THE DIAGNOSTIC APPROACH TO CHILD REARING

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Many children develop bad or disturbing patterns of behavior that concern parents. Some children become hurtful, angry, enraged, aggressive, or defiant. Others become shy, withdrawn, passive, tearful, or fearful. Children may even develop habits such as thumb sucking, nail biting, nightmares, failure to focus attention, or ADHD (attention deficit hyperactivity disorder).

Many parents are not sure what to do when they see these kinds of habits and behaviors. Some respond by punishing their child. They give "time out" or take away privileges. Other parents overpower their child. They intimidate, threaten, yell at, or frighten the child. Many mothers and fathers find themselves using a combination of these parenting reactions. Later, upon reflection, they are not satisfied with these techniques or with their effects.

What can parents do to reduce and eliminate these behaviors—whether of the angry and aggressive or the passive and fearful type? How can childhood energy be freed and redirected toward more constructive purposes? How best can parents prevent and respond to misbehavior? What is a rational, effective, and humane child-rearing approach that produces well-behaved children?

The research on child development and child rearing offers a wealth of valuable information. Many appropriate and helpful child-rearing guidelines can be derived from the countless studies on young children. When parents use these research-based principles for child rearing, a foundation is built for the development of a well-behaved, emotionally healthy human being. As a result, these parents also enjoy parenting.

The child-rearing method that best represents the research on children and parenting uses a diagnostic approach to understand and manage all types of childhood behavior. Diagnosis is a process by which information is systematically gathered about the motivation for behavior. The purpose of gathering the information is to determine the possible underlying causes(s).

The diagnostic approach regards all childhood behavior as a sign, signal, or symptom that communicates the current state of the child's physical and psychosocial needs and drives. When a young child is behaving well and in a developmentally appropriate way, one of two things can be inferred. Either the child's normal underlying needs and drives are being met, or the child is enduring the frustration of unmet drives and needs. Disturbing behavior occurs when one or more normal developmental need is frustrated and the child cannot tolerate the frustration.

Young children have a number of powerful and normal needs, the frustration of which causes them distress. Young children cannot tolerate much frustration. However, children are better able to learn to tolerate frustration if they learn when they are young that their needs will be met promptly and reliably by their parents. When a child can trust that parents will meet his or her needs, the youngster feels secure enough to risk gradually experiencing feelings of frustration.

When, on the other hand, a child regularly feels and expresses normal childhood frustrations that are not met responsively by parents, the child develops fear response patterns. This child will become anxious, on guard, and preoccupied with his or her own needs and the immediate and aggressive expression of them. This child finds the toleration of internal feelings of frustration very difficult indeed. The anxious, on-guard emotional posture of this child stops him or her from learning to tolerate frustrations. Instead, at the slightest feeling of frustration, this defensively alert child will attempt through misbehavior to call attention to himself or

herself. This kind of child also frequently develops misbehavior and/or self-comforting habits to handle anxiety.

Parents can prevent or stop bad or disturbing behavior by using diagnostic skills. This means parents will be effective with their child if they evaluate their child's physical and psychological needs and drives throughout the day. By sensitively observing and diagnostically listening to their child, parents can determine the status of these dynamics. To use the diagnostic child-rearing approach, parents need to be familiar with the developmental characteristics and needs of childhood. Once familiar with them, parents can develop their skills at observing their child to determine which behavior(s) of the youngster tend to reflect what underlying need(s).

Patterns of behavior for each child can communicate to an informed and aware parent the relative well-being of that child's underlying normal physical and psychosocial developmental needs. By knowing the child's way of reacting to certain types of stress, parents can properly interpret the child's behavior, identify the particular frustrated need, and act to relieve the stress for the child. For example, suppose the parent knows the child's uncooperative behavior frequently is caused by the frustration of being hungry. Then, instead of punishing the child, the parent can diagnose the cause and feed the child. The food will reduce the frustration felt by the child and eliminate the uncooperative behavior. Punishment would only add frustration to the already frustrated child. The child would remain hungry, and therefore continue to feel distressed. The frustration of being hungry and the many personal and interpersonal frustrations created by punishment would eventually make the child's behavior and parenting even more difficult. By knowing their child, parents can detect changes in behavior and then diagnose and treat the causes(s).

A diagnostic approach to parenting has two guiding principles derived from the research on child development and child-rearing:

1. All behavior, good and bad, is caused by the status of a child's underlying normal physical and psychosocial needs and drives.

2. Rather than focusing attention on behavior, parents can be far more effective and efficient if they anticipate the needs of their child. When misbehavior does occur, parents should find the frustrated needs that caused the behavior. When the child's needs are fulfilled, the frustration felt by the child dissipates. Then the child most likely will behave well.

The following example shows how a mother and father learned to use this diagnostic approach to help their young daughter.

The parents of a 5-_-year-old girl contacted me to talk about problems they were having with their child. In the last three or four months, they said, their daughter had changed dramatically. They told me that since infancy she had been interested, involved, decisive, spirited, and willful. She had made friends easily and was popular among her peers. When asked what she wanted to do on a Saturday afternoon, she would choose an activity and become involved in it. Now when asked the same question, she usually said, "I don't care." Her behavior had changed. She did not have her former interest in life. She no longer demonstrated involvement in the activities that used to interest her. She had lost her spirit and vitality.

These parents told me their daughter also had lost the ability to cope with situations she had been able to handle competently by the time she was 4 year old. She did not have the peer friendships she once maintained. She had lost her social skills. She no longer seemed able to take turns with her peers in play activities. During the last several months, this youngster always needed to be first or at the head of the line. If she didn't get her way, she would cry. If anything happened that upset her, she would break down in tears rather than talk about the problem as she

used to do. This child had lost her ability to cope effectively with a variety of frustrating situations. She had psychosocially regressed and no longer could emotionally or socially extend herself as she used to be able to do.

The parents also reported they recently had received a telephone call from their daughter's kindergarten teacher. The teacher said their child had become overly possessive and controlling of a classmate. The classmate was a young girl, physically smaller than their daughter. The two girls were friends. But their friendship was marred by the fact that their daughter frequently held onto the other girl's hand and did not let her go. Their daughter often held her classmate and prevented the child's free movement, play activities, and actions. The other child finally complained about this behavior to her mother. The mother asked the teacher to intervene and protect her child's freedom. The mother's plea prompted the kindergarten teacher's telephone call to these parents.

The parents contacted me and expressed worry, confusion, and a deep concern for their daughter's welfare. What could they do to help their child? Why was she behaving in this lifeless and overly possessive way with her friend?

Because all behavior is caused by the degree to which a child's underlying physical and/or psychosocial normal needs are met, I began to ask the parent a series of questions about their daughter and her life. They told me their daughter, since conception, had physically developed normally. Except for typical childhood colds, she had been in good health.

The parental concern expressed by the mother and father, their apparent openness in the quest to help their daughter, and their tone of voice when talking with me or with each other indicated both were caring and intelligent people.

I asked questions to determine how these parents responded to their child's normal and important need for a continuous and responsive emotional attachment to a primary caregiver in the first couple years of life. The mother had cared for her daughter continuously since birth. This mother and father loved their child and appropriately nurtured her.

These parents described informed child-rearing attitudes and practices when their child began to express her normal willfulness at 1 _ years of age. For example, they spoke about giving her choices. They had responded to her desire to be treated more "grown up" by involving her in making appropriate decisions around the home.

These parents described their reactions to their child's need to be more independent and involved with peers. When she was 3 years old, for example, they enrolled her part time in a preschool. And their youngster enjoyed the experience.

All child development and parenting seemed normal, loving, and constructive. What then could be causing their daughter's current problem? Childhood behavior carries messages that provide significant clues about its cause(s). The daughter's inordinate possessiveness and control of her kindergarten friend suggested to me that her behavior might be motivated by a fear of loss. I therefore asked the parents if one of their child's relatives had died in the last several years. The answer was no. In fact, they knew of no one close to their child who had died.

Because loss and the fear of it can be motivated by experiences other than death, I asked the parents if they had moved recently. They told me they had lived in the same location until their child was 4 _ years old. Since then, they had moved twice. The second move was when their daughter was just over 5 years old. Then the family settled into their current home, where they planned to stay. Their daughter, they said, seemed to take these moves well.

I wondered if this youngster missed her old house, yard, and room where she had lived for 4 _ years. This seemed possible. However, it did not explain the persistent control of her peer friend.

I went over in my mind the daughter's two current unusual behavioral patterns: the possessive control of her kindergarten friend and her "I don't care," disengaged attitude about life. She was exhibiting both aggressive tendencies and also a passive and distrustful attitude. The research on child development makes clear that to risk investing their selfhood in new play experiences, learning, new friends, and the like, children first must develop trust that their investment will lead to positive outcomes.

I asked the parents if their daughter had any close friends before the first move, when she was 4_ years old. They remembered she had two childhood friends. They thought both friendships were important to their daughter.

This information gave me an idea about the possible cause of this child's problems. I believed I could now make recommendations that—if my hypothesis were accurate—would solve the child's behavioral and attitudinal problems.

I told the parents that when a young child loses a friend, the child experiences the loss very much as an adult does when a close friend dies. In both cases, there is sadness at the loss of someone to whom the individual was emotionally close. And in both cases, an accompanying anger develops because an important relationship has died and the survivor had no control over the loss. Anger and depression—an "I don't care" attitude—can follow the death or loss of someone who has meant a lot to a person over the years. This can happen to young children if a close relationship has lasted only a year or two. When she was 4 _, this girl was taken from her friends by her parents. She had no say in or control over the move. She could not prevent the loss of her friendships. This child's recent controlling and possessive behavior toward a kindergarten friend might be expressing her anger-fueled determination to maintain control now. This time she would not let her friend leave. This might be the message her behavior was communicating when she physically held onto her friend and directed her activities.

With the above as empirically supported hypotheses (solutions to the problems based on evidence), I suggested this mother and father telephone the parents of their daughter's "lost" friends. This mom and dad should explain the current situation to them and arrange for a variety of contacts between their daughter and her old friends. The important goal was to renew and continue the friendships their daughter missed and for which she was longing. For this child, these friendships had had great meaning. The loss of them could have caused her to enter an angry depression. The parents agreed to this plan.

The mother and father called me several months later to say their daughter's behavior had begun to change for the better and her vitality had returned. They told me that when they first spoke to their daughter about contacting her two friends, she mentioned a third young friend she also wanted to see again. They described how their daughter was at first hesitant, even resistant to reestablishing her former friendships. This phase passed. Now she enjoyed speaking to her old friends on the telephone and visiting and playing with them again.

The mother told me that, as a result of the renewed contacts, the parents of her daughter's friends reported observing an improvement in their own children's behavior. The other children had been missing the friend who moved away.

I have spoken with these parents several times. The old child-to-child friendships have been renewed, enlivened, and enriched. Their daughter is back to her own self again. And she is making new friends. The "I don't care" attitude and possessive control of friends no longer exist.

The child-rearing dilemma and resolution described here illustrate how important it is for parents to understand the normal developmental needs of children. When parents can empathize with their child by seeing life experiences from their child's point of view, they can develop effective diagnostic skills. Using these diagnostic skills, they are able to prevent and resolve behavior problems of all types.