



**BARBARA BURROWS**  
**PARENTING**

M A G A Z I N E

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**Special gifts, special moments • Inside Picture Books • “Brainy baby games” • Noticing  
Coping with fears • Teens and credit cards • Take action against bullying  
Helping Father to be apart of it all • ADD: Does it really exist? - The rating game**

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**BARBARA BURROWS**  
**PARENTING**  
 M A G A Z I N E  
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# Special gifts, special moments

**E**ven though it's nearly Father's Day, and I should be inviting a dear dad to pen this column, I am not going to let this story about a wonderful Mother's Day, pass me by. So when the publisher is asking me why she has a story about Mothers Day that is past and nothing in this column about Father's Day, I say, "because, for those of us in the throes of rebellious adolescent development, special gifts and special moments are few and far between so we *all* need to enjoy them when you can!

Our oldest returned to the East Coast at the end of April for her summer term as a Co-op Commerce university student. It came somewhat as a surprise to get her call one evening the week before Mother's Day. Normally, she manages well, and is mostly independent. She often doesn't have time to talk when I call. Sad calls are rare, but this time, I could tell she was upset. After we chatted for awhile, I finally asked, "Do you want me to come for a visit?" She did. I made arrangements to go to Halifax to spend the next weekend with her. I can assure you the, 'Mom - I am so glad to see you hug,' was a Kodak moment that Hallmark should try to capture for the cover of every Mother's Day card. What a treasured moment and weekend for the mother who is rarely needed by this almost grown up daughter anymore.

I returned home from the visit in time for Mother's Day brunch with hubby and the other two teens (who wanted to know why brunch at noon was *so* early!) For the past 18 months (I say 18 but it should have been 48 to complete all the work) our son, in OAC this year, has been toughing out the 'double cohort'. It's not

easy for these kids. Not only do they feel the pressure at school from their teachers and peers, the media has done enough to heighten the anxiety to roller coaster proportions.

Add to that the constant discussions, forms, applications and well-meaning grandparent questions and these kids are feeling like the backpack of their future is resting on what arrives in the mailbox this spring. Never was the stress more evident than the time our son said to me before his girlfriend arrived at the house, "and Mom, *don't* ask her about University next year!"

I like to think, even though he is very able-minded, this young man still needs me to help with the really big decisions. And for the past few months I would like to think I have helped him with some of the planning for university. So imagine my surprise when I sat down to brunch and he handed me his signed acceptance form for university entrance. Not only was I surprised at his choice of school, I was darn sure before *we* made the decision, *we* should tour the campuses again, *we* should talk to the academic advisors again, *we* should weigh the advantages and disadvantages again and only then would *we* make *our* decision. Right? Wrong! He confidently, securely and without worry told us of his plan.

So a hearty congratulations to our son for not needing his mother. And a sweet thank you to our daughter for needing hers. They were two of the best Mother's Day presents ever.

## What's Up?



**ANGELA GREENWAY**  
 Managing Editor

JUNE 2003

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*Angela*



## DEAR BARBARA

**16-year-old “doctoring” report card angers parents****Dear Barbara –**

*My 16-year-old grandson is really a pretty good kid. No drugs, bad friends or late nights. He also has a part time job for a year now and seems to be doing OK. He's very intelligent but refuses to work at school and therefore has low marks with some failing grades. He knows how much his parents and grandparents want him to do well and therefore he lies about how well things are going. The topping on the cake came this week when his mother found out that he doctored up his report card and made his marks higher. Things have reached a crisis point with him insisting he wants to go to school and will do better and his parents threatening to pull him out of school and possibly kicking him out of the home. I can understand how they feel, he's lied to them so much and made promises to straighten up over and over again.*

*Do you see anything else that could be done to encourage this boy to put more effort into school work? I feel that outside counseling might help since this boy also has an eating problem - his appetite is out of control and he hides food. His parents feel he's just lazy and he needs to pull up his bootstraps.*

**Dear Grandmother**

**P**oor marks at school are common, at this age. It is partly related to a need to “do things in their own way” (establish an identity different from the parents). Even low marks can be very positive, though difficult for parents to accept, if it means the teen is struggling to find his sense of self. Sometimes, once the teen's very fragile ego is more firmly established, he feels more “like me” and can move forward to achieve in life, setting his own goals rather than responding to the parents' expectations.

Positive expectations are important, but in this case, it seems that the expectations are not in line with what the boy is capable of achieving. It is important to remember that how we are psychologically (not just our intelligence quotient) determines how well we learn. He has failed to meet the expectations, and feels terrible. So badly, in fact, that he has lied, to try and avoid facing the disappointment all of you feel.

It would be a mistake to insist that he

leave school. The thing that helps teens is parents who don't give up believing that in the long run, the teenager will fare well because he belongs to them.

The eating trouble suggests an inner loneliness - he has an emotional need to “fill himself up”. There is a strong possibility this young man is also depressed. Bettelheim's book “A good Enough Parent” explains how to support emotional development in teens. Professional help that focuses on unraveling the hidden issues that are interfering in this young man's life could be helpful - a behaviour management approach - trying to “make” the teen comply is always detrimental.

Your grandson is showing remarkable strengths - the part-time job, no “bad friends” or worries about drugs. Help his parents see how well they have done to help him reach this level of success, and hopefully they will be able to continue to support him though this probably pretty normal bout of trouble.



**BARBARA BURROWS**  
Director,  
Barbara Burrows  
Parenting

Photo by Murray Pellowe

**Tip for School – Take action against bullying****PART 3****Goals of an Anti-Bullying Program**

By Cindi Seddon, Alyson McLellan, Gesele LaJoie

*Parts 1 and 2 of “Take Action Against Bullying” are available at [www.barbaraburrows.com](http://www.barbaraburrows.com) magazine link - Feb 2003, April 2003. For more information on bullying, see <http://www.bullybeware.com/>*

When taking action against bullying, schools should concentrate on achieving the changes listed below. By doing this, students, staff and the parents community can feel confident that they have taken a significant step towards reducing bullying in their school.

**The following four goals can be used as indicators of a successful program:**

1. In increase in the number of students reporting bullying behaviour.

2. an increase in the number of students who help when someone is being bullied.
3. a reduction in the number of students who report being bullied.
4. an improvement in the school climate. Students will feel safe from bullying.

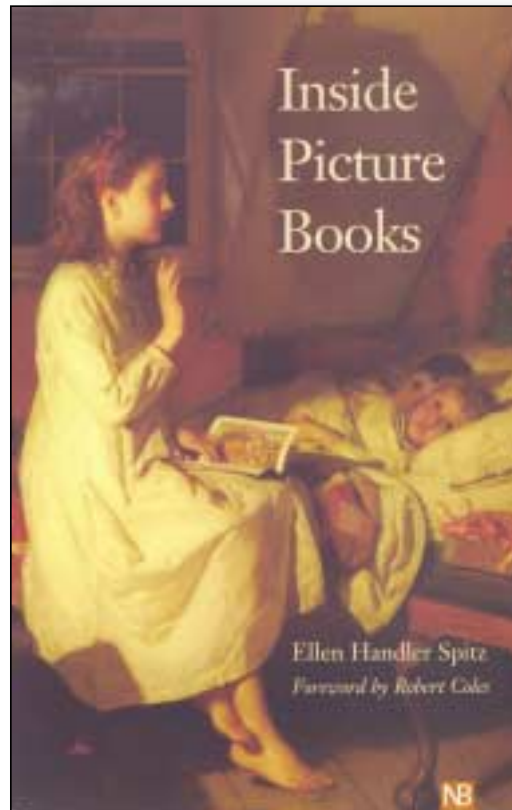
When a school tackles the issue of bullying for the first time, some students will resist having to change their behaviour. Some schools will record a higher number of bullying incidents for some time, before a decline begins. In other situations, the difference is immediate. Whatever the initial result, it is important that teachers and administrators adhere to their program over the long term in order to see its effects.



## GOOD BOOKS - MORE THAN A REVIEW

# Inside Picture Books

**Inside Picture Books**  
**Ellen Handler Spitz**  
**Published by Yale University**  
**Press**  
**www.yale.edu.yup**  
**ISBN 0-300-08476-5**  
**Cost US \$13.95**



**W**hat is engaging about Spitz's book is it's a mixture of perception, warmth and commitment. It offers a valuable contribution to a subject which asks for serious consideration: what children's books are, and what they do, and what important and curious introductions to life are taking place as we turn the pages together.

Ellen Handler Spitz teaches in the department of art and history at Stanford University - from her writing it is clear she is a warm, intelligent and thoughtful person. Her "Inside Picture Books" is for parents and can help them understand a great deal about their children's fears, worries, wishes, dreams, thoughts, and fantasies - all by understanding just why parents and their children get such pleasure from reading certain books.

#### Chapter 2 "It's Time for Bed" starts:

*Dusk. That delicate time  
 suspended between  
 wakefulness and slumber,  
 activity and rest,  
 interaction with others and  
 communion with self.  
 Suddenly a rush of anxieties  
 and longing may  
 Appear that were absent  
 during the daylight hours.*

Spitz explains that learning to go to sleep easily - leaving beloved parents for the day - helps with all other leavings. For, after all, parents do withdraw their attention at the end of the day, and this can feel like being abandoned to the child, or at least neglected. It often helps children so much more to address these feelings symbolically and poetically through stories than speaking directly about them. For example, Spitz explains, an all-time favourite "Goodnight Moon" by Margaret Wise Brown is structured by rhythms. The simple text, with regular beats

**...an all-time favourite  
 "Goodnight Moon" by  
 Margaret Wise Brown is  
 structured by rhythms.  
 The simple text, with regular  
 beats on accented words  
 compliments the rhythm of a  
 child's heartbeat,**

on accented words compliments the rhythm of a child's heartbeat, just before he falls asleep, as he calms and settles for the night. The soothing words, with rhymes within the lines (little bears sitting on chairs) and alliteration (great green room) and words like "hush", "mush" and "brush" all sooth and quiet away the tensions of the day. "The story absolutely refuses speed. It cannot be hurried through" says Spitz. It acts as an antidote to the pressures we impose on children. Amazing, isn't it? Page after page of this book left me in awe, thinking this is so true, so simple, so wise. Yet it had never occurred to me before.

Spitz goes on to point out how children identify easily with small animals - and so the

character "Frances" a small badger, in "Bedtime for Frances (1960) Russell Hoban and Garth Williams has turned into a classic. Children of all races, religious denominations, social class and gender can all identify with Frances, who doesn't want to go to bed, and who is curious to know what her parents do after she goes to sleep. Of course, it is well known that very young children are very curious about their parents' lives - the part that excludes children and happens at night - and Frances expresses this curiosity, and the young listener relates.

"Please Don't Cry" (Chapter 3) reminds us that "self help" books cannot help in the same way that rich, artistic forms can that open the way for further reflection. Spitz explores "Zlateh the Goat" by Isaac Bashevis Singer, illustrated by Maurice Sendak which captures the reader with a description of the closeness between animals and children. In the story, the goat, who was to be sold for money to feed the family, actually saves the life of the child and the child, in turn, saves the life of the animal. A turn of events saves the family's livelihood.

A powerful and detailed discussion of "The Accident" by Donald Carrick and Janet Carrick describes, in a poignant way, the stages a child goes through when facing a bitter disappointment that parents, no matter how well-intentioned, are not able to change. The boy's hostility towards his parents, his child-like feelings of having been betrayed by them when they are able to empathize with the truck driver who mistakenly killed his beloved dog, his sullen refusal to accept their efforts to comfort him are feelings every adult and every child can relate to. On the other side are the adults' helpless feelings, trying to help, offering what they can, but also on another level, wishing to avoid the child's heart-rending pain. Spitz makes it all so clear.

I Like You Just the Way You Are (Chapter 5) and "Behave Yourself" (Chapter 4) are remarkably insightful, and bring more simple, profound truths forward in a clear, beautifully written way.

What an impressive and rich work! The insight is awesome and I know this book will be able to help parents understand their children so much better than so many of the "how to" books that are so prevalent on the parent education market.

With every page of this book I was compelled to read on, with the feeling I can't wait to share what I'm learning with parents everywhere. If you enjoy reading to your children, I know you will enjoy reading this book.



## DOCTOR DOCTOR

COMFORT HABITS - Are they good bad or indifferent?

PART 4

## Nail biting and masturbation

By Lydia Furman

*This is the 4th and final discussion of comfort habits in infants and young children.*

*Discussion on thumb sucking, (November 2001), transitional objects (February 2002) and worrisome habits (April 2003) can be found in past issues of Barbara Burrows Parenting Magazine or at [www.barbaraburrows.com](http://www.barbaraburrows.com)*

**N**ail biting is a common habit in school age children as well as in adults. If the nails become raw or infected, medical treatment and mental health consultation are indicated.

If the habit is just annoying, and the child seeks to change, attractive nail polish (for girls), chewing gum to distract and a gift of a nail care set (clippers or manicure set as appropriate) may be helpful. Simply putting bad tasting nail polish on in the absence of a child's motivation to change is unlikely to make a difference.

Finally, masturbation is a "habit" that is a normal part of development. Most parents

understand this. Parents can remind themselves (and the child) that touching one's privates is normal, exciting, and O.K. if done privately, if it does not take the place of other activities (become compulsive), and if the child's privates are not made sore as a result. Preschool children often wiggle and squirm while withholding urine, which is an equivalent to masturbation. They can be asked to please either sit still or use the bathroom if needed, because the squirming is not polite or attractive.

In summary, most self comfort habits develop to meet a child's age-appropriate emotional needs.

If the habit recedes with time, becomes increasingly only used in privacy, and does not cause physical harm, it is usually normal. If the habit persists, causes a need for medical treatment or concern, worries the parent, or interferes with activities and social behaviour, then the parent should seek guidance.

*Acknowledgement: I appreciate Erna Furman's review of this 4 part series.*

**Simply putting bad tasting nail polish on in the absence of a child's motivation to change is unlikely to make a difference.**



Liam and Elliott Monkman

## Helping Father to be part of it all

by George Monkman  
Oakville Ontario

*I recently met George Monkman at New Baby? Big Changes! seminar. He spoke with such warm enthusiasm about the birth of both his children, I asked him what he thought has made it such a positive experience for him. He shares his story of his first son's birth. BB*

**A** father can often feel overshadowed and overlooked when a new baby joins the family. Instead of feeling like a part of the whole process, he may feel like an outsider and often feel neglected. I found just the opposite when my first son was born because I had been involved since day one.

I made sure that I went to each doctor's appointments, prenatal visits and ultra-sound appointments with my wife, Ann. I was there the first time that we heard his heartbeat on the Doppler and I was there to see the first exciting images of our son during the ultrasound.

Ann found it very helpful when I was there at each of the appointments so that I could hear first hand what the doctor said and could be there to make mutual decisions on the spot rather than having to wait for the next visit. Since she had so many other things to remember and do to prepare for our baby that I was her "reminder or tape recorder" as I had to remember appointment dates, information and advice given by the doctor. As a result, this helped me to feel that I had key role to play in the whole process and was not just an observer.

Later during the prenatal classes, I played much the same role, being the person who could help to remember the lessons and breathing exercises taught in

class. This proved to be crucial at delivery time.

When people find out that you are expecting they always ask the question, "Do you know if it is a boy or girl?" With our first baby, Ann and I decided not to find out the sex of the baby, but we felt in our hearts that it was a boy. As a result, we only thought of names for boys and quickly settled on the name Liam (combination of each of our last names). Liam had his name three months before he was born. In private, we started to call him Liam which made it more personal. We made the conscious decision not to tell other people the name we chose as we wanted Liam to be the first to hear his own name.

The day started out early with Ann's water breaking before 6 a.m. It turned out to be a long day with labour going late into the next morning. Having stayed up with Ann for most of the day and night we were both tired and exhausted. Although, we were ready for this baby we were both excited and a little scared (mostly Ann) I knew that she was relieved and felt comfort that I was present at her side during each contraction. I recalled the tips from both the doctor and the classes and reminded Ann of the breathing techniques.

During the entire delivery I managed to stay focussed and was a calming influence for Ann. When my son was born, the doctor placed him on her chest. It was not until she asked me to call out his given name that I became overwhelmed and cried as I said the words that I had long been waiting to say, "Welcome to our family Liam Davis Monkman!"

*Next issue George talks about helping Liam adjust to baby Elliott.*

## Tip for Babies – “Brainy baby games”

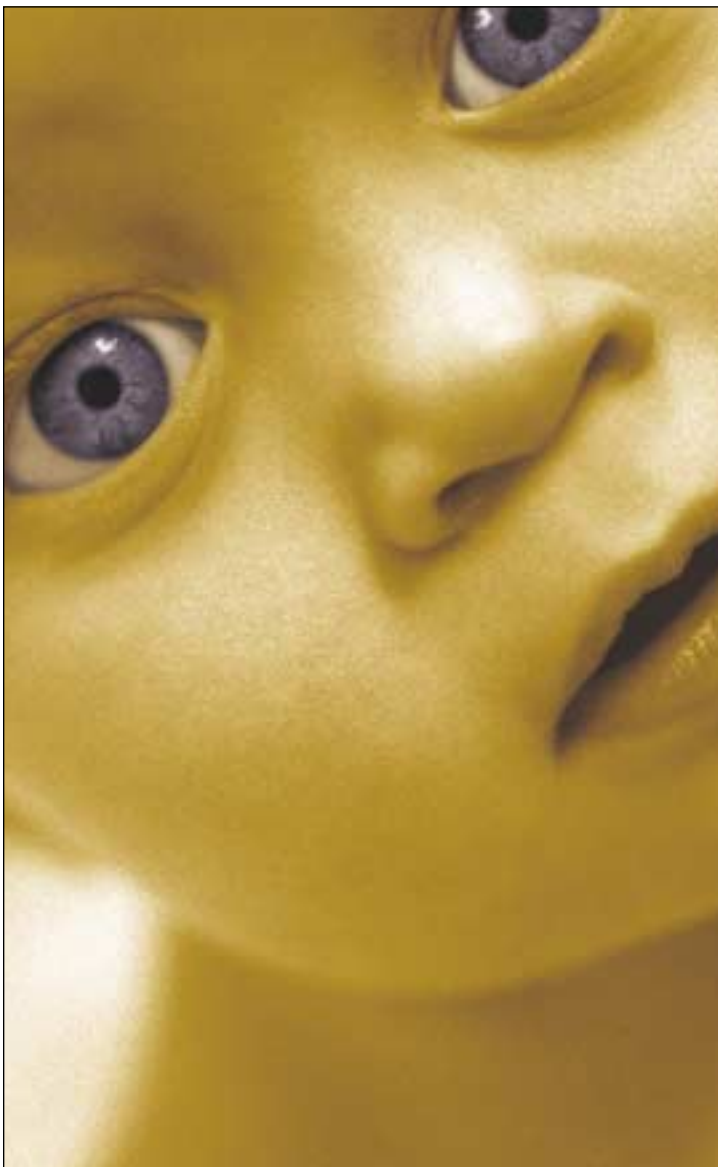
**W**illiam and Martha Sears, in their new book “The Successful Child” talk about a game babies (2 weeks to 2 months) love to play, and it won't cost you a dime. These are facial games. When your baby is quiet and alert, hold her about 8 to 10 inches away from your face (or what seems the best focusing distance) and slowly stick out your tongue, as far as you can. When your baby starts moving her tongue, or sometimes will even protrude it, you know you've registered a hit. Try the same game by opening your mouth wide, or changing the contour of your

lips. (P.67)

Facial expressions are contagious. You may find yourself yawning after watching your baby to the same.

### Facial expressions are contagious.

Did you know that your baby can tell you when she has had enough game playing? She will turn away from you. Make sure you respect her need to rest and end the game when she gives the signal. Playing with her in a way that brings her pleasure, and knowing when she has had enough is a wonderful way of building a positive relationship between the two of you – and the better the relationship, the easier your baby will be to manage.



## Tip for Tots – Coping with fears

by Kyle D. Pruett M.D.

*Kyle D. Pruett M.D. in “Me Myself and I - How Children Build their Sense of Self” (Goddard Parenting Guides - Goddard Press) outlines the following suggestions as to how parents can help toddlers with very common fears. (P.61)*

- Toddlers who fear the dark can carry the flashlight, or turn on the switch while being held in their parent's arms.
- Toddlers who fear separations can cope better when given the chance to be the leaver rather than the “left behind”. A spouse or older sibling can take a hand and suggest something really cool to do and leave the parent for a change, giving the child a sense of mastery over painful partings.
- The toddler who is afraid of “go down drain” in kitchen or bathtub, can play on a stool beside the adult at the sink and experiment with little and big things going down the drain, the point being to show them in a secure, playful setting they are way too big to fit.
- In general, any activity that allows the child the opportunity to be the actor or perpetrator of a solution instead of a victim is a good, coping enhancer.



## Tip for Kids – Forewarning

*This idea comes from Mary Sheedy Kurcinka - Raising your Spirited Child (Harper Perennial)*

Children wake up each day with an expectations and plans as to how they will spend their day. These ideas may conflict with what parents have in mind, or of errands or jobs around the house the need to be done.

Mary Sheedy Kurcinka reminds us that adults can manage better and feel much better about changes that impact on them when given ample time to adjust their own thinking and the same is true for children.

Giving children forewarning requires some creative thought. They often have limited abilities to understand time. Todd and Kelly, parents in Kurcinka's parent education classes, talked about their decision to have the whole family involved in a spring clean-up on the weekend. They talked with their chil-

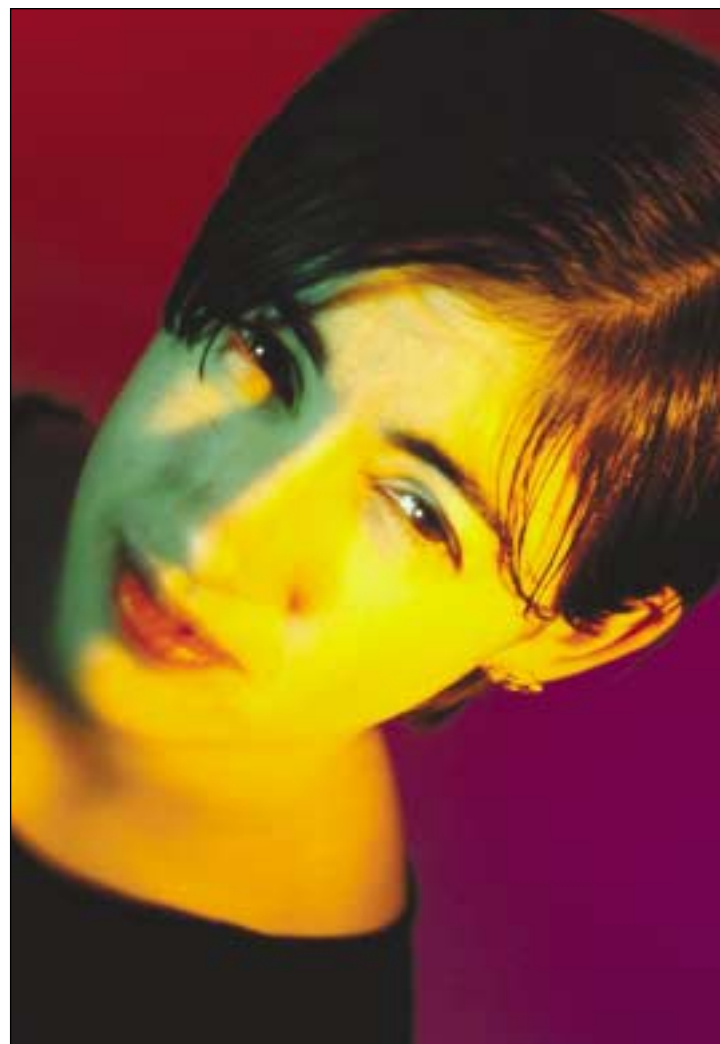
dren on Wednesday, and gave them the choice. Shall we get up early and work from 10 - 12, or do you prefer sleeping in and working from 1-3 PM? The kids weren't especially happy, but chose to work in the afternoon, and everyone knew ahead of time that this was expected. Another example was of a child who expected her father

home from a business trip. Her mother said he would be home by 7, then realized her daughter didn't understand time. She added, "when you are having your bath". This

gave a frame of reference her daughter could understand.

Ms. Kurcinka sums up this idea by reminding us how many intrusions there are in a child's idea of how his day will proceed. She suggests that effective forewarnings include allowing your child enough time to prepare for an upcoming transition and using words and concepts that your child will be able to comprehend.

**effective forewarnings include allowing your child enough time to prepare for an upcoming transition**



## Tip for Teens – Teens and credit cards

by Barbara Burrows

Parents sometimes find it very convenient to allow teens to use parents' credit cards (phoning long distance, buying back to school clothes and supplies). It is important to realize that having possession of the parents' card can stir up some very real desires to "get" more from the parents than the parent intended to give. As teenagers are struggling to take less from parents emotionally, their desires to take more material possessions can increase.

Very clear rules around the use of credit cards can help teens behave responsibly. One family gave the teenagers their own cards for the parents' account, with the following written stipulation. The cards were to be used with

only with parental permission unless the teen had cash at home to cover cost of purchase and could pay for item immediately upon returning home.

When the temptation to "take" from the parents presented itself, and the son put a nominal food purchase on the card (under \$10.00) without

back-up funds or permission, a new clause had to be added to the original written agreement.

The son was required to place his Visa card and Visa slip in an envelope until

such time as he could repay his \$7.95 bill. The son willing complied, and was allowed to have access to the card when his bill was paid.

*Next issue - what if teens abuse the credit card privilege in a serious way.*

**Very clear rules around the use of credit cards can help teens behave responsibly.**

F E A T U R E

# Noticing

by Kathy Smith  
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 Sabbath, 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*

## "He didn't even notice!"

**W**e hear this dismissal of young children's observational skills so often that we are beginning to think we are raising a generation of moles. Did the child notice that she was the only white (or black) child on the playground? Of course not. Did she happen to observe that all the women in the shower room were naked? Didn't seem to. How about the man without legs in the wheelchair? Well, she started to stare, but we distracted her and she forgot all about it.

Perhaps we think that children don't notice these things simply because the children fail to comment. Or perhaps we are eager to believe that they don't notice physical differences such as race or handicap or gender paraphernalia because these subjects make us squirm, and we aren't sure we have the words to adequately talk about them. And of course we would like to think of our children as wholly innocent and accepting, as little Adams and Eves in the blissful Eden of their lives. So we happily hope that they don't notice.

But all of us who have tried to walk with a young child from here to there know full well that he notices and wants to touch every bug and blade of grass and passing dog, that the only thing he doesn't notice, in fact, is how late it is getting as he explores and investigates. So why would we possibly think he wouldn't observe something so eye-catching and noticeable as breasts or skin colour or legs that end at the thigh?

Well, the obvious answer is, the child does notice. Her job is noticing, and she's a lot better at it than we are. But either because she doesn't have the language at her disposal yet



## Meanwhile, we may be failing to notice the child's eyes growing round as silver dollars,

or because through our reaction (which she is the world's foremost expert at noticing) we have indicated that she is not to comment, she does not. So we smile and say, "She didn't even notice!"

Meanwhile, we may be failing to notice the child's eyes growing round as silver dollars, and/or his somewhat unusual behaviours afterwards as he tries to make sense of what's he's seen. For example, does the only white child on the playground start colouring her hands and face with magic markers? Does the shower room kid begin popping in on us when we are dressing and bathing, though he never did before? And does the

child who saw the man in the wheelchair become hysterical at the slightest bump or skinned knee?

When we don't notice and help them out, children must draw on their limited previous experience and their primitive logic in order to make sense of their observations. The conclusions they come to might not only be erroneous, but frightening in their implications. If I change my skin colour, maybe I will be as tough and strong as Joshua? Maybe I could get brown skin by refusing to take a bath, and then I wouldn't need to feel little and dumb anymore? Is my small body defective because it is missing all that hair between my legs? Did it get that way because I did something wrong? If that man in the wheelchair is sick, is his sickness catching? Will I lose my legs too, if I touch him or even go near him?

Physical differences exist in our children's homes, of course, and we make a choice early on about whether or not, and to what degree, to shield them from these differences. We Grandmothers would like to suggest to those parents who insist their children simply won't notice, for example, gender differences if they start seeing naked bodies at an early age, that children do indeed notice, and may be full of questions - spoken and unspoken. How much better to answer these questions ourselves, sometimes over and over again, rather than leave our children to draw their own faulty conclusions.

Sometimes we have no clues except our children's behaviour to guide us, and interpretation can be difficult. But we need to watch for signs that perhaps these 'noticing' situations have become overwhelming for our child. The nudity issue certainly can, with us so large and them so small. Does he suddenly start gawking in a way that makes us feel self-conscious? Does he grab roughly at private parts of our anatomy in a silly, excited manner? Does he start hanging onto his own genitalia as if concerned about its disappearance? Does he always seem to get into an excited, then tearful struggle around bath time? If so, a parent might quietly take note, start covering up, and then, at less intense moments, begin noticing sameness and differences with the child in such a way that he is an active participant. You might talk about family members and friends, which ones are girls and women and which ones are boys and men, and try to discover what he has been observing, feeling and concluding. Gradually the questions will emerge.

So please notice what your children are noticing, because they most certainly are.



F E A T U R E

# ADD: Does it really exist?

PART 2

## The rating game

by Thomas Armstrong, Ph.D.

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These wildly divergent statistics call into question the assessments used to decide who is diagnosed as having ADD and who is not. Among the most frequently used tools for this purpose are behavior rating scales. These are typically checklists consisting of items that relate to the child's attention and behavior at home or at school. In one widely used assessment, teachers are asked to rate the child on a scale from 1 (almost never) to 5 (almost always) with regard to behavioral statements such as: "Fidgety (hands always busy)," "Restless (squirms in seat)," and "Follows a sequence of instructions." The problem with these scales is that they depend on subjective judgments by teachers and parents who may have a deep and often subconscious, emotional investment in the outcome. After all, a diagnosis of ADD may lead to medication to keep a child compliant at home or may result in special education placement in the school to relieve a regular classroom teacher of having to teach a troublesome child.

Moreover, since these behavior rating scales depend on opinion rather than fact, there are no objective criteria through which to decide how much a child is demonstrating symptoms of ADD. What is the difference in terms of hard data, for example, between a child who scores a 5 on being fidgety and a child who scores a 4? Do the scores mean that the first child is one point more fidgety than the second? Of course not. The idea of assigning a number to a behavior trait raises the additional problem, addressed above, of context. The child may be a 5 on "fidgetiness" in some contexts (during worksheet time, for example) and a 1 at other times (during recess, during motivating activities, and at other highly stimulating times of the day). Who is to decide what the final number should be based on? If a teacher places more importance on workbook learning than on hands-on activities, such as building with blocks, the rating may be biased toward academic tasks, yet such an assessment would hardly paint an accurate picture of the child's total experience in school, let alone in life.

It's not surprising, then, to discover that there is often disagreement among parents, teachers, and professionals using these behavior rating scales as to who exactly is hyperac-



tive or ADD. In one study, parent, teacher, and physician groups were asked to identify hyperactive children in a sample of 5,000 elementary school children. Approximately 5% were considered hyperactive by at least one of the groups, while only 1% were considered hyperactive by all three groups." In another study using a well-known behavior rating scale, mothers and fathers agreed that their children were hyperactive only about 32% of the time, and the correspondence between parent and teacher ratings was even worse: they agreed only about 13% of the time."

These behavior rating scales implicitly ask parents and teachers to compare a potential ADD child's attention and behavior to those of a "normal" child. But this raises the question, what is normal behavior? Do normal children fidget? Of course they do. Do normal children have trouble paying attention? Yes, under certain circumstances. Then exactly when does normal fidgeting turn into ADD fidgeting, and when does normal difficulty paying attention become ADD difficulty?

These questions have not been adequately addressed by professionals in the field, yet they remain pressing issues that seriously undermine the legitimacy of these behavior rating scales. Curiously, with all the focus being placed on children who score at the high end of the hyperactivity and distractibility continuum, virtually no one in the field talks about children who must statistically exist at the opposite end of the spectrum: children who are too focused, too compliant, too still, or too hypoactive. Why don't we have special classes, medications, and treatments for these children as well?

### A Brave New World of Soulless Tests

Another ADD diagnostic tool is a test that assigns children special "continuous performance tasks" (CPTs). These tasks usually involve repetitious actions that require the examinee to remain alert and attentive throughout the test. The earliest versions of these tasks were developed to select candidates for radar operations during World War II. Their use with children in today's world is highly questionable. One of the most popular of the current CPT instruments is the Gordon Diagnostic System (GDS). This Orwellian device consists of a plastic box with a large button on the front and an electronic display above it that flashes a series of random digits. The child is told to press the button every time a "1" is followed by a "9." The box then records the number of "hits" and "misses" made by the child. More complex versions involving multiple digits are used with older children and adults.

Quite apart from the fact that this task bears no resemblance to anything else that children will ever do in their lives, the GDS creates an "objective" score that is taken as an important measure of a child's ability to attend. In reality, it tells us only how a child will perform when attending to a repetitive series of meaningless numbers on a soulless task. Yet ADD expert Russell Barkley writes, "[the GDS] is the only CPT that has enough available evidence...to be adopted for clinical practice." As a result, the GDS is used not only to diagnose ADD but also to determine and adjust medication doses in children with the label.

There is a broader difficulty with the use of any standardized assessment to identify children as having ADD. Most of the tests used (including behavior rating scales and continuous performance tasks) have attempted to be validated as indicators of ADD through a process that involves testing groups of children who have previously been labeled ADD and comparing their test results with those of groups of children who have been judged to be "normal." If the assessment shows that it can discriminate between these two groups to a significant degree, it is then touted as a valid indicator of ADD. However, one must ask how the initial group of ADD children originally came to be identified as ADD. The answer would have to be through an earlier test. And how do we know that the earlier test was a valid indicator of ADD? Because it was validated using two groups: ADD and normal. How do we know that this group of ADD children was in fact ADD? Through an even earlier test... and so on, ad infinitum. There is no Prime Mover in this chain of tests; no First Test for ADD that has been declared self-referential and infallible. Consequently, the validity of these tests must always remain in doubt.

## F E A T U R E

# The Development of Anorexia Nervosa

## The Hunger Artists

PART 2

**The Hunger Artists**  
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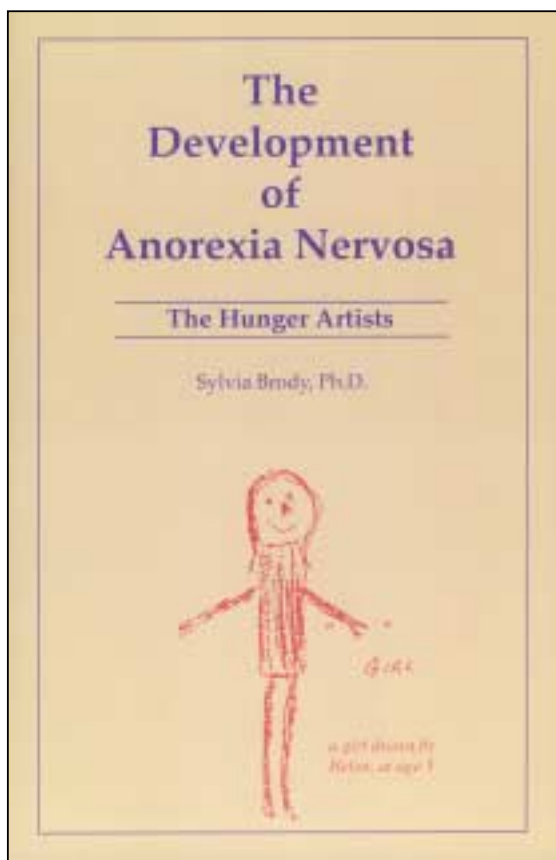
*"The Development of Anorexia Nervosa" by Dr. Brody (see Barbara Burrows Magazine April 2003 for review of this book) gives scientific data of the development of anorexia in two of the subjects in Dr. Brody's research study. This article is a synopsis of direct observation and of Ariel's mother's reports outlined in the book. It shows that Ariel and her parents were having trouble from early on in Ariel's development. This material makes it clear that the common practice of viewing difficult behaviours as a "stage" that a child will "grow out of" is often an incorrect assumption. Suggestions that such behaviour problems are discipline issues are also incorrect. As Dr. Brody's research revealed, and was outlined in the original review of this book, the trouble was related to Ariel's mother and father's difficulty with engaging with their daughter in a way that was meaningful to her. Early intervention can get parents and children "back on track" which allows families to manage much better in the long run.*

### Synopsis of Ariel's History

In infancy, as early as 6 weeks, Ariel received her bottle in her crib. Her mother held her briefly, but Ariel would soon be put down again. Ariel was frustrated frequently around eating. Because Ariel sometimes regurgitated or defecated in the bath, her mother would bath her before feeding, even if this caused Ariel to "howl" out of hunger. By age 1, Ariel was presenting difficulties to her parents. Each had been slapping her hands for picking up things she should not, for whining, and "other aggressive acts".

Now and then, the slap was so hard her hand got red, yet Ariel just laughed; it is possible, getting slapped in a stirred up state caused the reverse reaction - laughing instead of crying, or it is possible Ariel had already figured out her laugh could dissolve her parents' tension.

In her toddlerhood, Ariel hated physical restriction. Nevertheless, she was regularly put in her playpen, where "she screamed bloody murder", got red in the face and held her breath, which made her mother very angry. Her mother related that these rages occurred also when something was taken from Ariel. Her mother had to be careful when she held Ariel because Ariel grabbed her face; she did the same with other people's faces. She had bitten her mother several



**If we are able to be sensitive to behaviours that may be problematic to the child as he or she matures, the chances of being able to remedy the trouble are more likely.**

times, once hard enough to cause bleeding. When Ariel "got into trouble" for sucking her fingers, biting toys, pulling the dog's hair, and "getting into things", her mother put her in her playpen, despite the fury it aroused in her.

Ariel's mother was troubled by gastritis, had "nerves and dizzy spells" and was anaemic. She found caring for Ariel exhausting. Any of us would find caring for Ariel exhausting, I think, given her keyed up and troubled behaviour.

Despite reporting all of the above difficulties, Ariel's mother ended the interview with the research team (just after Ariel's 1st birthday) saying "Ariel was generally easy going and even-tempered." It would appear, Ariel's mother, like so many of us, preferred not to see her daughter's difficulties. Unfortunately, the failure to notice these troubles led to more and more serious difficulties as time went on, and life became harder not only for Ariel, but also for her parents as they cared for her.

As a young child, Ariel had night terrors, would bite, slap and scratch her younger brother and other children. She had violent temper tantrums, threw shoes, kicked, and knocked down anything in the way. She got plenty of "bare bum" spankings. At the same time, she was sen-

sitive and often sad, especially when she saw animals on TV being hurt or lost.

Entrance into first grade brought new stresses. She cried about having to go to school and missed her mother. She had many tummy aches. By then, each day was filled with Ariel's impatient demands, defiance, and tantrums that ended by her running to her room, slamming the door, and sometimes trying to punch her mother in anger. Their mutual resentment was pervasive and intense. Her mother found it hard to keep her temper with Ariel and spanked her about every two weeks.

Up until age 12 Ariel was afraid to sleep alone, and wanted to sleep with her parents. She was still prone to violent temper outbursts, and once hit the wall and broke two fingers when angry that her parents wouldn't let her do something.

She got upset when someone left her and she might cry about it for weeks.

The onset of the eating disorder came at 16, when she dropped from 125 lbs. (at 5'4") to 10 lbs. underweight where she was happy to stay. Chronic stomach pains turned out to be an ulcer. She had no interest in following her doctor's advice to heal the ulcer, and she had frequent migraine headaches. Even at 16, Ariel could never be still.

By 18, Ariel "loathed reading", was doing a mediocre job at school and reported that she had been picked on and excluded by classmates in elementary school. She had chronic stomachaches, and was often bored. She sought constant activity with friends, going shopping, to parties, movies etc.

By 22 and at 27 years, there were still reports of stomach troubles. By 29, she was unmarried, and had entered therapy for help with separating from unsuitable boyfriends. (P. 77-113)

### Comments

Within this documented history of Ariel's development, there were many signs of emotional trouble. These difficulties were often overlooked, as Ariel's mother described her as "happy" numerous times. This careful research, Dr. Brody's careful documentation of Ariel's trouble, may be able to help parents and professionals notice more about children's development. If we are able to be sensitive to behaviours that may be problematic to the child as he or she matures, the chances of being able to remedy the trouble are more likely. By looking at small details of Ariel's history, it is apparent that the troubles followed her right through all the developmental stages - right into adulthood. Troubles are always easier to correct when they first appear. Once the unhappiness becomes "embedded" into the child's character, it festers in many different ways and becomes part of who she is.

Hopefully this case history will help doctors recognize how much support mothers and fathers need to help them over the hurdles they may encounter from the very beginning. This can help so much in easing potential future problems.



## L E T T E R S

# 10-year-old Emma disagrees with Barbara Burrows

Re: Four year old chews Barbie's fingers off. Jan 17/03

**Dear Barbara Burrows:**

Undoubtedly many parents read your column for assistance with their own children, and many even email you their concerns. I read your column and I find that it is interesting. Yes, interesting. Interesting to see what you have done to let down the next parent. Interested to see why you think a boy who plays with a "Barbie" is "not happy being a boy". If girls play with "Kens" why can't a boy play with a "Barbie"?

Tell me that you were a perfect child and never had temper tantrums or were lonely and had nothing in common with the children featured in your articles. Tell me that you would not feel upset if your parents wrote about you, and someone like you wrote about how you need more understanding or love or punishment and then you found out about that.

You are not hurting just the children but also the parents who asked for help and not embarrassment. You always seem to assume there is some deep underlying problem when each child is just being a kid.

Furthermore my message is the age-old saying "If you can't say anything nice, don't say anything at all". I don't know how many other people think the same way I do, but I can sure tell you that I am not the only one.

**Emma J Farago, 10 years old**

Re: Eight year old wets bed – will a loonie per night help her stop? April 4/03

**Hi Barbara,**

Your article on the 8 year old/bed wetting and loonies caught my attention on the weekend and so I decided to drop you a line. It was a great article and when I got to the part about the feelings in her body that I recalled the problem that my then 7 year old son (he turns 24 on Friday) had with bed wetting and the solution we came on with the help of our chiropractor.

I took my son to the chiropractor for food allergies because our chiropractor in Waterloo used applied kinesiology to identify all kinds of allergies. One of the first questions he asked me as he was examining my son was if he wet the bed. Well the look on my son's face – why did you tell him that mom, was only surpassed by my amazement at – how did he know that my son had a bed wetting problem? Turns out that the nerves to his bladder were occluded so when he was sound asleep, he just wasn't getting the messages. After two adjustments, he stopped wetting the bed and was able to have friends over etc. It was a significant moment for us all. Hope this story could help someone else!

**Sue Sheldon BSc. PCC, Oakville ON**

## OUR READERS SHARE

### On potty training

We live in a world of RUSH, RUSH, RUSH and it seems to me the new breed of parents just don't have the time of day for their children. Most children today are not relaxed, and many more are potty trained at day care with a "Let other people train them." attitude.

I'd like to offer a suggestion. Solving potty training problems takes just one parent or the other to give the required time and the child has to have "PRIVATE" time on the toilet with "NO DISTURBING". You'd be surprised at what this method can do.

**Margaret Atkinson, Windsor, Ontario**

Re: Nightmares — Well behaved 3 year old wakes up almost every night with nightmares May 02/03 and Bedwetting — Eight year old wets bed – will a loonie per night help her stop? April 4/03

**Dear Barbara**

I cannot refrain from commenting on two recent columns that appeared in the Sault Star. While I do not disagree with anything you have written, I have additional views based on 47 years of experience as a chiropractor.

The latest column on nightmares brings to mind a paper written by Dr. Royal Lee, DDS, a Danish dentist who worked with NASA in its earliest days. He served in that role as a dietician. He wrote that the addition of a miniscule amount of the chemical urea to the diet, at any hour of the day, would preclude dreaming of unpleasant matters. Urea is a naturally occurring product of urination.

In 1832 it was synthesized by a German chemist, whose name escapes me. It was the first organic chemical to be synthesized. It was called carbamide. It is rich in ammonia. It is administered medically to induce diuresis. It is administered by injection.

In the subcontinent it used to be fairly common to add a small amount of one's own urine to one's drinking water. It was considered salubrious, used as a diuretic. It is analogous to priming a pump. This is a distasteful approach for the ingestion of urea, obviously. But carbamide is tasteless and not an excreted byproduct. I used to obtain carbamide in both pill and powdered form from Robert & Fils, 7521 rue Boyer, Montreal Quebec H2R 2R9 for my patients. The pills are tiny, and the powder dissolves readily. Enough to cover half a dime is the usual dosage in a half glass of water. The price is extremely low, usually the shipping costing more than the product.

There are no side effects apart from the suppression of nightmares. It is commonly found in the blood, and is totally innocuous.

Bedwetting was usually cured in my office in one to three visits by manipulating the second and third lumbar vertebrae. That took training. Later on I learned anyone can control bedwetting and urinary incontinence (especially in adults) by having the patient lie face down on a bed, and the doctor placing one hand flat on the sacrum (just below the belt line) he thumps his hand using the other hand as a hammer. The force used should not cause discomfort to the bedwetter. Thump three times, pause a few seconds, again thump three times, pause and 3 more thumps. Done! Do this once daily for 3 days and the problem is solved.

Sometimes the urinary sphincter will not release, so a catheter is used to drain the bladder. Oddly enough, the thumping approach used to tighten a loose sphincter will also have the effect of loosening that same sphincter. No, I don't know why.

If you have a pet who makes you rise early or overnight to void, the thumping maneuver is totally efficacious immediately. The thumping is done just above the point where the tail leaves the body of the pet.

The point of this letter is to suggest that there are alternative approaches to many problems. But I guess you knew that.

**Nino Campana**

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