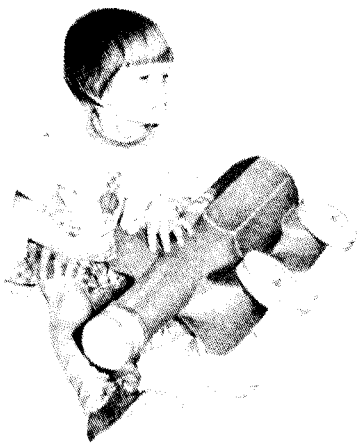


# The management of behaviours problems in children\*



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\* This is an edited version of a paper given in September 1977 during Child Care Week in New South Wales.

It is unlikely that the services of child care workers will cease to be needed during the next decade. The figures tend to show a steadily increasing demand for help with children who cannot live with their biological families for a number of different reasons. This seems to be a reflection of:—

Firstly, an increased awareness of the meaning of unusual behaviour in children, i.e., that the child who does something unacceptable like running away, stealing or failing to perform well in school is really showing signs of emotional stress, and secondly, in part due to an increase in social disruption of the family and a change in the values of a significant proportion of middle class parents. There is no way we can expect that all children can spend all their young lives living with a family, either their biological family or an alternative one.

## “Crazy people”

Even if this were possible in the last century it seemed the “crazy people” in the community were locked up in asylums, now most so-called “crazy people” are living with their families in the general community, and the children are finding some of these parents and relatives provide moment by moment experiences which prevent the children from growing, both physically and emotionally. If to this is added the amount of alcohol and drug taking by parents, then the situation remains serious.

## Historically

Historically, the needs and rights of children have never before been recognised, and if one reads the *History of Childhood*, edited by de Mause, one realises how perilous were the lives of children from antiquity to the present time. In 1780 the Paris Chief of Police estimated that of 21,000 children born each

year in the city, 17,000 were sent to the country to be wet-nursed, 2,000 — 3,000 were placed in nursing homes, 700 were wet-nursed at home and only 700 were nursed by their own mothers. It is interesting that the first change to nursing their own children by well-born mothers occurred in Britain in the 18th Century. We know by the very existence of the orphanages how children have needed to be in care over the years.

## Increasing tendency

Recently there has been an increasing tendency to discredit the policy of placing a child in any institution, and therefore to look for placement within a family for every child. I welcome this, but wish to suggest that in reality some children need expert handling for a period before they can be managed in their own homes or a foster family, i.e., that the children need help with their deprivation and bereavement before they come to the old or new family, and it is about this aspect of residential care that this paper is concerned. If the children must leave their biological family and move into foster care, then the foster parents whether in group homes or families, also need careful preparation, skilled counselling and long term support. Space does not permit discussion of this important area.

## Stress

Before discussing the sorts of behaviour a child will show under the stress of separation from his family, or as a result of some family disturbance, I would like to take into account the sorts of feelings the child has when he is separated from his familiar surroundings, even if these are extremely depriving and destructive. It is important to remember that the child may continue living in the family, but still have lost his emotional supports by

reason of parents' disinterest, depression or preoccupation with other things.

1. Abandonment.
2. Insecurity and a need to recreate the family scene, to restore familiarity.
3. Guilt.
4. Loss of identity, of self-esteem and consequent confusion.

Perhaps I can re-state these feelings in terms of the reaction of the child at different ages.



**1. Abandonment.** Children have an acute awareness of their helplessness, and their own need for care and protection from a very early age, that is from early months of life and then on to their teens. For example, when I told a child of two years that I was restarting work after four months of caring for her every morning, she said in a very tearful voice "Who is going to look after me?" The same feeling was expressed by a writer aged 12 years. This was Guibert de Nogent; an 11th Century monk, who wrote the following when he learnt that his mother had become a nun. "She knew that I would be utterly an orphan with no-one at all on whom to depend, for great as was my wealth of kinsfolk and connections, yet there was no-one to give me the loving care a little child needs at such an age; though I did not lack for the necessities of food and clothing, I often suffered from the loss of that careful provision for the helplessness of tender years that only a woman can provide . . . although she knew that I would be condemned to such a neglect,

yet Thy love and fear, O God, hardened her heart . . . the tenderest in all the world, that it might not be tender to her own soul's harm."

The response to fear of abandonment varies with age.

### Under two

Children under two years may show a severe depressive response called an anaclitic depression with sadness, withdrawal, physical collapse and illness; perhaps rocking or self-stimulation and often a cessation of physical growth. Once the child is fully mobile, i.e., about 3-7 years, feelings of being abandoned are dealt with by overactive restless behaviour. The so-called hyperactive child. Sometimes other symptoms arise which can be equally irritating to adults, bed-wetting, pants soiling and sometimes attention seeking regressed behaviour. Although this is seen as a "symptom", the regression and attention seeking behaviour is a healthy effort at re-establishing trust and a new relationship. Many successful foster parents or natural parents after a separation, have said "I had to care for him as if he was a baby all over again". The more serious problems, though often less well recognised, are with the child who cannot trust him or herself in a new relationship for fear of being hurt again.

### Approaching adolescence

As children are approaching adolescence, or sometimes much earlier, a few of them will come to terms with the independence forced upon them and develop their particular skills. We have some examples of this in autobiographical literature, Graham Greene, General Montgomery and Guibert de Nogent, whom I referred to earlier. These people are often driving, independent successful people at their own specific level of ability, but have considerable trouble in adult life as parents in family relation-

ships. By this, I do not mean that they are necessarily all distinguished soldiers or politicians, but some reach a level of independence as explorers, in the creative arts, as shearers or whatever calling is available and matches their particular skills. This now applies to women as well as men.



**2. Insecurity.** The new place in which the child finds itself may provide experiences quite different from those available in the child's original family. Perhaps people are loving, the food is good and arrives on time. The child constantly tries to reassure himself by recreating the original family scene. If he has been physically abused before he will try and seduce the adults or other children, or accuse his caretakers of sexual interference, for example "You are just a poofter". If he has been denied adequate food, he may reject the food that is offered. It makes life for the new caretakers very difficult, but only gradually can the child give up the need to make other people behave like his or her original parents.

**3. Guilt** is such an uncomfortable feeling that it creates intense behaviour to try and bring some relief. Most commonly it provokes behaviour aimed at gaining punishment and this, of course, is one of the main reasons that punishment of these children only reinforces the behaviour that is unacceptable to the adults. It brings to the child a temporary relief

from guilt but is confirmation that the child is bad, and therefore must behave that way. It offers the child an identity as a bad person, and deals with the feelings of confusion and identity loss which I will discuss later.

The guilt is engendered in the child by the loss of parent or parents "I must be bad or they would not have left me" — "I was naughty and someone said 'You'll be the death of me'," and then inconsiderately died, or deserted. The culture says "All parents are good", particularly religious cultures, "God the father is good", "The Virgin Mary is immaculate", therefore says the child, when things go wrong "It must be my fault that mum is dead or ill or deserted". So the child's way of dealing with guilt is to be self-destructive, to be accident prone, to be on the receiving end of bullying from other children, and to be under-utilising his or her natural talents. There is a seeking out of failure and a need to be involved in dangerous situations. This sort of behaviour occurs in children of 6-10 or 12 years. The very young child aged under three years does not appear to experience guilt as do older children. When children are nearing puberty then one may find them making suicidal attempts, usually these are "cries for help" but often there are serious concerns for their own unworthiness and thoughts of death. There is often an increase in dangerous play, stealing, dicing with death, car stealing, riding fast motor bikes, and sometimes this behaviour can be directed into more appropriate channels and talents can be developed. Skills on horseback, in sport, with animals and working as stunt men or women are examples of this.

**4. Loss of Self-esteem** and of identity results sometimes in confusion and disorganised behaviour. With the loss of familiar people and surroundings the child becomes bewildered and confused about

who he is, and where does he belong. It is a loss of the past and therefore the future is made inexplicable. The behaviour may be in the very young, crying, temper tantrums, and in older children disorganised unpredictable behaviour. Sometimes a child will take on a new identity as the bad child, the clown, the dreamy slow child who is always late. The dunce, the clumsy one.



#### **Management and Providing a Therapeutic Environment.**

1. Understanding — both for adult and child.
2. Tolerating the processes of change from distrust and isolation to aggressive behaviour fluctuating to regressed modes of relating, and finally to restitutive behaviour, and emotional growth.
3. Setting of controls and limits.
4. The role of punishment and the opportunities for separation.
5. Need for male child care workers.

Fritz Redl (of Redl & Wineman) has expressed through an article by Goodrich and Boomer, four main guidelines for a therapeutic residential experience:—

1. Promoting personality change in the child by helping him or her to view their behaviour evaluatively, that is, asking and listening to the child's view of the behaviour, that is, saying to the child "Why did you do that?" and then listening to the answer.

2. Promoting Ego Growth, that is, providing activities and adult involvement at an age appropriate level to expand greatly the child's life experiences and learning.
3. Maintaining existing ego controls. Taking care to maintain the strengths and skills which the child has already acquired.
4. Management of one's own conduct as a staff person. This involves a recognition of the anxiety in oneself produced by the children, and an attempt not to be destructive to the children, to colleagues or to the parents.

This discussion is a narrow look at management of behavioural problems in children. In fact, we have to consider modes other than the placement of children in institutions of any sort, and not simply as an alternative but as well as the existing services. I am thinking of therapeutic family care, with paid and counselled parent therapists as our possible additional service.

#### **Finally, about Behavioural Problems.**

The problems do not belong to the child initially, but are in the environment which cannot meet this child's particular needs as a special time. The behaviour is usually an attempt, sometimes desperate, to make some restitution so that the child can feel secure and safe again. Sometimes the behaviour is a cry for help. Often the behaviour alienates the child still further from the caretakers and this is something which the child needs to comprehend, just as we too need to understand.

\* \* \* \* \*

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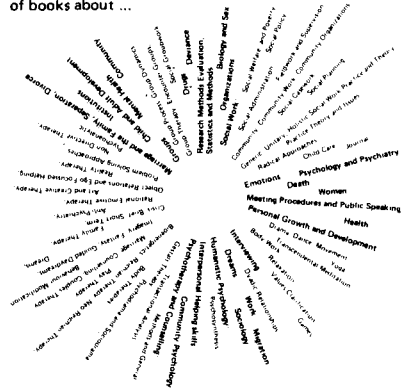
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