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Common Problems of Older Children

Causes of Abnormal Behavior

When a child acts in a strange, illogical, inappropriate, abnormal way, what accounts for his behavior? In looking for the reasons for strange behavior in a child—or, for that matter, in an adult or in any animal—we can distinguish between intrinsic and extrinsic causes. If a child is depressed and cries beyond reason, if he is withdrawn and secluded, if he is frightened and anxious, if he fails miserably to approach his potential in his school work, if he is aggressive or destructive or disobedient at home, the cause may be looked for either in the child's surroundings (extrinsic) or within the child himself (intrinsic).

In short, abnormal behavior may represent the reaction of a *normal* child to an *abnormal*, intolerable situation in his environment, or it may represent the reaction of a *basically disturbed*, confused, unhappy child to a *normal* environment. We may think of the former as the understandable, logical reaction that we could expect from virtually anyone finding himself in a threaten-

ing, unbearable situation. We may think of the latter as representing a personality distortion, an aberration or abnormalcy, resulting in a reaction to a normal environment that we would not expect to produce such strange behavior in the "average" individual.

Another way of expressing it is to consider that every child (and every adult) has a breaking point if sufficient stress is applied. The most battle-hardened veteran Marine will eventually crack if he hits one beachhead too many. All children can be made to exhibit abnormal behavior if sufficient duress is thrust upon them. But we expect a child to be able to deal with, and to manage, a certain amount of the usual pain and unpleasantness that represents normal living conditions. If a child behaves abnormally under unusual pressures, we say the cause of his behavior lies in the situation and is extrinsic in nature. If another child behaves the same way, but because of "usual" pressures in the environment, we say that the cause of the behavior lies within the makeup of the child and that he has an abnormal personality.

With these arbitrary definitions in mind, to what sources should we look for the cause of illogical behavior in a given child at a given time? First we must ascertain that the child is in adequate physical health. Once this is established, then we must examine the circumstances of the child's environment, the pressures to which he is currently exposed. Is there some logical extrinsic explanation of his behavior?

We must search in the three realms of his environment: (1) the school, (2) the neighborhood, and (3) the family. Is he under intolerable social or academic pressures at school? Is he receiving frightening religious instruction at Sunday school? Has he been abused or threatened in the neighborhood? Has a playmate been killed or seriously injured? Is a child in his peer group undergoing the anguish of separating parents? Is someone ill at home? Has his father left on an unexpected trip? Is his mother threatening to leave the family? Is there alcoholism or narcotic addiction at home? Is his father beating his mother? Are there threatening financial problems at home—real or imagined?

Abnormal behavior precipitated by an abnormal environment

is short-lived; that is, it ceases to exist soon after the abnormal situation is corrected. If the illogical behavior continues long after undue external pressures have been rectified, or if no plausible environmental cause is uncovered, then, and only then, are you justified in questioning the integrity of the child's personality.

If this point is reached, from now on you are looking not for a cause of the behavior itself, but for a cause of the personality disturbance. Once again you may consider the three areas of (1) school, (2) neighborhood, and (3) family, but in terms of too little love and acceptance, and too much or too little or inconsistent discipline (teaching), and too much smothering of independence.

Although we have spoken of the differentiation between extrinsic causes and intrinsic causes of disordered behavior in a child, it will be apparent to the reader that outside causes, if they are severe enough or recur frequently enough or continue for a long enough period of time, will sometimes themselves become internal causes. That is to say, if a child with a normal personality is exposed to excessive threats and abuse by his environment, he may sooner or later under this influence become a child with an abnormal personality—so that continuing extrinsic causes of disordered behavior become finally intrinsic causes.

Signs of Abnormal Personality in a Child

When an adult, whether parent, teacher, or outsider, begins to suspect that a child is behaving "abnormally," one of four possibilities must account for this opinion: (1) The adult may be mistaken. The child may actually be conducting himself in a manner normal for his age. (2) The child may be physically ill or physically handicapped. (3) The child may have a normal personality and may be reacting in a normal manner to an abnormal situation, such as the death of a parent or an intolerable situation at school. (4) The child may be in a normal environment, under average stresses and pressures, and may be exhibit-

ing abnormal behavior because of his own abnormal personality structure.

Unfortunately for our desire to come to a useful conclusion regarding the cause of the child's alleged misbehavior, the symptoms produced by the last three possibilities are pretty much the same. If we conclude that the child is indeed acting improperly, we can expect little help from pondering the particular type of undesirable reaction that the child is showing. Regardless of the cause of the problem, the child's bizarre behavior will tend to be the same. By what symptoms a child exhibits his difficulties depends upon the child, and not upon the cause.

What are some of these reactions that should alert the parent?

"Nervousness" in a child is a common concern of parents. Unfortunately, this word has so many different meanings to so many different people that it is virtually useless as a term to describe behavior. Nervousness has been used to denote such varying symptoms as excessive physical activity, unusual fears, tearfulness, sensitivity, sleeping problems, and many others. It is better to discard this general term and to use more precise descriptions in categorizing the behavior of the child.

"Immature" is another frequently used designation. Though it is a more meaningful term, it is likewise too broad in its implications to stand alone, and when the teacher pontificates, "This child is too immature to do good work," it is necessary to inquire, "Immature in what field?" A person may be immature intellectually, which is generally just a euphemism for "retarded," though it may instead suggest impoverished opportunity to learn or a late-developing intelligence. A person may be immature socially, which might suggest an inadequate home environment or home teaching. A person may be emotionally immature, which would simply be a rather obscure way of saying either that he was young, or that he had a personality disorder. He might be physically immature, meaning that his physical growth and development was slower than average or that his acquisition of motor coordination was later than average.

Don't handicap your own thinking by using such vague con-

cepts as "nervousness" or "immaturity." And don't be satisfied with advice from professionals which is phrased in such evasions.

Signs of emotional problems in children, as in adults, often take the form of physical symptoms. Headaches, nausea, vomiting, abdominal pain, diarrhea, frequent urination, a lump in the throat, difficulty in breathing, and rapid gain or loss of weight are perhaps the commonest of these symptoms. These distressing complaints are by no means "faking." No adult who has experienced an excruciating tension headache after a friendly conversation with a motorcycle policeman will doubt the realness of these feelings to the child.

Other actions which may signify emotional distress in a child include: difficulty in learning at home or at school, aggressiveness or passiveness, boastfulness, fear, disobedience, unwillingness to try new experiences, sleeping problems (insomnia, nightmares, sleep walking), overeating and undereating, lack of friends, tics, stuttering, lying, stealing, self-deprecation, irritability, sensitivity, dawdling, procrastination or daydreaming, bed wetting, daytime soiling, masturbation, apprehensiveness, rage, breath holding, unconcern for personal appearance, rudeness, interrupting of adult activities, unusual bashfulness or modesty, preoccupation with sexual matters, and physical overactivity or underactivity. It is readily apparent that all of these forms of behavior may be normal, or may be abnormal, depending upon the child's age and the situation in which they are exhibited, how intensely, and over how extended a period of time.

Sometimes it is practically impossible to decide whether a particular behavior is sufficiently deviant to warrant a firm conclusion that the child does or does not have a significant personality defect. Several considerations must be weighed.

Seldom does an emotional disorder proclaim itself by only one or two types of unusual behavior. A seriously distraught child is more apt to display several or many symptoms simultaneously or in swift succession.

Important personality problems are generally displayed in all three areas of a child's relationships—school, neighborhood, and family. If a young person is reacting peculiarly in any one of

these, but is clearly functioning adequately in the other two, the problem almost always has an extrinsic cause, and is not a sign of emotional inadequacy.

Assistance for the parent in judging the significance of "undesirable" performance in the child is to be found in council with his teacher, principal, or pediatrician or with a suitable psychologist or psychiatrist.

Fears

The world of children, like the world of adults, is full of fearful things. Some fears are realistic and based upon fact; others are imaginary and based upon misconception. Some fears are expressed directly as fear, whereas the presence of other fears is made manifest by seemingly unrelated and inexplicable behavior.

Babies are popularly thought to be born with a very few basic instinctive fears. Among these are a fear of loud noises and a fear of the sensation that accompanies falling. A knowledge of the myriad of other fearsome things is acquired by the child from experience with his environment.

A more sophisticated and defensible interpretation of the automatic responses of young infants suggests that they are born free from all fear, and that this emotion is totally a learned one, dependent upon intelligence, experience, and maturity to weigh remote consequences.

A major contributing factor in the acquisition of fear concerning an event or an object is the child's observation of the behavior of others in response to the object or the event. Thus a good deal of the fearfulness of a child depends upon the attitude of his mother and father in a given situation. Clearly a child will become frightened of worms if he early observes that his mother shrieks and withdraws upon contact with a worm. Equally so determined will be his reactions to a strange situation, such as a visit to the doctor's office.

Actually much of the child's distress upon being examined by a doctor is not fear but rather anger at being restrained if he has not already learned submission to some form of restraint in

the home. When a mother can truthfully state, "This is the only time my two-year-old ever screams and fights," she is often simply confessing that she has never frustrated the child at home.

But the component of fear that also enters into the child's attitude toward an office visit is quickly either fortified or allayed by the behavior of the adults about him. If the mother directly exhibits anxiousness, or if she conveys a sense of fear by an oversolicitous attitude, the child joins her in categorizing the event as fearful. If the mother remains nearby for support, and demonstrates confidence by the quiet naturalness of her behavior, the child comes to accept his mother's evaluation of the situation as not alarming.

If a child's experiences with doctors have had to include prolonged painful procedures and separation from his parents, only the passage of time, strengthened by the calm support of his parents, will enable the child to overcome his rightful apprehensions.

When a child's fears are based upon reality, you have little difficulty in understanding them and in sympathizing with them. It is not remarkable that the child who has witnessed the neighbors' house burn to the ground lives in fear of fire. Nor that the child bitten by an angry dog shies away from other dogs. It is self-evident that alleviating such fears simply requires sympathetic understanding, a willingness to discuss the facts in a reassuring way, and the healing balm of the passage of time.

A person with a fear is a person without reason, and it makes no sense to throw a child who has narrowly escaped drowning into the water to teach him not to be afraid. Nor to urge him to pet dogs after he has been mauled by one. You might profitably provide a three-inch-deep wading pool for the child who has nearly drowned, to be available for his strictly *voluntary* use. Or you might provide a ten-ounce ball of puppy-fluff for the dog-mauled youngster *voluntarily* to be near. But generally such active combating of realistically based fears is unnecessary.

Many of the fears of childhood are founded on misinformation. Fears of ants, shadows, the dark, and so forth are sometimes hard for adults to fathom. They are, nevertheless, as real to the

anxious child as the more obviously caused fears. However erroneously based the cause of the fear, it still is true that a person with a fear is a person without reason. It makes no particular sense to thrust a ladybug at a child who is frightened by ladybugs. There is no conceivable rational objection to a night light in the room of a child who is afraid of shadows. The passage of time, and the opportunity to observe over the months and years that others seem not to be frightened by these objects, serve adequately to dispel the child's anxieties.

It is sensible to inquire into the source of the child's misinformation in order to forestall more of the same in the future. Does Great-aunt Emma shriek at the sight of ants? Is the angelic child next door regaling Junior with horror stories concerning the dark? Are the television programs, or even the nursery tales, scaring the Ned out of Junior? I know of a little girl who was panicked for six months by her apprehension over the falling of the sky in "The Little Red Hen."

Most difficult of all are the fears which are not directly expressed by the child, but which come out in the form of apparently unexplainable behavior. The healthy child who dissolves in tears, or who refuses to leave the house, or who suddenly is unable to eat her meals, may be frightened at the prospect, imagined or otherwise, of an impending separation of her parents. The child who stops doing his homework may be fearful concerning the family's financial situation, or afraid that he has not measured up to his parents' expectations.

Any abrupt change in the personality of a child must always be suspected of arising from a fear based on imagined or real threatened harm. If the threat is directed toward someone or something of vital importance to the child, it will generally not be easy for the child to speak about his fears. He will be able to make known the presence of these fears only by a gross change in his behavior. If questioned, he will not be able to reveal his fears or to admit their existence. To explain his behavior, he will truthfully answer, "I don't know why," or will offer a fabricated reason which bears no relationship to the fear. Often he cannot bear to admit the fear even to himself. High in the ranks of such

awesome fears must be placed those sometimes engendered by religious education. It is difficult enough for adults to confront the questions "Why are we here?" "Where are we going?" "Must death be inevitable?" "What is sin?" "Am I guilty?" Often enough a child's first experience with some of the unanswerable philosophical doubts of existence, first presented in the form of religious education, will produce sudden dramatic changes in personality and behavior, based on threatening anxiety, where the cause of the problem is often at first obscure to the observer of the child.

It is when fears are not based upon reality that they assume a quality of abnormalcy. That is, when they are not based upon reality as it appears to the child. Remember that the child's view of actuality may be colored by untruths and misunderstanding, and may not be entirely founded upon facts. Fears that are not premised upon the child's true or false knowledge are abnormal and warn of personality disorder. When they exist, they usually exist both in profusion and in variety.

Stuttering

Stuttering is a fascinating problem that has plagued man throughout recorded history. Only relatively recently have investigations provided any meaningful understanding of the affliction. First, let us agree not to be involved in the semantics of stuttering versus stammering. No two experts quite agree upon the definitions and the differences between these two words. For our purposes they mean one and the same thing. We are talking about the involuntary repetition of sounds in speech, whether they be initial sounds, terminal sounds, or whole words; and we are talking about the involuntary pauses that occur in speech because of difficulties in forming particular sounds.

Recordings of the speech of thousands of youngsters, unaware that they were being observed, confirm the fact that at some point in life *all* children engage to some extent in stuttering. It seems to be simply a matter of thought coming more rapidly than the vocabulary and speech of the child are able to keep pace with. This phenomenon is observed occasionally even among non-stut-

tering adults, when they are in a situation that calls for more rapid or more serious speech than customary. It is also a matter of observation that one young child never seems aware of the normal stuttering of another.

And it is a fact that the affliction of stuttering is perhaps the single divergence from normal health that is never originally diagnosed by a doctor, but is always first diagnosed by a parent or other lay adult. This fact has enchanting implications which will concern us later.

Speech is one of the several functions of the body that are partly involuntary and partly voluntary. The heartbeat and the activities of digestion are purely involuntary. Throwing a ball, or walking up stairs, is purely voluntary. But breathing, swallowing, and speech are partially under voluntary and partially under involuntary control. You normally breathe without much thinking about it. But to a limited degree you are capable of deliberately not breathing or of speeding up your rate of breathing. The effect of too much voluntary attention to breathing is a matter of common experience. Let yourself become too conscious of how fast or how slowly your breath is coming, and you're in trouble. First thing you know you're taking deep sighing breaths, then rapid pants, in a frantic conscious effort to control what is normally an involuntary process. The same is true of swallowing. Become too concerned with where your food is going, and it invariably heads for the air passageway.

Now this is what is so striking about speech and stuttering. Normally when you talk you are consciously controlling *what* you are going to say, but not *how* you are going to produce the sounds. Focus your attention on the normally involuntary acts of how to move your lips, where to place your tongue, and how to vibrate your vocal cords, and you are immediately in trouble. This seems to be the primary basis of serious stuttering.

If all children at one time or another do stutter, then most of them must get over it spontaneously, because not that many adults stutter. But when a child is going through a normal temporary phase of stuttering, let something or someone draw his attention to his speaking and he is on the path to disaster. Once

he starts to obey the commands "Say it this way," "Speak more slowly," "Think about what you're saying," "Try it over again carefully," and so forth, then he is apt to stumble more and more because of the impossibility of imposing conscious control upon the involuntary act of forming words.

The curious observation that stuttering is the one disease never diagnosed first by a physician, but always presented to the doctor with the diagnosis already made by a parent or relative, now becomes understandable. It may well be that the conscientious parent, acutely aware of the "normal" stuttering of the child, causes it to become established stuttering by focusing the child's attention upon it, and then the parent is led to present the child to the physician with the diagnosis already established. The unaware parent does not notice the "normal" stuttering; therefore stuttering does not result.

It follows, then, that the treatment of stuttering at its inception is for those around the stutterer to play poker. No anguished expressions on the faces. No helpful instructions on what to do. No calling of the child's attention to his own stumbling speech.

None of this takes into account the reported correlation between emotional tensions in a child and the presence of stuttering. And there does seem to be some such relationship. It is easy to think of, and difficult to prove, explanations which may or may not be true. It is possible that the type of parent who would quickly be aware of stumbling in his child's speech is the type of critical parent who would also be more likely to have an emotionally tense child. It is also possible that once stuttering appears, it then becomes itself sufficient cause to create tension in the child.

If your child begins to stutter, ignore it. And make darn certain that Aunt Suzy and Grandma Clarabell also ignore it. If the stuttering persists for a matter of months despite your magnificent handling of the situation, seek the advice of a competent speech therapist or speech clinic through your physician.

Don't be misled into embarking upon the stormy voyage of first trying your own methods of speech therapy. The problem

will be difficult enough for the professional without the added confusion of your help.

School Phobia

Believe it or not, the normal child *wants* to go to school. Or at least he does not want not to go to school. Of course, there are days when any child may occasionally rebel from attending classes—the day he forgot to do his homework, the day of a frightening exam, the day his friend is going to the circus, the day Grandma is arriving. But when a child repeatedly struggles to avoid school, beware.

At the kindergarten age, a modest percentage of children are not prepared to be parted from Momma for the first few days. If the child has had his budding independence a little stunted, if he has been a little too tied to his parents, if he is not yet quite sure of his place of acceptance in the family, if a newborn sibling has recently come on the scene, if there has been sickness or a death at home, if he is aware of threatening marital friction between his parents, he may well decide that the best place for him is by his mother's side, and not in this noisy classroom. There are two approaches to handling the situation of the screaming, hysterical, anxious child who just doesn't want to cross that first classroom threshold.

The first is the "make or break" approach, with which many learned educators seem to like to gamble. With this method the stern or friendly teacher or principal, as the case may be, forcibly removes the leech from his mother and sends the mother unhappy homeward. This approach is exciting in that, like throwing ice water on the child with the temper tantrum, it either works spectacularly or it fails miserably. Or perhaps a more critical analysis would be that it either fails spectacularly or it fails miserably. In most instances, after the first few howling days, the child submits to the inevitable and remains quietly in school. In these "successful" cases it is rather debatable what becomes of the child's repressed anxieties and what long-lasting attitudes toward school

are jelled in his mind. In the "unsuccessful" cases, when the child has the guts to buck the stone wall, he may still be screaming, either literally or figuratively, at the thought of school two or three years later.

A less romantic method of dealing with the situation consists of giving the mother permission to remain in the classroom with the child. There can be no effort on the mother's part to duck out when the child's attention is elsewhere, for the intelligent child is looking for exactly this type of adult ruse. By the end of the third day, or the end of the third week, the child can be counted upon to wonder out loud, "Mommy, why are you staying here in class?" Such is the sagacity of children! For all its unspectacularness, this approach has one small advantage. It has no way of failing.

"School phobia," the fear of attending school by other than beginners, has received a great deal of study in recent years. If the fear continues for longer than a few days, it must *always* be looked upon as a potentially serious manifestation. Occasionally its cause may be as superficial as a threatening bully or a gross mismatch between pupil and teacher. More often it is a warning flag of an important personality disturbance within the child. Professional help is always advisable. But the clarion warning that must be sounded is this: the child must not be allowed to stay home from school while the solution is being sought.

It has been conclusively demonstrated that, if the child is allowed to stay out of school for more than a week because of his anxieties, it will become increasingly difficult for him to establish a satisfactory re-entry into school, even though the cause of the problem may be under correction. It is a mistake for well-meaning doctors, and for well-meaning parents, to provide a written excuse for the child whose abject misery at the thought of attending school is so deserving of sympathy. In severe cases, it may be necessary that the child attend school only symbolically—that is, that he be transported to school in the family car, to remain in a quiet corner of the principal's room or the nurse's station for part of the day, and then be afforded the support of transportation home. But the pattern of *going* to school and *re-*

maining in it must be maintained while the problem is being worked out.

To do otherwise is to confirm in the child his own frightening conclusion, that he is such a failure in life that he cannot compete successfully and safely with his peers. The written excuse from those upon whose judgment he is most dependent for approval, and to whose evaluation he is most vulnerable, says with clarity to the child, "We agree with our son that he is a worthless failure, and we have no hopes that he will be able to measure up; therefore we agree that the best thing for him to do is to stay home from school and to hide himself."

Children with school phobia are not delinquents. A student with school phobia *wants* to go to school but cannot force himself to; a delinquent does not desire to attend. The phobic child is anxious, tense, and distressed by his inability to muster the courage to attend classes. The delinquent child is pleased and at ease when he cuts school; he tries to hide his truancy, but when exposed he is not fearful of the consequences.

Lying

The high value placed by parents upon truthfulness, the "George Washington legend," is purely commendable. But like all lessons that require a well-developed ability to make moral judgments, it is a difficult lesson for a young child to learn, and therefore is often the source of conflict between parent and child, which ultimately leads to unnecessary and unjust harmful criticism of the child.

Most parents approach the subject of lying in the proper oversimplified manner. They first set out to teach the young child that lying is bad, telling the truth is good. This is far from what they really want the child eventually to learn, which actually is that lying is *sometimes* good, *sometimes* bad, telling the truth is *sometimes* good, *sometimes* bad. Scarcely anyone wants his child to grow up to think that it is proper to tell his homely aunt that she is homely, or to tell the announced sex maniac at the front door that, yes, his mother is upstairs in the bedroom alone. But

once having decided correctly to teach the young child first simply not to lie, the parent sometimes then proceeds to foul up the job.

It's all very straightforward. When your child lies, tell him that *he* personally is a great guy, but what he *did* is wrong. Tell him it's wrong by a cocked eyebrow, a word, or, if you must, a whack. When he tells the truth, tell him he's right, and reward him with a smile or a pat on the head. But remember, reward him, don't bribe. Don't announce the prize in advance. Don't say, "I'm going to ask you something, and I want you to tell me the truth, and if you do or don't I will do such and so."

But it really isn't nearly that simple. Suppose he does tell you the truth and that truth turns out to be that he just threw the neighbor's little girl through the second-story stained-glass window of the church. Well, grit your teeth. You simply have got to tell him that he did well by telling the truth. You don't, of course, have to praise his throwing the girl out the window. But it does have to be quite clear to him that the disapproval and the punishment for his heinous act are much *less* than they would ordinarily have been, because of the fact that he did report truthfully. This is easy advice for me to give, but sometimes almost impossible to follow in the heat of the moment. It deserves an honest effort, however.

Suppose you think he is probably telling you a lie. If your knowledge of the matter is at all secondhand, don't, don't, don't put your head in the lion's mouth. If there is even remote doubt, don't trap yourself into accusing him of lying. You only have to be wrong one out of ten times to be in trouble. If you think he's lying, be noncommittal. A neutral "Hmmm" or a non-sarcastic "No kidding" is a Solomonesque way to get off the hook until you have the facts.

And, of course, you have to keep in mind that, even up to six or seven, the perfectly normal child's mind is full of imaginary incidents and playmates. The line between reality and imagination is not always clear to him. So when you get a great rambling whopper of a fib, don't blow your stack without first wondering whether Junior is an embryo novelist. Much, much better to miss

correcting a few deliberate lies than to put in doubt your own reputation as an infallible judge by telling him that he has lied when he knows himself that he has not.

Most children, by the time they are into first grade, have accepted, either from their parents or from the surrounding world, the idea that it is "wrong" to lie. If after this age you find your child lying like a trooper, the only sensible approach is to sit down and ask yourself the inevitable question, "Why?" You can assume the following: (1) He knows it's wrong to lie and (2) it costs him something to lie. But (3) from his point of view it would cost him far more dearly *not* to lie. Therefore (4) he has chosen the path of lesser hurt to himself.

Okay, then why, as he sees it, is it going to cost him so much not to lie? Does he know from past experience that when he tells you the truth you exact from him the unbearably high price of belittling him and of withdrawing some of your love and affection from him? Does his sense of belonging in the family depend, in his mind, upon what he *does* rather than upon who he *is*? Is he so uncertain of his acceptance by you that he is unable to risk his status by confessing a failure, even though his only other choice is to lie? Until you have found to your own satisfaction the answer to the question "Why, in his mind, is he paying a smaller price for lying than he would be paying by telling the truth?" you have no basis for intelligent action. If the answer is not obvious, you need outside help. The value a child places on preserving the necessary three requirements of his personality will invariably outweigh any other values he may have!

Remember that it is *never* a good idea to back any animal, or any adult, or any child, into an inescapable corner, and then to threaten him with destruction. If the individual believes that he is fighting for his very existence, then the most extreme reaction on his part is predictable. If you know your child is lying to you, but his attitude of extreme fright and anxiety suggests that he is being forced to fib to avoid what seems to him to be a destructive punishment, it is certainly a dangerously explosive act to hurl the harpoon by accusing him, at that moment, of lying. Far safer to duck and ignore the lie, and to try to find out, without

direct questioning or accusation, what sort of trouble the child *thinks* he is in.

And when a child lies so often, and so obviously, that it seems he is baiting you to respond by deliberately telling you lies, it is also not wise to jump upon him for the lying, but rather to seek out why he needs to invite you to scold him.

I would recommend never asking a child whether he is telling the truth or is lying. Not knowing the value he assigns to the choice of replies you force him to make by such a question, you cannot judge the amount of anxiety and guilt you may be forcing him to experience. Besides, it isn't cricket to ask a man to testify against himself. If you know he is lying, tell him so. If you are not certain, hold your tongue until you have ascertained the facts, discreetly and from reliable firsthand witnesses, not from circumstantial evidence. If you cannot be sure without asking the accused for a confession, drop the subject.

Before leaving the subject of lying, let us consider the matter of the parent lying to the child. Clearly this does not set a good example for the child to follow. But worse, you risk destroying a confidence that the child must be able to depend upon.

Of course *you* don't lie to your child—but what about broken promises, forgotten deliberately or accidentally? No matter how you slice it, these are lies to the child; to me too, for that matter. I leave it to your judgment how high a price you will be willing to pay to carry through on a promise once it is made. But I suggest that the price be realistically high.

Some parents lean so far the other way that in their eagerness never to lie to their children they shrink from such fabrications as Santa Claus, angels, fairy tales, and heaven. They even tell the hurtful truth to the children, such as "No, I really don't love you as much as I do Sally" and "Yes, you are rather homely." I sometimes wonder how many of these parents are so unbendingly truthful in their own self-appraisals.

I like my maturing children never to have to lie for their own benefit or to hurt another, but always to lie to prevent hurt or sadness to another. I like my adult parents the same way.

Stealing

The antisocial behavior of stealing is almost an exact counterpart of lying. The very young child may really not comprehend the distinction between "stealing" and "borrowing." Give him a few years to discover the fine ethical point which divides these two and which even an honest adult cannot always clearly see in a given situation. How do you yourself resolve the question. "Is it wrong for a man to steal from a wealthy criminal in order to provide food for his own hungry family?"

When stealing persists in a child of school age, remember first to understand why. The child pays a price in his own conscience when he steals. Why has he concluded that the advantage to him of stealing is worth the price of having stolen? Does he need material things to try to buy the esteem of his colleagues? Is he demonstrating to himself, and to the world, that he can indeed do something well despite the world's opinion of him as a failure? Is he trying to even the score for the love and acceptance and approval which he feels his family has denied him? Is he stealing so openly as to suggest that he is trying to provoke a reaction, which will bring him attention from his parents or from the school? Until you can clearly see why, from his point of view, it is more to his advantage to steal than not to steal, you cannot possibly begin to help him or to stop the stealing intelligently.

Laziness

Any fruitful attempt on the part of adults to understand the oftentimes perverse and illogical behavior of children must involve trying to see the problem from the viewpoint of the child. This means that the adult must never stop asking the question "Why?" until an answer emerges which is so understandable and simple as to suggest the course that must be followed to change the child's behavior.

A glaring example of a completely unsatisfactory answer to the question "Why?" is the I-can't-bear-to-think reply: "Lazy."

"Why is Martha doing poorly in school this year, teacher?" "Because she doesn't apply herself and doesn't do her work." "But why doesn't she apply herself and do her work?" "Because she's too busy daydreaming." "But why is she too busy daydreaming?" "Because she's lazy." "Oh, now I understand."

Bunk! You don't understand anything more about Martha than you did when you started the questioning. You don't yet have an answer which carries with it the suggestion of some concrete action which could help Martha improve her work in school. "Lazy" explains absolutely nothing from the child's point of view. There still has to be another "Why?" "Okay, so Martha's lazy. But why is she lazy?"

"Lazy" means "inactive, dull, slow-moving, languid, having little energy." Show me the child who's "lazy" and I'll show you a child who is half dead. "Laziness" has virtually no meaning or significance when applied to physically healthy children. The very same Tommy who is "too lazy" to do his homework will spend unending hours playing shortstop. The same Jill who is "too lazy" to practice the piano will burn the midnight oil to finish a favorite book. Jim, "too lazy" to pay attention in Mr. Green's classroom, will work to his limit in Mr. Gray's.

What are some of the things that may make a child act in such a manner that to adult eyes he appears "lazy"? When "he's just lazy" seems to be the explanation of a child's behavior, what might be the answer to the more probing question, "Okay, but why is he lazy?"

A "lazy" child may be a physically ill child. A trip to the physician should eliminate this possibility.

Laziness may be a masquerade for boredom. If Martha's intellectual capabilities are being narcotized by the teacher, she may well become "lazy."

If Martha is preoccupied with concern over a volatile home situation, she will be "lazy" concerning her school work.

If Martha is puzzled by a reading difficulty, or by a gap in her knowledge of basic arithmetic, she may feign lack of interest and be labeled "lazy." Most of us are "lazy" about engaging in activities in which we have little skill and of which we have inadequate

knowledge. Most of us are enthusiastic about things we do well or comprehend fully. I am very lazy about playing golf because I don't know how to play golf. I am very enthusiastic about playing tennis because I consider myself an expert. I am very lazy about speaking French because I don't much understand French. I am very enthusiastic about discussing mathematics because I am very knowledgeable about mathematics. So with children. Those things they do well they do with enthusiasm. Those things they do poorly they are "lazy" toward. One quick way to find out whether Martha has learned to read well is simply to note whether she does it spontaneously and with enthusiasm. If she is "lazy" about reading, the chances are good that she doesn't yet know *how* to read skillfully.

"Jeremiah is too lazy to go out and play ball with the boys." "Why is Jeremiah 'too lazy'?" Jeremiah doesn't know how to play ball worth a hang. Or Jeremiah knows that if he sets foot outside the door the local bully is going to bash his teeth in. Or Jeremiah is so lacking in self-confidence that he's not going to risk being ridiculed if he makes an error playing ball. Or Jeremiah has had so many of his decisions made for him by his overprotective mother that he hasn't acquired the independence necessary to go out and engage in competitive activity with the other boys. But in any event Jeremiah is not "lazy."

When you are satisfied that the reason for your child's annoying behavior is "laziness," please go back and start over again to find an answer that makes some sense.

Second cousin to the evasive explanation "He's lazy" is the readily misused conclusion "Because he has a short attention span." Perhaps he does. And if so, he needs professional help. But does he really have a short attention span? For every activity? No matter what you try to interest him in, does he promptly tire of it and wander away?

Or does he rather have a short attention span merely for those things which he doesn't understand? Or which bring him grief, such as his father criticizing him or the teacher belittling him? If he has normal attentiveness to some activities—if he will sit for hours before the television screen, or play hopscotch all

afternoon with the gang—then he doesn't have a short attention span, and some other explanation for his lack of concentration must be uncovered if he is to be helped.

Posture

One of life's little frictions that can expand into a major conflict between parent and child arises from the subject of posture. Every parent understandably desires an erect posture and a proud carriage for his child. But before trying to alter the posture of a young person it is important to consider what we know about the subject.

Posture is not a simply determined thing, but rather is dictated by many diverse influences. Among the more important factors influencing posture are the emotions. It is a matter of everyday observation that a person's posture varies with his feelings of the moment. The man who has just been promoted, has just received a raise, has just been flattered by his boss, walks down the street differently than does the very same man after he has been discouraged and belittled.

Over the long term, the person who finds himself continually defeated and derided assumes a posture of permanent dejection, as contrasted to the person who more frequently tastes success and who feels himself to be worthwhile. Strikingly so with the child; the sagging shoulders, forward-thrust head, and heavy gait sometimes reflect nothing but the child's evaluation of his own worth. For this reason it is important that parents not attempt to improve the posture of their children through constant "reminding." Frequently repeated friendly reminders soon deteriorate into discouraging nagging. And the parent who constantly suggests to his child that he stand or sit straighter is unavoidably the parent who is thereby just as constantly reminding his child that he, the parent, finds the child unacceptable.

Posture is one of the many areas in which it is not possible for the parent to correct the child's actions without simultaneously being critical of the child himself, for, after all, the child's posture is the child's body, which is the child. It should be clear,

therefore, that parents should not try to improve their child's posture by constant vigilance and harping.

In some respects, posture is largely a habit, and, as with any other habit, two things are necessary to change it: (1) motivation and (2) a method of remembering. In order to alter a habit, it is first necessary that the person have some desire to change. It is also necessary that the person have some method of remembering that he does wish to change. To make this clearer, consider the excellent posture that universally marks the upperclassmen of the military academies. The entering classes at Annapolis, West Point, and the Air Force Academy are composed of ordinary men of ordinary posture. But they are strongly motivated to acquire, among other things, a military posture. They all *want* to look like officers. Thus the first requisite for changing a habit is present. And they are *reminded* a dozen times a day, month after month, of their desire to change their habit by the "friendly" upperclassmen. Mind you, they are reminded not by their parents, but by outsiders. They are reminded by persons whose opinion of them is not so important to their sense of being accepted.

These analogies point the way to successful methods of correcting the posture of children. In the first instance, perennially poor posture calls for an evaluation of the child's personality, and specifically of his sense of worthwhileness or self-confidence. Secondly, direct efforts to improve the posture must come from sources outside the immediate family, sources who are knowledgeable in motivating the child and who are capable of frequently reminding the child of his own desire to change. There are available in many areas of the country "posture clinics," which are often inexpensive and effective. Similarly, instructors of diving, fencing, ballet, voice, tennis, musical instrument, charm, etc., are capable of both motivating and reminding the child of good posture—often, of course, without even mentioning the subject of posture.

There are also certain special influences on posture. Very commonly the young girl entering puberty who has not been "sold" by her mother on the beauty and desirability of the female form tries, in embarrassment, to conceal her budding shape by

hunching her shoulders and dropping her head. Sometimes the tall adolescent girl resorts to slouching if she has not been adequately convinced beforehand of the statuesque attractiveness of the professional model. (Incidentally, did you know that it is becoming more and more commonplace to halt the growth of a girl prior to puberty if her ultimate height is predictably to be near or in excess of six feet?)

Another important aspect of posture is the ever-present factor of imitation. The child whose parents habitually exhibit poor posture is himself far more likely to adopt an unflattering posture too.

One final major contributor to posture in children is their state of health, both general and orthopedic. It follows that poor posture should be investigated by a thorough physical check-up.

And one eminently successful treatment of poor posture in a boy is a tall girlfriend.

Obesity

Children who are overweight seem to be among those subjects that were long ago thoroughly and exhaustively investigated and studied by the experts, but whose problem and treatment remain a complete mystery to many parents.

Of course, even the definition of the word "obesity" is to a certain extent subjective. Whether or not a child is "overweight" depends partly upon the preference of the observer and, in the case of the older child, partly upon the mode of the moment and opinion of the child himself. It is a fairly safe generalization, however, to say that babies, until they have been walking for a few months, tend to be chubby naturally, while the child from two years to puberty tends to be normally slender. During and after adolescence, "overweight" is largely a matter of contemporary style and personal preference.

What are the causes of obesity? The common cause under two years of age is the specific caloric value of the food eaten. A young child tends to eat until his appetite is satisfied. His appetite is satisfied when his stomach is full. But he has no built-in

mechanism for calculating calories. His appetite is just as well satisfied by a stomach full of skimmed milk as it is by a stomach full of cream; indeed, it would be satisfied by a balloon inflated with air. Therefore, in dealing with overweight in the very young, one generally offers the same quantity or volume of food but attempts to choose foods which contain relatively few calories.

In older children, some cases of obesity may be considered simply a perpetuation of family customs and habits in eating. The fat mother and father whose national background features hearty meals of high-calorie foods are apt to have overweight children merely through imitation and family custom. A few older children become obese on account of physical malfunctioning, either because of an endocrine disorder or through enforced inactivity due to disabling diseases. A few children become obese from drugs.

But we know from the superb investigational work of Hilde Bruch that the overwhelming number of obese children in the United States owe their overweight to emotional causes. The emotional cause may be simple boredom and in-the-house inactivity with a ready availability of snacks to combat the boredom. Or it may be overeating by a child with a very poor self-image who considers himself a failure in most endeavors and sets out to be a success in the one thing he does best, eat. Or it might be an emotionallly distraught child striking back at an unacceptable mother who abhors obesity in children.

The first step in treating obesity is to eliminate the possibility of a physical cause by a thorough physical examination supplemented by whatever tests, if any, the physician requires.

The importance of recognizing the commonness of emotional causes for obesity lies in the application of this knowledge to the treatment of the fat youngster. It is *never* appropriate to try to "encourage" or to shame an overweight child into reducing. Obviously, if you recognize the possibility of an emotional factor, it will not help to ridicule, but may serve to aggravate the weight problem by increasing the child's emotional distress. It can be equally disastrous to remind the child constantly that he intends to reduce; whatever you call it, this is a euphemism for nag-

ging. For the same reasons, it often is not appropriate to help or to urge a child to reduce through the use of a diet. When one member of a family is placed on a diet, eating differently or drinking differently according to an announced plan, this can hardly avoid serving as a constant reminder to the child that "You are the fat, ungainly, ugly, unwanted-as-you-are, different member of the family." Furthermore, any child (and any adult) on a diet feels like a martyr, forgoing at some sacrifice the things he wants. With rare exceptions, the weight lost by a child on a diet is therefore quickly regained when the diet finally comes to an end, because every day he has been reminding himself of the good things he has been going without and which he has looked forward to with intense anticipation.

In my experience there are only two successful ways to help an overweight youngster if you hope to make the weight loss permanent. The first method begins and ends at the checkout counter of the local grocer. The mother must bring home and must prepare only enough food for the immediate needs of the family. It is generally possible to say to a child, "I'm sorry, that's all there is for dinner. I guess I didn't prepare enough," or "I wish I could spare you a glass of milk, but there's just enough there for tomorrow's breakfast." It is not generally possible to say successfully, "Yes, there's plenty here, but I don't think you should have any more." I don't suggest that this is an easy method, for it requires careful shopping, constant planning, and shrewdness on the part of the mother, but it is a successful method for those who feel the goal is worth the effort.

The second successful method is for the doctor to prescribe mild, carefully selected anorectic medication (appetite killers) under regular and careful supervision, while telling the child that he may eat as much as he wants whenever he wants to. With this approach it is often possible to shed about two pounds a week with no harmful side effects, and since the child is not martyred during the experience, there is somewhat less chance of the weight being taken on again as soon as the treatment is terminated.

The parent of the obese child may often protest, "He eats like

a bird; much less than any of the rest of us!" No one doubts this for a moment. It is all too clear that, because of the differing metabolisms of different normal persons, a group of any ten people eating exactly the same food and taking exactly the same amount of exercise will end up with two of the group gaining weight, two of them losing, and the remainder staying unchanged. But it still boils down to the fact that the obese child is eating more than he needs.

Calories consumed in the form of liquids are often the hidden culprit in the case of the fat child. Most juices and soft drinks contribute nearly as many calories per ounce as does milk. Each four ounces consumed, say between meals, are equivalent in fattening power to a slice of bread.

So accurately balanced is the relationship between the intake of calories and the expenditure of calories for energy and growth that as small an excess as one hundred calories per day beyond the needs of the child will result in the accumulation of about six pounds of fat each year. Since one hundred calories are found in one half slice of bacon, or five ounces of milk, or one pat of butter, or one orange, or four crackers, or two tablespoonfuls of ice cream, the fact that not all Americans are obese is an accolade to Nature.

Efforts to reduce overweight by increasing physical activity are pathetically misdirected. In the first place, it requires tremendous muscular effort to burn up even the calories in a glass of juice. Further, in most children the more active they are, the "better" their appetites become. "But my little fatty only loses weight when he is kept active all summer at camp!" Sure, your little fatty loses weight when he is kept active and away from readily accessible food at camp.

Sissy and Tomboy

Little boys and little girls, initially no different in their behavior, normally grow up to be big boy boys and big girl girls. Why? Well, really for two reasons working in conjunction. First of all, they both spend years observing the female role their mother

plays and the masculine role their father plays in the everyday activities of the family. So, just as they both grow up knowing their religious affiliation, almost by osmosis, the boy grows up sensing that he is to emulate the father, and the girl the mother. Secondly, they grow up to fulfill their appointed mission in life because their year-after-year relationships, which form their personalities in a normal manner, make them willing and unafraid to mature into manhood and womanhood.

Conversely, the boy may have difficulty attaining a properly sexually oriented manhood if either of the two essentials goes awry. If his mother is domineering, aggressive, unfeminine in manner and dress, and wears the pants in the family, while the father is retiring, soft, unobtrusive, and milk-toastish in managing the family, the boy may have difficulty in identifying clearly his own role in life. Secondly, if his childhood experiences contain enough destructive factors to interfere seriously with his development of a normal personality, he may also veer away from accepting the role of manhood. Precisely the same two diversions from the normal path of development may influence the girl.

It is an interesting fact that in our society, in contrast to other societies of a different age, effeminate boys are castigated at the drop of a handkerchief, while masculine girls are affectionately called tomboys and treated with easy acceptance.

The truth is, of course, that a ten-year-old boy playing with dolls, sewing, and cooking, unless these are his sole diversions, is a perfectly normal boy. Just as a ten-year-old girl with a bat over her shoulder, in blue jeans and spiked shoes, is a perfectly normal girl. So too is the fourteen-year-old boy who occasionally likes to experience the soft comfort of silk or fur.

The completely masculine teenage boy and the completely feminine teenage girl will often develop strong and normal attachments to, and friendships with, young persons of their own sex. None of this need frighten or offend the anxious parent. The attainment of normal sexuality is further considered in Chapter 9.

The physical sex of a child is determined at the instant the sperm penetrates the ovum. If the father contributes an X chromosome to the union, every cell of the developing child will be a

female cell with two X chromosomes, and the individual will have the physical contours of a girl. If the sperm carries a Y chromosome, each cell in the body of the conceived infant for his entire life will bear the male genetic configuration of XY. Thus the physical sex is fixed throughout the body from the very beginning, with every cell stamped "his" or "hers."

Not so the emotional sex.

There are no intrinsic factors—not chemical, not physical, not hormonal, not inherited—which influence the emotional development of a child in the direction of maleness or femaleness until the sexual hormones begin to act in the early pubertal period. But boys and girls do begin to behave differently long before they approach adolescence. They show preferences for types of toys and play activities. They react in vigorous or in gentle ways; they strut or they demur. What accounts for these developing differences in mental and emotional behavior?

Before ten or twelve years, all the differences in behavior between boys and girls are determined solely and exclusively by their environment! So potent are these learned patterns that even after the full maturing impact of the male and female hormones at puberty, the emotional reactions of boys and girls along sexual lines are still largely guided by their earlier and continuing contacts with their environment.

This is to say that little boys and girls learn to act like little boys and girls from what they observe about them—or they do not, as the case may be. The early, and indeed the late, sexual behavior of a child depends, then, upon the opportunities he has for learning inappropriate or appropriate behavior from those about him.

In terms of heterosexual activity, up until kindergarten years boys and girls show no preference for playmates of one sex or the other. Their friendships are quite neuter. Exceptions are the result of superficial circumstance. For example, a boy may play exclusively with girls because he lives in an all-girl neighborhood. Or he may prefer boys because they have toys of the sort he is familiar with and possesses himself. But essentially his peer activity is asexual.

During the school years, friendships become firmly homosexual, and boy shuns girl and girl shuns boy. This is completely learned behavior. Partly, children of this age tend to associate with peers of like interests. Mostly, they are told, directly or indirectly, to feel and act this way. Boys' bathrooms and girls' bathrooms. Boys line up here, girls there. YWCA and YMCA. Boy Scouts, Girl Scouts. You play these games, but you play those. Books for boys, books for girls.

Since all these causes of behavioral differences are external, variable circumstances may cause quite different responses in completely normal boys and normal girls. As at an earlier age, Tom may associate with girls and Joan with boys simply because they are the only ones available in the neighborhood.

Bob may prefer girl playmates because he has not learned to play baseball or because the available boys show more aggressive behavior than his gentle-family experiences have prepared him for. Sue seeks boy companions because she is athletic or is more comfortable with the boisterous activities of her brother-rich family.

All these, and infinitely more, variations are normal sexual conduct arising from rational experiences.

Identical behavior may be abnormal if it is dictated by developing personality faults. Jack may shun male playmates because his self-image is too vulnerable to risk competitive defeat. Emily may seek boy companions because she is surfeited with female rejection from her mother. These variations then foretell possible future unhappiness, but of a form which will not manifest itself as sexual confusion unless the causes are of the specific types discussed later.

At physical maturity, which comes over a wide age range in both boys and girls, heterosexual friendships begin to supersede, but never to supplant, the homosexual companionships, partly because of hormonal influences but still largely from environmental teaching. A slowness of interest in the opposite sex to develop to a stage of active pursuit is never abnormal. On the other hand, a continual avoidance of even casual social contacts

with the opposite sex by mid-adolescence is often significant.

Sometimes young boys of about three to six show marked preferences for their mothers, and girls for their fathers. Emphasized as the Oedipus and Electra complexes, these learned responses do not occur in all children, do not need to occur, and indicate an unbalanced family relationship only when they occur in exaggerated degree.

It is frequent, but again not necessary, for young boys and girls to show a preference for the mother, for the child from four years to pre-adolescence to prefer the parent of the same sex, and for the adolescent to favor the parent of the opposite sex.

The essentials of the formation of normal sexual orientation in the child are two: normal personality development and observation of a normal male-female relationship between mother and father. Given these ingredients, sexual deviations cannot develop. Deprived of them, some children nevertheless still manage to acquire satisfactory sexual orientation.

What are the types of childhood experiences that result in homosexuality in later life? Not all, not even a small fraction, of personality distortions result in sexual deviation. And while the observation of abnormal husband-wife relationships may handicap the establishment of fully satisfactory sexuality, it only unusually results in homosexuality. There are certain specific parent-to-parent-to-child insults which nurture sexual deviations. Several of the following situations must prevail in order for the male child to be directed toward adult homosexuality:

The mother shows a preference for the son over her husband and her other children. She arouses him by immodest exposure and seductive physical contact. She shares her bed with her son; the father sleeps in another room. She stifles his independence and is overly protective. She interferes with his friendships with girls. She is openly contemptuous of her husband and aggressively dominates family decisions.

The father spends little time with his son, and that is spent in belittlement. He prefers his other children, particularly daugh-

ters. He continually defeats his son by setting impossible goals for him. He denigrates his wife and avoids family decisions by passive withdrawal.

A daughter may be directed toward lesbianism under analogous conditions:

The father and mother are mutually derogatory, and he plays the passive, conciliatory part while she assumes the aggressive, forceful, decisive role.

The father adulates the daughter in preference to other siblings and to his wife. He stimulates her by physical exposure and by passionate caresses. He may lie beside her, and he disrupts her male peer friendships. He subverts the normal maturing of her independence.

The mother contributes by surrendering her place and by absenting herself physically or in spirit from the daughter. She shows marked preference for male children, and she defeats by criticism the daughter's efforts to emulate her.

These are the commoner of the particular learning situations which produce homosexuals, who number one to two percent of the population, and bisexuals, who are somewhat more numerous.

What Is a Child Psychiatrist?

This book is devoted to the development of a normal personality in a child. But since this goal is not always the easiest thing in the world to attain and some parents may find themselves in need of a child psychiatrist, perhaps we should try to understand a little better what this strange genus, called a child psychiatrist, is.

As in all fields of endeavor, there are good and bad, better and worse child psychiatrists; and in about the same proportion that you might expect to find good and bad doctors, good and bad lawyers, good and bad painters. When dealing with any service group, it usually is a good idea to inquire around to try to find the best. Perhaps there is a slightly higher percentage of screwballs in this specialty than in some other fields, but most of them are reasonably sane people, just as you and I. There are still a few die-hard pure Freudian child psychiatrists in the wood-

work, but they are fortunately becoming extinct and you need not worry much about meeting one.

A good child psychiatrist is an ordinary guy, tall or short, fat or thin, old or older (they age prematurely), who by reason of some amount of training, some amount of experience, and some amount of interest has acquired about as much knowledge and understanding of children and their problems as you would inevitably acquire yourself if you fathered and raised several hundred children. He is endowed with no really magic powers, but he has learned to say more or less the right thing to children at more or less the right time, and to gain thereby their confidence and trust.

He is keen enough to let them know that he likes them and approves of them. But not foolish enough to let them think they can do anything they want to without meriting some disapproval, though always of their action, never of themselves as people. In other words, he has the knack of being a nearly perfect parent—with your child, not necessarily his own. Thus he is often able to "establish rapport" with a child and to help the child to see some solutions to his problems.

As a general statement, children under the care of a child psychiatrist enjoy and look forward to their visits with him, with occasional exceptions when they are beginning to recognize that in some ways the fault is partly theirs. The progress made by a child psychiatrist is generally somewhat less speedy than that achieved by penicillin in a case of pneumonia, and the first meetings may seem particularly unrewarding from the paying parents' point of view, because, as you have proved, it is not all that easy to establish a friendly and trusting relationship with a child. Nevertheless, and particularly as compared with adult psychiatry, the favorable results on the child are not that long in starting to become apparent. Usually before the second mortgage becomes a reality, the parent begins to see signs that the psychiatrist is not a fraud after all.

Child psychiatrists, Hollywood notwithstanding, do not practice psychoanalysis in the sense of a couch. They also are not high on the list of people expert in communicating with parents.

Part of this is deliberate, of course, because it would not do for the child to feel that his trusted friend was divulging his secrets to his parents. But if you find the weeks of silence becoming boring, or too anxiety-provoking, you have the utter right and need to telephone for a report.

Many child psychiatrists find it helpful to have one or the other or both parents receive some guidance and help in handling and understanding their child. This form of adult education is usually accomplished through some form of expert other than the psychiatrist himself. It is a relatively painless experience for the parent, provided he decides in advance to sit back and enjoy it. Not too much more agonizing than third-year Latin or advanced algebra.

Common Problems of Family Relationships

Most of the situations that have apply equally to all children and families. They represent conditions and potential problems that are common to the parent-child relationship.

There are several common factors that have upon the personality development of some children. These are typical of most common family situations that affect the child. They may also have some characteristics of the child himself or some characteristics of the family environment.

For instance, the child may have a child in need of attention. Adopted children or handicapped children may require special attention, while the parent, an unwelcome child, or other children may be present, creating the most distinctive relationships.

The relationship family unit, based on the example between parent and child, exists in its simple form only in the three-