALK

By Zoe Weinger Pepler

Zoe Weinger Pepler, is an Honours graduate of the Ontario College of Art & Design. Over the past several years she has balanced an active schedule as a mother, a part time teacher, personal coach and writer/editor.

This is the 2nd in a series called "Teen Talk" by Zoe Weinger Pepler. For the 1st "Teen Talk" see www.barbaraburrows.com - magazine - Oct. 2002.

Teenagers are wonderful, demanding, provocative people. This is an exciting and emotional time. Our growing children are developing their own opinions, finding new interests and becoming confident within themselves to take on new challenges. As parents our role is neither simple nor well defined. It requires the patience to view each new situation with an open mind. Your teenager needs your guidance and support, even though his first response may be to reject it. You may have already discovered that communicating with your teen can be as bewildering as trying to understand what your newborn baby needs. Take heart in knowing that you are not alone. Handling this stage in your child's development is comparable to navigating a safe course through a very rugged storm.

Talk as much as you can with your teen. This is the key to a hidden door. It unlocks the secret world of your evolving teenager. Loss of communication with your teen leaves you out in the cold. Remember, the more you talk with your teen, the better the chances are of your knowing what is happening in his life. It is important for both you and your teenager, to find a way of allowing this to happen. Although he may want very much to discuss a situation with you, your teen will need an unthreatening environment before he is ready to share his concerns with you. We are all too familiar with the blank 'whatever' stare and the 'ya..ya..ya' I'm not going to listen response. These are clever off-putting replies designed to shut you down. Be patient! He needs to know that you won't throw your arms in the air with exasperation, but that you will listen carefully to what he has to say. Sometimes this is all he needed. At other times the content of the conversation may provoke strong feelings that you are unprepared for, it is important to express these concerns and discuss them with your teen. Honesty is imperative.

Make sure you tell your teenager that you love him and will continue to love him. Make sure he knows that you are proud of him and



...and more importantly he knew he had his mother's support and love.

happy with the person that he is. Sometimes parental expectations are too high, and your teenager may crumble emotionally and physically, trying to live up to these unattainable expectations. In this situation, your teen will never feel good enough about himself to recognize his valuable accomplishments. Loving parental support, encouragement and acceptance will go a long way in helping your teen attain his goals. These are important tools that will strengthen and encourage the development of your teenager's confidence. So go ahead and invite your teenager to talk.

An example ...

Claire and her 14 year-old son Tom, ate dinner at the dining room table every night. Tom's father, a restaurant manager, worked long hours and was rarely home in time to join them. This was their special time to connect and discuss the events of the day. One evening, Claire called downstairs to let Tom know that dinner was ready. He grumbled and crabbed, refusing to come upstairs from the basement. He said he wasn't hungry. Claire didn't accept this response, asking him

to please come to the table. She stressed that this was an important part of her day and she liked to talk with him. Reluctantly he came upstairs and with much noise and fuss, sat down near the table. He refused to look at her and he refused to eat. She attempted a conversation, Tom yelled at her. She decided to give him some quiet space with her, and continued to eat dinner discussing bits of her day and funny things their dog had done. Gradually Tom moved closer to the table, he even asked for some food. A few minutes later he told her that Zach, his best friend, was really mad at him. Zach would not speak to him; he had been hanging up the phone every time Tom called. Claire had no idea that the two boys were involved in this conflict. She suggested that this was a hurtful situation and that he must feel very badly. He shrugged and said he didn't care, when in fact he cared greatly. He talked with her about calling again that night, and they discussed how to handle the conversation. Tom finished his dinner and went to make his call.

Later that night he came to sit with his mom, telling her how much he loved her. He and Zach were friends again. By not forcing the issue and not becoming annoyed herself with Tom's yelling and refusal to eat, Claire had allowed Tom a safe place to discuss this difficult situation. He felt proud and confident that he could call his friend one more time and more importantly he knew he had his mother's support and love.

F E A T U R E

It happened one day

by Ginny Steininger
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 Steininger 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 I started toward the cereal aisle, I heard a child's loud wailing. I saw that it was coming from a little boy about four years old who was sitting in a grocery cart, kicking his heels against the cart and yelling. "Yes, I will eat it — I'll eat every bit." Kindly, but firmly the mother answered him, "But when we had it before, Timmy, you said you didn't like it and that I should never get it again. I know that this box has a Lion King toy and you're mad because you want it, but we can't buy this cereal you won't eat just because of the toy."

At this, the little boy began wailing and kicking again. His mother turned her attention to the cereal shelves and said, "let's choose another one, one you know you will like." This distraction tactic was lost on Timmy mother realized, so she just stood quietly beside the cart and said, "we'll wait until you can feel better then."

I had been a few feet away from them during all of this, trying to seem very occupied looking for my own cereal, even though I knew it was located down further, near Timmy and his mother. Two other women also noticed Timmy's protests and commented in loud voices, "Look at that spoiled kid, I'd never let my kid get away with tantrums like that — they knew they'd get a good smack."

Timmy began to scream louder. His mother, obviously overcome with embarrassment, frowned at him and raised her hands as though she was about to grab and shake him. Timmy looked surprised and his screams increased.

As the two ladies moved on I could hear Timmy's mother saying, "They've gone away and won't bother us anymore. Now we can figure this out so we can both stop being angry and feel better." Timmy, through diminishing sobs, but still reacting to his big feelings that overwhelmed him said, "Why don't you go away and stop bothering me." He started to peel her hands off the cart. His mother stood quietly, not touching him or the cart and replied, "I'm your mommy and it's my job to stay beside you even when we both get mad. Soon we'll be able to figure out what to do and finish our shopping."

As I drove home, my thoughts recreated the supermarket scenario and I realized I had seen several valuable precepts for understanding young children played out. This young mother had not been intimidated by her son's unreasonable, yet common for this age, demands for cereal he would not eat just to get an overly popularized toy; but at the same time, she realized and verbalized his disappointment and anger at not getting it, allowing both of them to work it out together.

During his tirade, she was in control of her own feelings of frustration and tried to reassure Timmy that things that felt so awful could get better. When her handling of the situation was intruded upon, even though she had an initial angry-reflex feeling, she caught herself, realizing it had to do with the women, not her son and would only make things worse. She protected Timmy from his own overwhelming feelings of anger and the anxiety provoked by the two strangers by not punishing him for

his screaming, but by staying near him, letting him feel her support as his mother, no matter what.

Then as the containment from his mother and time soothed his angry feelings, Timmy could recover his sense of self.



"I'm your mommy and it's my job to stay beside you even when we both get mad."

DOCTOR DOCTOR

Trouble at School Part 2

By 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.

For earlier columns, see www.barbaraburrows.com and follow magazine link.

Case #2

Ten year old Jason is brought in by his very frustrated mother for the primary complaints of failing grades and poor behaviour at school. Mother is working fulltime and going to school herself. She asks about his homework every night, but sometimes it is lost or forgotten or not done. In addition, Jason has nightmares and is wetting himself.

Jason's growth, physical exam, general health, and hearing and vision are normal. Who takes care of Jason when mother is not there? He goes to aftercare at the school, and spends every other weekend with his father at the paternal grandmother's home. Is everything O.K. at aftercare? Yes. What about at grandma's house? Jason looks carefully and worriedly at mother, and replies, "no." In fact, unfortunately, Jason's father has beaten him, been verbally abusive, and most recently (two weekends ago) choked him. Mother says she was not aware, and Jason had no current bruises.

County welfare became involved immediately. Visits to the father's home stopped. Mother was able to re-order to life so she could care for Jason every weekend. At a routine check-up the next year, Jason was doing well at school, and had been "student of the week" last week. He no longer has nightmares, and rarely wets himself. Mother was not able to make use of a counselling referral for Jason, but has been able to keep him safe.

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Advisors to Barbara Burrows are professionals with extensive experience in both clinical work and research in child development. They are committed to helping families resolve the underlying difficulties that lead to psychological symptoms in children, without the use of medication wherever possible.

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.

This advisory board insures that material printed in Barbara Burrows' publication reflects the body of knowledge developed by child psychoanalysts, together with developmentalists (attachment theory, developmental neurobiology and infant research).

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

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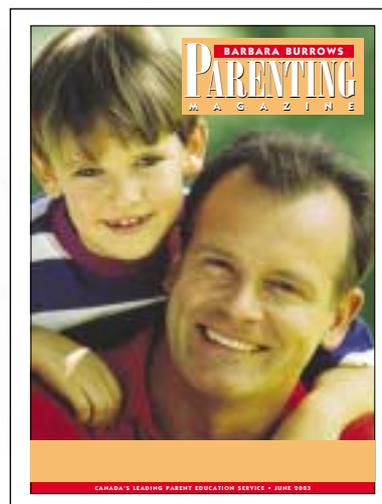
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