DOCUMENT RESUME

ED 383 449 PS 023 341

AUTHOR	Garanzini, Michael J.
TITLE	Child-Centered, Family-Sensitive Schools: An Educator's Guide to Family Dynamics.
INSTITUTION	National Catholic Educational Association, Washington, D.C.
REPORT NO	ISBN-1-555833-144-1
PUB DATE	95
NOTE	285p.
AVAILABLE FROM	National Catholic Educational Association, 1077 30th Street, N.W., Suite 100, Washington, DC 20007-3852.
PUB TYPE	Guides - Non-Classroom Use (055) -- Books (010)
EDRS PRICE	MF01/PC12 Plus Postage.
DESCRIPTORS	Childhood Needs; Divorce; Dual Career Family; Elementary Secondary Education; Employed Parents; *Family (Sociological Unit); Family Environment; Family Health; *Family Problems; *Family Relationship; *Family School Relationship; Family Structure; Family Violence; *Learning Problems; One Parent Family; Parent Teacher Cooperation; Substance Abuse
IDENTIFIERS	Blended Families; *Dysfunctional Family; Family Crises; Family Functioning

ABSTRACT

An increasing number of children have family problems that interfere with their ability to learn at school. This book provides information about developing a clearer and more sophisticated child-centered school and classroom by making teachers and administrators more knowledgeable about the varieties of students' family structures, both healthy and unhealthy, and showing them how to be more adept at managing the effects of dysfunctional family systems as they impact the child, the classroom and the school. The first part of the book offers the reader a theoretical framework from which to appreciate the relative needs of the children and how families meet those needs. The chapters in this part are: (1) "The Developmental Needs of Children"; (2) "Understanding Families as Systems"; (3) "The Relational Needs of Children"; (4) "Understanding Relationship Dynamics"; (5) "Children in Dual-Wage and Dual-Career Families"; (6) "Children in Single-Parent Homes"; (7) "Children in Blended Families"; and (8) "Children in Adoptive Families." The second part examines the variety of dysfunctional family styles or structures and contains chapters: (9) "Dealing with Transference and Countertransference: Why Do Some Students Affect Us the Way They Do?"; (10) "Projection and Parallel Patterns in the Classroom"; (11) "Chronic Illness and the Stuck Child"; (12) "Divorce and the Split Child"; (13) "Substance Abuse and the Chaotic Family"; (14) "The Child in the Fragile Family"; and (15) "The Child in the Abusive Family." The final part of the book offers suggestions for family intervention and support, and contains chapters (16) "Dealing with Families" and (17) "Professional Consultation and Conferencing with Difficult Families." Each chapter includes references. (TJQ)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PS

ED 383 449

CHILD-CENTERED, FAMILY-SENSITIVE SCHOOLS: AN EDUCATOR'S GUIDE TO FAMILY DYNAMICS

BY MICHAEL J. GARANZINI, S.J., PH.D.
ST. LOUIS UNIVERSITY

NATIONAL CATHOLIC EDUCATIONAL ASSOCIATION

PS 023341

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
P. Kokus
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

CHILD-CENTERED, FAMILY-SENSITIVE SCHOOLS: AN EDUCATOR'S GUIDE TO FAMILY DYNAMICS

BY MICHAEL J. GARANZINI, S.J., PH.D.
ST. LOUIS UNIVERSITY

NATIONAL CATHOLIC EDUCATIONAL ASSOCIATION

Copyright ©1995 by the National Catholic Educational Association, Washington, DC. All rights reserved, including the right of reproducing in whole or part in any form. Published in the United States of America by the National Catholic Educational Association.
ISBN #1-555833-144-1

TABLE OF CONTENTS

Foreword x
About the Author xi
Preface and Overview: Today's Classrooms 1
Dwayne, 11 1
Concerns of Today's Educators 3
A Child-Centered, Family-Sensitive Perspective 5
Purpose and Goals of the Book 6
Overview and Structure 6
How to Use This Book 10
References 11

PART I:
Healthy Family Life and the Variety of Family Structures 13

Chapter One: The Developmental Needs of Children 15
Introduction 15
The Family as a System 16
The Definition of a Healthy Family 16
The Basic Needs: Safety, Food, Shelter and Clothing 17
The Need for Regular Schedules and
A Rhythm to the Day and Week 17
The Need for Clear Lines of Authority 18
The Need for Rules and Responsibilities 19
The Need to Appreciate the Legitimate Role
of Other Child Care Institutions 20
Questions for Discussion by Faculty and Administrators 21
References 22

Chapter Two: Understanding Families as Systems 23
Family Systems Theory 23
Systemic Interpretation of Negative Behaviors 24
Common Assumptions of Family Systems 25
The Role of Anxiety 27
Authority in Systems 27
Dyadic and Triadic Relationships 28
Systems Dynamics and The Classroom 30

The Smith Family 30
Discussion of the Smith Family Case 33
Applying Systems Theory to the Classroom 36
Questions for Discussion by Faculty and Administrators 37
References 37

Chapter Three: The Relational Needs of Children 39
Five Relational Needs of Children 40
The Need to Care and to Be Cared For 40
The Need for Honesty and Objectivity in Relationships 42
The Need to Communicate One's Feelings 43
The Need to Hold Ambiguous and Negative Feelings 44
The Need to Accept One's Own Body 45
The Case of Lanna 47
Discussion of the Case 48
Questions for Discussion by Faculty and Administrators 49
References 49

Chapter Four: Understanding Relationship Dynamics 51
The Work of John Bowlby 51
Good-Enough Parenting 52
Bonding and Negotiating Independence 53
Patterns of Attachment and the Work of Mary Ainsworth 53
Separation-Individuation and the Work of Margaret Mohler 55
Carrying the Other Inside 56
Transitional Objects 57
Taking the Good and the Bad 58
Meaning-Making and the Development of the Self 59
Loyalty and the Development of Moral Sensitivities 60
Cultural Differences 61
The Case of Carl 61
Discussion of the Case 63
Questions for Discussion by Faculty and Administrators 65
References 65

Chapter Five: Children in Dual-Wage and Dual-Career Homes 67
Working Mothers 67
Teenage Mothers 69
Working Parents: The Impact on Schooling 70
The Dual-Career Family 72
The Case of the Birminghams 72
Case Discussion 73
The Problems of Dual-Career Families 75
Cultural Differences 76
Conclusion 79
References 80

Chapter Six: Children in Single-Parent Homes 83
The Varieties of Single-Parent Homes 83
The Case of Lisa, and Lynne, a Singe Parent 85
Research on Single-Parent Households 87
Healthy Single-Parent Homes 88
Assessing the Single Parent Situation 90
A Problem Checklist for Educators 91
Recommending That a Single Parent Get Help 92
Questions for Discussion by Faculty and Administrators 94
References 94

Chapter Seven: Children in Blended Families 97
Common Challenges 97
The Case of B.J. 98
Case Discussion 99
The Suprasystem 101
Stages of The Blended Family 102
Research on Step-families 103
The Role of Schools 106
Questions for Discussion by Faculty and Administrators 109
References 109

Chapter Eight: Children in Adoptive Families 111
The Case of the Kleins 111
Case Study: Rachel, 15 113
Case Discussion 114
The Child of Adoption 115
Research on Adopted Children 117
Important Issues for Educators 118
Important Issues for Parents 119
The Role Schools Can Play 119
Questions for Discussion by Faculty and Administrators 120
References 121

PART II:

The Dysfunctional Child in School and
The Variety of Dysfunctional Family Styles 123
Five Dysfunctional Styles 126
School-Family Interaction 126
Unique Dysfunctional Styles 127
Three Key Features of This Typology 127

Chapter Nine: Dealing with Transference and Countertransference: Why do some students affect us as they do? 129
Introduction 129
Transference in the Classroom 130
Freud's Theory of Templates 130
The Case of Bena 131
Successful Intervention: A Two-Stage Process 133
Acting Out vs. Acting Up 134
The Next Best Arena 136
Projection of Negative Feelings 137
The Case of Allan 137
Analyzing the Two Cases: Correcting Old Patterns or Templates 138
Mirroring Needs of Children 139
Idealizing Needs of Children 140
Twinship/Alter-Ego Needs of Children 141
Summary 142
Questions for Discussion by Faculty and Administrators 143
References 143

Chapter Ten: Projection and Parallel Patterns in the Classroom 145
Why We React As We Do 145
We Feel Helpless 146
We Feel Angry and Manipulated 147
Parallel Processes 148
Projective Identification 149
Countertransference in the Classroom 151
Countertransference Feelings 152
The Case of Richard, The Computer Hacker 153
Discussion of the Case 155
Questions for Discussion by Faculty and Administrators 158
References 159

Chapter Eleven: Chronic Illness and the Stuck Child 161
General Description and Conditions Faced by Children 161
The Case of Michael, 9 162
The Case of Alexis, 14 164
The Case of Beatrice, 10 165
Discussion of the Three Cases 167
Characteristics of the Stuck Family 170
Transference and Countertransference Issues 170
Research on Families with Chronic Illness 171
Factors Affecting the Course of the Problem 172
Additional Problems in Families with Chronic illness 173
Children with Chronic Conditions 174
How Schools Can Help 175
Questions for Discussion by Faculty and Administrators 176
References 176
Author's Notes 178

Chapter Twelve: Divorce and the Split Child 179
General Description of the Split Family 178
Two Case Illustration: Julie, 13 and Jason, 5 180
The Case of Julie 180
The Case of Jason 181
Discussion of the Two Cases 183
Understanding the Child in the Split Family 185
Findings from the Research on Divorce 186
Divorce as Process and Age-Specific Findings 187
The Psychological Tasks of the Child of Divorce 190
Implications for Educators 191
Detecting Depression in Children and Adolescents 193
Causes of Depression in Children 195
Transference and Countertransference Issues 195
Questions for Discussion by Faculty and Administrators 197
References 197
Author's Notes 200

Chapter Thirteen: Substance Abuse and the Chaotic Family 201
Two Case Illustrations: David, 10 and Donna, 14 202
The Case of David, 10 and His Mother 202
The Case of Donna, 14 204
Discussion of the Two Cases 206
Substance Abuse and The Family Environment 207
Roles for Coping 208
Additional Characteristics of Chaotic Families 210
Adult Children From Substance Abusive Homes 211
Transference and Countertransference Issues 211
Impact on School Personnel 212
The School's Response 213
Questions for Discussion by Faculty and Administrators 214
References 214
Author's Notes 216

Chapter Fourteen: The Child In The Fragile Family 217
General Description and Characteristics of the Enmeshed Family 217
Two Case Illustrations: Kurt, 10 and Bobbie, 13 220
The Case of Kurt, 10 220
The Case of Bobbie, 13 223
Discussion of The Two Cases 225
Criteria for Judging Unhealthy Parental Involvement 226
The Narcissistic Condition 227
Narcissism's Roots 228
Transference and Countertransference Issues 230
The School's Response to The Enmeshed Parents 231
Questions for Discussion by Faculty and Administrators 232
References 233
Author's Notes 234

Chapter Fifteen: The Child in The Abusive Family 237
General Description of the Blaming Home 237
The Blaming Cycle 238
Two Cases Illustrations: Darlene, 16 and Carla, 6 240
The Case of Darlene, 16 240
The Case of Carla, 6 242
Discussion of The Two Cases 243
What Is Child Abuse? 244
Research on Child Abuse Victims 245
The Witness As Victim 246
Sexual Abuse Victims 246
Indicators for Dealing with Abused Children 248
Questions for Discussion by Faculty and Administrators 249
References 250
Author's Notes 252

PART III:

Intoduction to Part III 255
Intervention and Support of Families 255
Reference and Recommended Reading 256

Chapter Sixteen: Dealing With Families 257
Tips for Helping Parents 257
Four Guiding Principles 257
Some Destructive Attitudes 259
Five Helpful Attitudes 260
Reframing a Bad Situation 262
Meeting With Parents 263
Delivering Unpleasant News 265
Involving The Child 266
Questions for Discussion by Faculty and Administrators 267
References 267
Author's Notes 268

Chapter Seventeen: Professional Consultation and Conferencing With Difficult Families 269
In-School Guidance 269
When To Recommend To Parents That A Child Needs Help 271
Checklist To Assess When To Recommend A Child Needs Help 271
Ten Steps In Case Conferencing 272
Principles of Parent-Teacher Conferencing 275
The Whole-Child Development Team 277
Questions for Discussion by Faculty and Administrators 277
References 278

FOREWORD

American society has changed dramatically over the last half century. This is most apparent when one looks closely at family life. These changes in family structure require all Catholic educators to rethink how they view the family and how they interact with children today.

The NCEA program American Catholic Schools for the 21st Century calls on all Catholic schools "to open minds and hearts and doors to an increasingly diverse world, and prepare students' minds and hearts and hands to live wisely and generously in a technological, complex and interdependent world." Catholic educators continue to manifest loving concern for all students as they prepare them to live in a changing world.

Catholic educators need to know today's family structures and how these affect children. Father Michael Garanzini, S.J., of St. Louis University provides this information in *Child-Centered, Family-Sensitive Schools: An Educator's Guide to Family Dynamics.* Father Garanzini begins by considering the child with all his/her needs and how the family helps the child to mature. Following this understanding, he moves on to consider special cases that affect the child. Among these are: dual-wage and dual-career families, single-parent homes, and adoptive homes. Next the dysfunctional family is discussed. Among the issues addressed are: transference, projection, chronic illness, divorce, substance abuse, and the abusive family. Suggestions are presented for working with such children and their families.

This is a teacher's book. Father Garanzini presents his information with great clarity and reinforces his points through the use of case studies. The faculty can use this text as a basis for faculty meetings. Each chapter ends with discussion questions which move the faculty to take the information and apply it to the students they see daily. The questions provide a road map for implementing the knowledge learned in the teaching situation.

The Department of Elementary Schools of the National Catholic Educational Association thanks Father Garanzini for sharing his valuable insights with the school community. The department expresses its gratitude to Lucilla Osinski,

O.S.F., of Lourdes College who assisted in editing the manuscript, to Ann Sciannella, S.N.D., of NCEA who prepared the manuscript for production, and to Beatriz Ruiz of NCEA who designed the format of the book. The Department of Elementary Schools hopes that this text will lead educators to begin to look a new way at students.

Mary Ann Governal, O.S.F., Ed.D.
President

Robert J. Kealey, Ed.D.
Executive Director

NCEA Department of Elementary Schools
Feast of the Holy Family 1994

ABOUT THE AUTHOR

Michael J. Garanzini, S.J., from the Missouri Province, is an Associate Professor of Counseling at St. Louis University while serving at the same institution as Academic Vice President.

He has an MA degree in American Liturature from New York University, an STM from Berkeley, specializing in Moral Development. His Ph.D. in Psychology and Religion is from the Graduate Theological Union and the University of California at Berkeley.

He has taught at the University of San Francisco's "Marriage and Family Therapy" program and at the Gregorian University in Rome.

Father Garanzini has published articles in moral development and child therapy and has also published a previous book, *The Attachment Cycle.*

PREFACE AND OVERVIEW:

TODAY'S CLASSROOMS

Dwayne, 11

Dwayne, age 11, has had a difficult day. He was accused of starting a fight, of pushing a fellow-student, and then was sent to the school office for disrespectful language when admonished by a teacher for his actions. His parents were called because Dwayne was being dismissed for the rest of the day. Since the behavior had occurred several times before, and Dwayne had been warned of the consequences, the principal felt that she had no alternative but to ask Dwayne's parents to come to get him. She also thought it would be a good time for them to discuss what might be the source of Dwayne's unhappiness.

When Dwayne's parents arrived, it was clear that his father was quite annoyed. He complained about having to miss work and indicated that he thought that the school should know how to handle these kinds of rule infractions. Dwayne's mother was nervous and attempted to lighten the situation after indicating her disappointment with Dwayne.

During the half-hour conference in the principal's office, as the issues were discussed, the principal felt a mixture of emotions and had sometimes contradictory reactions. She felt that Dwayne's parents were adequately cooperative but that she was being asked to handle these matters herself, that his parents realized Dwayne could be disrespectful and difficult to handle but the school ought to know how to deal with his behavior. When the conference ended, she was not sure where these parents stood on the seriousness of the behavior Dwayne was being asked to ponder during his brief suspension. She felt uncertain about what had been accomplished except that Dwayne was given a stern warning to mind his manners because his father had been inconvenienced. As she got up to attend to other business, she felt dissatisfied and wondered

when and under what circumstance she would encounter this family again.

Such encounters are not rare. Too often a lack of certainty or sense of accomplishment or direction can be a common experience for the educator who must deal with the student's misconduct. While professional contacts between family members and educators are often positive with mutual respect, support and pride over the accomplishments of children, far too many are confusing and even quite negative, characterized by antagonism, misunderstanding, and disagreement over the causes of failure and misbehavior. Today, the need to understand family dynamics and their impact on the school setting has become more important than ever. This book is for educators, for parents and for those who work with children. In recent years, a great deal of attention has been focused on the problems and challenges facing education. Declining achievement levels of students at nearly all levels of schooling, increased noncompliance in the classroom, and growing problems of violence and lawlessness afflicting society in general, now making their way into the educational setting, are but some of the chief reasons for this heightened concern.

The challenges which confront teachers today, and those responsible for guiding them and managing the educational setting, have never been more difficult. Perhaps the greatest of these challenges is the difficult task of working more cooperatively with the families of school-age children. Many of these families are unable to be full participants in this process. Some parents are overwhelmed. Some are too busy or preoccupied with work or career. Others feel ill-equipped or are simply unaware of their role and responsibility. The result is a situation of confusion, sometimes bordering on negligence and even abuse. We are alarmed to realize today that the most important source of violence by and among children is family breakdown. More than 60 percent of all the children born today will spend at least some time in a single-parent household before reaching age eighteen. Such collapse of family structure is historically unprecedented in the United States and possibly the world. The source of the problem is not limited to family collapse, however. Institutions charged with the care and support of children and responsible for their preparation as citizens are confused and bewildered.

In schools, teachers feel overwhelmed with conduct problems and with students unable to learn because of issues brought to school from their homes and neighborhoods. Such environments are not only NOT child-centered, but may be hostile to children and to their emotional and physical health. "The great educational tragedy of our time," writes Barbara Dafoe Whitehead, "is that many American children are failing in school not because they are intellectually or physically impaired but because they are emotionally incapacitated." (Whitehead, p. 77) Children are continually distracted, in other words, and "so preoccupied by the drama unfolding in their families that they are unable to concentrate on such mundane matters as multiplication tables."

How can a teacher or school administrator remain child- focused and, at the same time, be sensitive to the way the child's family impacts that child's ability to learn and develop socially, psychologically and morally? This book is intended to help educators understand the family dynamics and structures which impact a child's ability to attend to the business of learning. A child-centered school must be family-sensitive.

Concerns of Today's Educators

Reports of violence in the schools, of an increase in childhood depression, of widespread apathy and poor motivation are now common fare in the nation's newspapers. Journals and scholarly books deal regularly with the epidemic of problems facing children and their families. Schools which are crowded, or poorly staffed, and which are expected to deliver an increasingly complex curriculum to a more diverse student body, are not prepared to handle many of the students whose family problems render them unable to participate in the classroom and school community. We might say that some children simply have an agenda of their own and that agenda, or set of needs, supersedes their ability and desire to adjust academically and socially.

Probably the most common complaint of teachers stems from their perception that their own training did not prepare them for the challenges of today's classroom. "I was not trained as a therapist or child psychologist. How am I supposed to deal with children who have serious emotional problems, problems which interfere with their ability to learn?" The complaint is understandable and reflects a growing frustration with the limitations of the educational environment when it is up against a child's distress. In such cases, the environment itself becomes another stressor in the child's life. Can schools be effective if the child is understandably worried about parents or is reacting out of deep hurts or the negligence of a dysfunctional home?

A few years ago, a CBS evening news report on the state of education compared a recent survey of teacher concerns with a list of "Concerns and Worries" which plagued teachers in America's public schools in the 1950s. The 1950s list was headed by such items as: littering, dress code infractions, cutting up in line, loitering in the halls between classes, speaking out without recognition. The 1980s counterpart to the survey of concerns was much different. It was topped by such items as assault and battery, racial and sexual harassment, vandalism, alcohol and drug abuse, and cheating. As Whitehead states, the changes in school climate over the last 30 years are unprecedented. While the *origin* of the list *and* the exact *listing* of tragedies and problems have been debated, few educators today are surprised or care to quibble with the general idea that problems faced in today's classroom were unimaginable a few decades ago. (See O'Neil, 1994)

What can account for the enormous difference from the 1950s in the types

and the severity of the problems which worry teachers today? There is a variety of ways of answering this question. Sociologists and psychologists specializing in the family point to a general disintegration of family structures which supported a child and enabled that child to take full advantage of the academic situation.

Thus, most educators and social scholars point to the breakdown of the American family as one of the most significant causes of educational failure and the toughest challenge we face as a society. While most families are quite functional and manage, sometimes despite tremendous odds, to provide adequate and supportive homes for children, some are characterized by practices placing children at risk for maladjustment or less than adequate adjustment. Moreover, some families may be so dysfunctional as to seriously jeopardize the chances of a child succeeding in the classroom at all.

As every teacher knows, a child's expectations of classroom procedure and behavior with peers and authority are largely influenced by experiences with parents and siblings, as well as previous teachers. Since family customs and styles differ, expectations and behavior are not uniform among children, but this need not negatively impact the school experience. Ideally, such diversity of backgrounds can enrich the classroom.

In the case of Dwayne, the principal was left feeling that she was dealing with something bigger than Dwayne's disruptive behavior. She was uncertain about whether or not she had the cooperation of Dwayne's parents. Were his parents embarrassed and therefore unable to respond as the principal would have liked? Were they hiding something? Was there something going on in this home which was troubling Dwayne, or was he simply having a difficult adjustment to some aspect of his academic or social life? Or could the problem be something at school, as Dwayne's father seems to suggest? The principal here suspected that the problem was not over, that she will need to investigate the issue further. She knew that while his teacher or teachers may be upset with Dwayne, they will be eager to know how the conference went. What should she tell them? And, while Dwayne may be the topic of the moment, these teachers have other students who make up a seemingly endless "worry list."

What other concerns do they have? In the average classroom among the many individual "cases," teachers today deal with such problems as students who cannot control an impulse to speak or act out, or who cannot control their aggression and anger; children who seem to have little access to adults in their lives because those adults are busy and preoccupied; children who feel insecure and uncertain about what is expected of them; children who are so hungry for attention that they monopolize, or try to monopolize, class time; children who seem to be under enormous pressure to succeed, to perform at levels for which they are not prepared or even capable. Today, the average classroom teacher must deal with children who are very frequently absent or tardy; children who

lack motivation to do well, whose talents are dormant, untested, and wasting away; children who appear unaware or unconcerned that stealing or cheating is wrong and who seem to be fearful only of getting caught. The list of "worrisome" students may be a small or even large proportion of a particular class. Yet, these concerns mount until the student's behavior forces teacher and administrator to confront the child's conduct head-on.

And, as the brief vignette suggests, Dwayne's principal and his teachers are no longer dealing simply with Dwayne. They are dealing as well with his family. The challenge, to remain child- centered and family-sensitive, will involve several things. First, it will mean keeping Dwayne and his behavior at the center of their minds as these educators assess their strategies. What is best for Dwayne? Second, it will mean working as a team if they intend to intervene successfully with Dwayne. Third, it will mean attempting to gain the cooperation of Dwayne's parents to forge a working alliance. And finally, it will mean learning to appreciate and respect their own feelings and reactions to Dwayne and his parents as an important element of the process of helping Dwayne. The above implies a re-definition of the role and function of the professional educator, especially when it comes to dealing with problem behavior in the school setting.

A Child-centered/Family-sensitive Perspective:

This book, then, is about developing a clearer and more sophisticated child-centered school and classroom. To do so, it is incumbent on both the teacher and administrator that they become more aware and knowledgeable of the varieties of students' family structures, both healthy and unhealthy, as well as more adept at managing the effects of dysfunctional family systems as they impact the child, the classroom and the school.

Teaching has always demanded a variety of skills and talents. Communication skills, diagnostic skills, curriculum construction skills, classroom management and discipline skills, even counseling skills have been traditionally seen as "part and parcel" of the job. Recently, however, educators have begun to appreciate also the importance of understanding child and family psychopathology, sometimes simply called the dysfunctional family.

Some educators resent the intrusion of family dysfunction into the school setting. Problem families should not be dealt with in the school, some insist. The trouble is that like colds and viruses, children bring them into the classroom and they must be dealt with there if we wish to be effective educators. Learning to manage the child from a dysfunctional family, even to aid in abetting the negative effects of family dysfunction in a child's life, can be an enormous gift to the child and the child's greatest lesson.

A knowledgeable, compassionate, and wise teacher can make a huge difference in a child's life, especially the child whose parents are incapable or

temporarily unable to provide for the child's relational and developmental needs. Why study family life and attempt to appreciate the backgrounds of these students? The answer can be stated succinctly: increased knowledge of problems and their constituent elements brings increased understanding. Understanding leads to a change of attitude and the capacity for dealing more imaginatively with the child in the classroom. Creative management of the environment and the child's surroundings brings the child into contact with healthy relationships. If this is our wish for all our students, then it must be modeled by us as educators. This book, it is hoped, will add to your knowledge of your students and their families. The rest is up to you as an educator.

Purpose and Goals of the Book

This book is intended to help promote an educator's knowledge, compassion and, hopefully, wisdom through the following:

1. It will introduce teachers and school administrators to two theoretical perspectives of healthy family functioning. (Part I)
2. It hopes to offer an overview of the research on family styles and types. (Part I)
3. It attempts to offer educators a model for understanding how healthy schools and healthy families complement and reinforce one another. (Part I)
4. It will review the research on different family styles and how these styles impact the developing child. (Part I)
5. Hopefully, it will help educators appreciate the way they impact the family system in their intervention with children and parents. (Part II)
6. It will introduce educators to various dysfunctional family styles and their manifestation in the behavior of children. (Part II)
7. It gives some general principles for parent and child guidance which may be of use to teachers and administrators. (Part III)
8. It challenges educators to redefine their own roles by helping them appreciate that a sensitivity to the families of their students can make the school and classroom more child- centered. (Part III)

Overview and Structure

A more child-centered perspective requires that the educator appreciate the difficulties and sources of anxiety stemming from both the child's key relationships and the family system. In other words, the family's ability to cope effectively with internal and external stress determines to a large extent the child's capacity to productively utilize the school environment. It is hoped that through the exploration of case examples, the pertinent research and the significant theoretical contributions, the educator will become more attuned to the particular issues and failures of families with which he or she comes into contact. These case examples alternate among children of various ages, from

the younger, early school child, to the middle school child and the adolescent. In some ways, the age of a child is extremely relevant to the assessment of needs and challenges and their impact on the educational setting. In other ways, the age of the child can be irrelevant in that the significant factors are more often directly related to the manner of the expression of those needs and deficits, as well as the way that a particular family uses the school to work through its dilemmas and challenges. There are advantages and disadvantages which accompany dealing with families whose children are at various phases of child development. A healthy family adjusts to the child's changing need and an unhealthy one, by definition, cannot.

This book is divided into three parts. The first offers the reader a theoretical framework from which to appreciate the relative needs of children and how families meet those needs. The first chapter deals with the developmental needs of the child. Chapter Two then examines the laws of family systems as a way of investigating those developmental or environmental needs of children. Finally, systems theory makes clear how developmental needs are fostered and explains the laws of family interactions. The family is also the place where intimacy needs are discovered and met. Theory concerning the emotional and relational development of the child in the family is explored in the third chapter on "The Relational Needs of Children." Relational needs foster the child's capacity for bonding and for genuine participation in the lives of others. Five key needs are explored in Chapters One and Three. Chapter Four gives the theoretical background for understanding how relational needs are met in the important relationships of the child's early life.

The chapters of Part I also prepare one for a closer look at the variety of healthy families and the diverse ways in which families meet the needs of growing, developing children. This section explores the way relational and developmental needs are met in differing family configurations, in families with a variety of structures. Chapter Five explores the needs of children in the two-parent family, especially those which are dual-wage and dual-career families. Chapter Six examines children from single-parent households and the challenges they face. Chapter Seven looks at the child in the blended family. And, finally, Chapter Eight is concerned with the unique issues of adoption facing some families. These chapters discuss the research on the psychological tasks of the family, especially as such research pertains to the impact of the family structure on the ability of the child to adjust to stressful situations. In each, case vignettes illuminate the issues and concepts explored. Where families are able to manage stress and provide security through predictable schedules and shared time, for example, children are able to meet the demands and challenges faced in the school setting. When this is not the case, children come to school at a disadvantage, and, as an increasing amount of research indicates, misunderstanding and miscommunication between home and school further complicate the child's life.

Part II examines the variety of dysfunctional family styles or structures. These families can be found in nearly all settings, urban, suburban or rural, in all socioeconomic classes and neighborhoods, in public and private schools, and across religious denominations. As we will see, family structure is not determinative of family health. Rather, it is the capacity of adults to meet the relational and developmental needs of children within family and school settings that determines health or dysfunction in children and families. A child's misbehavior forces an educator to look past the child to the child's parents. Schools can help so that a child's behavior leads to a healthy involvement of the educator with the child's parents. The educator seeks a working alliance, or positive relationship, with such parents so that issues and problems can be effectively addressed. The thesis here is that it is not only misunderstanding which obstructs the child-parent-school relationship, but rather an inability or an unwillingness on the part of either parent or school, or both, to work cooperatively for the benefit of the child.

All too often, the challenge before the educator is not how to remain above a difficult situation, but how to appreciate what the emotions and confusions of a particular case are telling us about the child and the nature of the problems confronting the child's family. The educator, then, has a great deal to learn from listening to both child and parents, and also from listening to how the child and family are affecting the teacher and others in the school setting. This communication runs more deeply than words and facts being passed along on a conscious level. The family itself is communicating through the various feelings it arouses in the teacher or administrator. This is never more obvious than when the educator is dealing with a dysfunctional family.

Chapters Nine to Thirteen deal with dysfunctional family structures and their impact on the classroom and school. Chapters Nine and Ten explore the way children and adolescents involve us in their family drama. Chapter Eleven concerns the problems and obstacles faced by families with a member who has a chronic physical problem or an organically-based mental problem. Of special concern are those family dynamics which are the result of illness or conditions which cannot be alleviated or avoided by simple manipulation of the family environment. In families challenged by chronic physical illness, an adult or child has a chronic physical condition. An organic brain deficiency may have complicated a child's ability to learn, as in cases of attention deficit hyperactivity disorder or learning disabilities. Such families can find themselves exhausting their resources and becoming immobile as they face multiple or limited courses of action. Overwhelmed and exhausted, these families can become rooted in old patterns of interaction while a feeling of hopelessness pervades the internal dynamics of family life.

Next, in Chapter Twelve we examine families which are split. Due to extreme differences in parenting styles or, more commonly, in difficult divorce

and custody battles, some children are torn in their loyalty and their feelings about either or both parents. Some learn to manipulate adults as a way of drawing attention to their needs, of pulling adults together and of expressing their anger and frustration. They represent a growing challenge for child educators since they are a growing percentage of the classroom population. The dysfunctional family of divorce is called the "Split Family."

Chaotic families, discussed in Chapter Thirteen, are those plagued by substance abuse. Children in such families play roles and suffer in a variety of ways, from feelings of insecurity and uncertainty to those of hopelessness and helplessness. Teachers must deal not only with the issue of substance abuse education but also with the way drug and alcohol abuse infect the behavior and beliefs of children and their parents.

Fragile families, discussed in Chapter Fourteen, are those headed by adults enmeshed with their children and suffering from what are sometimes called narcissistic, borderline or dependent personality disorders (in the *Diagnostic and Statistics Manual*, III-R, the official diagnosis manual used by therapists). These parents may have little capacity for dealing objectively with their children and may, unconsciously, permit their children to "act out" the parents' own antisocial feelings of anger and rage. Such parents may use the child to get the attention and care they themselves need and crave. They send us children who are poorly differentiated, that is, these children become extensions of their parents. Often educators find themselves dealing more with these parents than with their children.

The fifth family type, the blaming family, is discussed in Chapter Fifteen. This family is the most seriously disturbed and most difficult to detect. While a case can be made that all of the dysfunctional styles examined can be described as abusive and neglectful of children, the blaming family is the most overtly abusive, violent and physically dangerous. In these homes, a cycle of violence and abuse develops which insidiously traps members and robs them, over time, of all self-respect. The battering of a spouse, the physical abuse of a child, the emotional or sexual abuse of a family member can be identified in many, if not most, of these homes as evidence of a "blaming" syndrome. These homes send us children who are traumatized, enraged, and victimized. They represent a new challenge for educators who are asked to be very alert to these seriously disturbed and battered children.

In each dysfunctional type or style there is a range of mild to severe pathology. The milder the disturbance, the less likely will the child attempt to draw the teacher into the dysfunctional system. The more pathological the family, the more likely personnel will find themselves embroiled in the family system, usually in some antagonistic or unpleasant fashion.

One consistent measure of pathology is the level of secrecy with which the family system maintains its cover, trying to keep others such as teachers or

principals from learning the full extent of the child and family's dilemma. For example, the family with chronic illness will frequently share the full extent of the family problem. A teacher might learn early on that a child's mother has a debilitating form of cancer, for example. However, in those families experiencing difficulties coping, there will be resistance to admitting the full extent of the family's problems, when a son or daughter has a learning disability.

At the other extreme we find the family where a child is being sexually abused. There, secrecy is an extremely important factor in maintaining the present situation. As can be expected, there will be much resistance to intervention, emphatic denial, and consequently, much fear and anxiety on the part of school personnel in becoming involved.

Finally, Part III of the book, Chapters Sixteen and Seventeen, offers some suggestions for dealing with parents, for helping them cope with their challenges and thereby enable them to become truly supportive of the child's education. The final chapter of the book, Chapter Seventeen, contains suggestions for consultations and for cooperation between and among professionals. Coping with difficult parents or those in crisis can be the most challenging task of a teacher's day. What is the best way to deal with these parents or any parent? To what ought we be attuned during our meetings with them? How can we best enlist their cooperation? What is the best way to use a professional team of educators, parents and other child advocates when dealing with these problem cases? This final section will attempt to address these questions.

How To Use This Book

How might this book be used? Throughout the pages which follow there is the assumption that teachers, administrators, psychologists, social workers and parents must cooperate to improve the climate at home and at school. Academic achievement, mental health, and normal development go hand-in-hand with one another. If school personnel collaborate with other professionals and are able to involve parents, not as clients but as partners, then the developmental and the relational-emotional needs of children will be met, and each child will be able to achieve to his or her potential. Attitudes of teachers, their confidence in appreciating the family situation and its impacts on the school environment necessitate improved staff development. Comer has proposed that school reform ought to begin with what he calls the Comer Development Program—a model of what is needed in schools today. He recommends that this or any other program must be system-wide, aimed at prevention, and pervade all aspects of the school's operation. (Comer, pp. 109-129).

Such a program of reform should include the following components: 1) a mental health team that provides direct service to students and teachers; 2) a school governance and management body with parental representation that establishes policy guidelines; 3) a parent-training program that teaches parenting

skills, addresses family development, and encourages active participation with school administration; and 4) a staff development program for school personnel that integrates academic and extracurricular activities into a unified curriculum.

For such a model to work, it must begin with the last of these ingredients. That is, staff must feel comfortable with the challenges of working with families which can be of many varieties and which may, at times, be dysfunctional. The more the teacher understands about his or her interaction with students and families, the more excited and willing that faculty member will be in collaborating with professionals beyond the school and with parents as partners. This book might be used as a possible aid in ongoing staff development, or simply by an individual or group of teachers seeking to upgrade their knowledge of families. Again, knowledge brings understanding and a change of attitude. New attitudes lead to more creative management of problems.

Imagination is essential for sound teaching and an indispensable ingredient for keeping one's sanity in the face of today's classroom challenges. Attending to the relationship with parents and with students can be an indispensable source of information and a key device for helping a student reorient energies toward learning instead of away from it.

Questions for Discussion by Faculty and Administrators:

1. How have things changed since you were a student in elementary or high school? How have things changed since you began teaching?
2. How would we list our chief concerns as educators today? What concerns us about the students we teach and their family backgrounds?

References

Comer, J. P. (1989). "Parents, Family and the Black Experience," In *Giving children a chance: A case for more effective natural policies*. G. Miller (Ed.) (1989). Hillsdale, N.J.: Erlbaum.

O'Neil, B. (1974). "The History of An Idea," *New York Times Magazine*, March 6, 1974, pp. 45-49.

Whitehead, B. "Dan Quayle Was Right," *Atlantic Monthly*, April 1993.

PART I:

Healthy Family Life and the Variety of Family Structures

CHAPTER ONE

THE DEVELOPMENTAL NEEDS OF CHILDREN

Introduction

Raising children and supporting a family have never been easy. In every age there are financial and other hurdles. For example, time spent in routine "family" activity, such as eating or relaxing, has shrunk as demands on parents have increased. Economically, children are a burden, no longer the asset they were in ages past when they could contribute to the family as unhired help. (Bane, 1976) Increasingly more prominent in the work force, mothers are spending more time on the job and less in the home. This has increased the strain on financial resources as day care and other substitute care become essential. A by- product of this phenomenon is children raised by a variety of adults with differing values and differing levels of sophistication in the duties and responsibilities which come with managing children. (Hochschild and Machung 1989; Kamerman and Hayes (Eds.) 1982; Cherlin (Ed.), 1988)

David Hamburg, president of the Carnegie Corporation, summarized the challenge this way:

> "Children today differ in many ways from those of earlier times. They are more likely to survive childbirth and the first year of life; they live in smaller families; they are more likely to lose a parent through divorce but less likely to lose a parent through death; are more likely to live with just one parent; are more likely to be in school instead of working; are more likely to live in an urban or suburban than in a rural area; are less likely to see their parents at work; and are less likely to have daily contact with members of their extended families." (Hamburg, 1992, p. 35- 36).

With less involvement of parents and with a wider variety of values, schedules, expectations, rules, discipline styles, and so on, children are likely to

feel fragmented and alienated from their surroundings. This implies, among other things, that several "basics" must be present in the child's life in order to cut down on the fragmentation and the alienation of children from the world around them. Since children are often exposed to the adult world but have less and less opportunity for real participation in the lives of caring adults, it behooves us as educators to advocate for sound family structures at home which are duplicated in the school environment. The following list of basics, then, applies to both spheres of influence in the child's life, that is, home and school. In other words, what is said about the home can be said with equal validity about the school and classroom.

Meeting the Developmental Needs of Children: The Family as a System

Families serve two fundamental purposes. First, they provide children with an environment which helps them grow into productive and capable participants in the institutions which surround them. Second, they offer love and security in relationships which enable them to become loving persons. The first purpose of a family, then, is to help the child individuate, to give the child a sense of his or her capacity for autonomy and industry. In this, the family is the child's first teacher or classroom of citizenship. The second helps the child become a loving person by being the object of love and by witnessing the various aspects and hurdles involved in maintaining relationships of intimacy and dependency. The family is thus the first school of relationship building.

To accomplish each task, the family must meet five critical needs. When met, the child is able to devote energy and interest to those challenges which institutions like schools present. In other words, when families provide for the five key needs of children in both the developmental and relational aspects of life, children are able to come to school ready to learn, to engage other adults such as teachers and to get along socially.

The Definition of a Healthy Family: Descriptions of Healthy Environments

Families are healthy when they meet the challenge of providing for five needs common to all children. As long as the adult or adults responsible for the family are struggling to meet these needs, the family can be said to be at least minimally functional. When adults give up on the struggle, the family becomes unhealthy or dysfunctional. The five needs are as follows: for safety, shelter, food and clothing; for regular schedules and a predictable rhythm for the day; for clear authority, that is, a sense of who is in charge; for rules and age-appropriate responsibilities; and finally, the need to appreciate the legitimate role of other child-care institutions and legitimate authorities in the child's life.

The Basic Needs: Safety, Food, Shelter and Clothing

Any environment which is not safe is one where the child is consumed with issues surrounding his or her well-being. As dependents, children count on the adult world to see that no harm will come their way. Nightmares and worries about what lies in the dark, or what will happen on the street or playground, debilitate a child, especially if the expression of fear and concern is not relieved, or if it cannot be assuaged because conditions in the home or neighborhood are, in fact, dangerous.

Children need to know that their shelter and other physical needs, such as their need for food and adequate clothing, will be met. This is the child's first measure of the predictability of the orderliness of the world where adults are in charge. The parent who attends faithfully to these minimal needs becomes a source of security which in turn enables the child to attend to other things such as how to manipulate and succeed in the world. Parents who fail or who give up trying to meet this basic set of needs plunge the family into chaos. The parent who struggles to keep food on the table, to keep a roof over the child's head and to protect the child from dangers in the home and on the street is maintaining a functional family no matter how minimal these may be. There are large numbers of dysfunctional homes—the family does not function as a family—because an adult or adults have given up on these struggles. While poverty, for example, may make healthy family life difficult, it causes dysfunction only when it has demoralized an adult into hopelessness and has led to desperate behaviors such as escapism. When families do not provide for the basics, it becomes imperative that the school address these issues before expecting a child to perform. Breakfast programs, hot lunches, school guards are but some of the necessary "extras" which address this issue directly. Survey after survey indicates that concern for physical safety preoccupies children as well as their parents in most of America's school districts.

The Need for Regular Schedules and a Rhythm to the Day and Week:

There are three important times of every child's day. To put it another way, there are three important questions: How will we get up and get off to work and school? How will we eat? And how will we close the day? Parents who prepare for these three times, who anticipate the amount of time needed and establish a conducive and supportive atmosphere at these three times of the day give their children the framework around which the rest of the day can be easily organized. When these three activities are planned and executed with regularity, then the child can utilize the "in between" for other pursuits, i.e., "do the things children do." When these occasions go awry or are executed poorly, as when the order of things changes or adults have not adequately anticipated the amount of time needed to carry them out, the period which follows is almost

always a disaster. It is unproductive and draining for all involved.

In the modern family, with many demands placed on its members by institutions competing for their participation, adequate preparation and regularity can be difficult and even impossible. Yet, every parent knows that if the day begins in an orderly fashion, if mealtimes are regular, and if we prepare for bed ahead of time, well anticipating the needs of individuals at that time, then there is a smoothness and calmness which spills over beyond the moment or activity.

Families who have given up on regular mealtimes, or forget the attention needed in the evening to prepare for the demands of the next day are those which become dysfunctional. Families who attempt to be flexible about the demands of each of these three periods, given the child's developmental level, are those who can be said to be functioning adequately. Children need predictable schedules. Their anxiety increases when schedules change, and this is never more evident than when a major shift is about to occur in their daily and weekly routine, such as just before and during holidays. The same three—starting, mealtime, and closing the day—are critical in schools. Schedule changes or poor preparation bring havoc and difficulties for children, most of whom require regularity and predictability in their environments.

The Need for Clear Lines of Authority:

In healthy homes, parents are aware that there are some aspects of family and adult life which are not the province of children. They are careful to insure that functions and responsibilities are appropriate for children. Homes which are functional are participatory but not democratic since not all voices can carry equal weight. Parents are in charge and they maintain a clear sense of their authority even as they are able to negotiate and bend on occasion to meet a child's changing needs or desires.

Dysfunctional homes share responsibility too easily and freely. Children are given more information and more opportunities to determine their rules and responsibilities than is healthy. This can be very confusing for a child, such as a teenager who has regular responsibility for the care of a younger sibling, cooks meals, cleans, and has responsibilities for maintaining the house. How difficult it is for that parent to take back authority when that teenager wants to make decisions about how late to stay out, where and with whom that teenager can associate, and so on! While many parents must depend upon their older children, or feel they ought to include the child in family decisions, it is nevertheless important to keep authority lines clear. Consultation does not mean a right to decide. Shared responsibilities can lead to more privileges and recognition, but do not lead to entitlements. Parents remain in control of the family by coordinating and supporting one another in expectations and rules. The same holds true for the student-teacher relationship and for mutual support

among teachers. In every school there are clear lines of authority and these are followed or disaster follows.

The Need for Rules and Responsibilities:

Healthy family and community life requires that every participant accept his or her share of the work needed to maintain a community or home. For any system to function, there needs to be a minimum of rules. Since common space is an integral and important part of every family, then all physically capable persons who use such space—the kitchen, the living room, the bathrooms, and so on—ought to take responsibility for their upkeep and order. Unless the family can afford to hire individuals who maintain the common space, duties or chores ought to be assigned, each according to ability.

Parents come to their own families with a set of prescriptions and rules for running a home and raising children. Their housekeeping ideas and their child-rearing philosophy are combinations of what they experienced in their own upbringing and their reaction and reflections on that upbringing. In most homes, two individuals with different sets of rules and philosophies come together to forge a new home, and their divergent approaches must be reconciled. If not, one parent assumes the role of law-giver and resident child developmentalist to the exclusion or resentment of the other. Parents in homes which run efficiently must articulate the rules and responsibilities and develop a system for carrying them out. In healthy families, all members have chores which affect the lives of the community, i.e., everyone has a job which contributes to the orderly functioning of the household. This is preparation for any community living. Families who neglect to establish consistent rules and consequences for failing to carry them out are not only chaotic, but they teach participants that in community life, responsibility can be avoided. In homes where parents do the chores without making demands on children, they communicate a false perception of how communal and family living is supported by its members.

It is easy to give up on enforcing family or household rules. Children rarely enjoy such tasks. Also, it is difficult to adjust to the changing needs of children and their increasing capacity for assuming more responsibility for their lives. Families who do give up on these struggles and consistently adjust to the changing developmental needs of the child, become dysfunctional. Members retreat into self-centered living and expect that others will assume responsibility for their affairs. Healthy classrooms and schools similarly have clearly stated rules and widely shared responsibilities for common space and activity. In healthy schools and classrooms, rules are clear, few and consistently applied.

The Need to Appreciate the Legitimate Role of Other Child Care Institutions:

No family or community of any kind is autonomous and independent of all other communities. Human beings live in interconnected, interwoven communities of responsibility and authority. The family answers to the larger community. Laws govern what will be allowed and not allowed in certain areas of family life. The State, for example, has legitimate interest in how a family meets its obligations to family members. The school shares in the responsibility for seeing that children become productive, law-abiding citizens. To this end, the school must insist on certain behavior and cooperation by the child and by parents. Each institution gives way to the legitimate interests of other institutions within a society such as ours.

When parents send a child off to school, they must be able to trust that educators are worthy of their obligations. Teachers are supervised; they are certified; and schools are governed so that the parent may to be confident that the child's best interests are protected. Healthy families accept the legitimate role and prescribed duties of others in the child's life who are prepared and capable of promoting that child's development.

The implication here is that a healthy family trusts and depends on those who also care for the child. Schools do not receive permission from parents to educate the child; they have that obligation in society. Parents who question the authority of a school official, who take the word of the child over that of the teacher, who question the accuracy or honesty of reports regarding the child are questioning the legitimacy of these institutions and the good will of other adults in the child's life. If they do so in the presence of the child, they may do a double disservice. First, they may send the child a message that other authorities in the child's life can be questioned and weighed with regard to the leeway they will be allowed. Second, they may reinforce in the child's mind the fear that the authorities which the child must obey are subjective, inconsistent, and sometimes inaccurate or dishonest. This is just what every child suspects when he or she is denied what the child wants or likes. A united adult world counters this fear and suspicion. It also guards against being manipulated.

Dysfunctional homes have given up on supporting the child's other caregivers. In an attempt to win the admiration and support of the child, some parents forsake the support of those to whom the child has been entrusted for safety and development. Healthy homes are homes which show support for the legitimate authority of the police, the child's educators, and any other responsible person with obligations to assist the child. While there are communities where it may be extremely difficult to trust other authorities in the child's life, this is not the usual case. If the parent does not work to gain a cooperative working relationship with other authorities, the child is left in an unsafe world. This world is dangerous because adults are not united in their concern for the

child. Communities where parents and others are united in the demands and expectations they have for their children are less vulnerable to division and confusion. The same can be said of healthy schools. In these schools, teachers respect the legitimate authority of others with responsibility for the child. They cooperate with parents and with one another. They do not question the actions or words of another adult in the presence of their students.

Families which meet the above five needs of children function as healthy systems. Children from these homes are able to grow into autonomy because they are able to utilize their opportunities for advancement and development. Such a home sets up expectations about what it will mean to get along in other systems, such as in a classroom.

When schools and classrooms are attuned to the same set of needs, teachers can get on with teaching. Learning environments which are healthy can be described as meeting the same five needs of children. These undergird the community and describe the sine qua non of healthy communal life. Such schools and homes launch and support their children in their drives to learn. Homes and schools deficient in one or more of the above force children to attend to the needs which must be met before learning can take place.

This discussion implies that a family, like other systems, has certain obligations to meet, but also has certain characteristics or dynamics which are common to all systems. The study of the dynamics of family systems is a relatively recent field of inquiry. Systems theorists have attempted to explain these laws of family interaction and have given considerable clarity to process which we recognize as unhealthy. In the second part of this chapter, we examine the findings of family systems theorists with an eye to how these same laws or dynamics may be evidenced in the school setting. In themselves, classrooms operate under many of the same rules and so are impacted by the systemic dynamics, unhealthy and healthy, and by the dynamics which students learn in their homes. With these underlying five tasks in mind, we now examine the "laws" of family systems.

Questions for Discussion by Faculty and Administrators:

1. How can we individually, and as a group, help the families of our students appreciate the five fundamental developmental needs?
2. How can we facilitate the meeting of those five needs in our classrooms and in our school activities?
3. Are some of our students at risk because one or more of these basic needs goes unmet in their homes? How can we advocate for the child so that these needs are met?

References

Bane, M. J. (1976). *Here to Stay*. New York: Basic Books.

Cherlin, A. (Ed.) (1988). *The Changing American Family and Public Policy*. Washington, D.C.: Urban Institute Press.

Edelman, M. (1987). *Families in Peril: An Agenda for Social Change*. Cambridge: Harvard U. Press.

Hamburg, D. (1992). *Today's Children: Creating a Future for a Generation in Crisis*. New York: Random House.

Hochschild, A. and Machung, A. (1989). *The Second Shift: Working Parents and the Revolution at Home*. New York: Viking.

Kamerman, S. and Hayes, C. (1982). *Families that Work: Children in a Changing World*. Washington, D.C.: National Academy Press.

CHAPTER TWO

UNDERSTANDING FAMILIES AS SYSTEMS

Introduction

Nearly 25 years ago, a study of elementary school children demonstrated that about 30% show some signs of school maladjustment, and 10-12% have difficulties serious enough to require professional assistance. (Glidewell and Swallow, 1969) A number of indexes in such areas as cognitive, social and emotional adjustment predicated increased problems in adjustment to the demands of the classroom and later to the demands of work and society.

Adjusting to the school environment, however, involves skills in relating to others which are not first established there. Rather, social adjustment is first learned in the home. While not all problems in cognitive, social and emotional adjustment can be traced to either the family or the school, it is clear that a poor family system has its "spill-over" effect on the child's performance in the classroom. Instead of focusing on individual failures and problems, however, this chapter examines the "rules" or "laws" of family systems, with an eye to their impact on the child as one member of the family system who will interact and, therefore, impact the classroom system.

This chapter assumes, then, that the child is not only a product of genetics but also of his or her environments. The reciprocal influences of individual development, family life and classroom may be difficult to pin down, but family systems theory can enlighten and inform our appreciation of the underlying patterns and laws of these dynamic forces on the child's life.

Family Systems Theory:

A family is not simply a collection of individuals related by blood or by

some common living arrangement. It is an emotional unit and one with a purpose, as we have already seen. The individuals within that unit cannot be understood apart from the other individuals within the family. There is a reciprocal relationship among all members of this or any system, i.e., what any single individual does or believes is unintelligible outside the context of the behavior and beliefs of the other members of the system. Environmental conditions, intrapsychic dynamics, inter-individual dynamics, biological processes and the history of the way these have impacted the family system in the past are all elements of the system. Therefore, all this must be considered when attempting to understand any one piece of the puzzle, that is, any one set of behaviors. Put simply: a child's behavior makes sense only in the context of the child's history and surroundings. But the meanings are often not immediately evident.

In family systems theory, pathology or dysfunction refers to behaviors which appear maladaptive or harmful, and may be interpreted as an attempt to call attention to an obvious failure within the system or a deeper imbalance operating within the system. The maladaptive behavior is calling attention to the fact that the system has not properly adjusted itself to the changing circumstance or needs of at least one individual. Negative behaviors, then, are aspects of what some have called a health drive, that is, an attempt to get the system to redirect itself, to change in ways that are useful and adaptive. When the family system is not helping the child adapt to the demands of the outside world, the child's behavior forces a redirection of energy. Thus, there is something useful or even healthy about maladaptive behavior.

Systemic Interpretation of Negative Behavior:

To understand how "systems" laws apply to a family setting, let us consider a simple example of how negative behavior can be understood. Evening after evening, a child refuses to get ready for bed when told to do so by her mother. Furthermore, her mom and dad disagree on how best to discipline the child. The child's mother feels dad is too harsh and dad feels mom is too lenient. Whenever the child's mother tries to put the brakes on dad as he attempts to deal with the child, she only exacerbates his desire to be stern. When mom is disciplining the child, dad interferes because he feels the child is getting away with something. The child's need for a firm, consistent schedule is dependent upon the ability of the two adults, her parents, to arrive at a consistent enforcement of a family rule (coordinated authority).

The couple cannot resolve their difficulty with this child and so seeks consultation from a family therapist who sees the issues from a systemic perspective. The therapist does not focus immediately on the reasons for the child's refusal to cooperate at bedtime. Nor does the therapist concern herself with the parents' views of the importance of setting a decent time for a child to go to bed.

Neither does the therapist concern herself or the parents with a discussion of child discipline philosophies. Instead, the therapist listens to the reasons and complaints from both sides, and notices how the parents communicate with each other. She interprets that both parents seem to want the child in bed early enough so that she is able to get the sleep she needs. For "homework" between sessions, the family therapist instructs this couple to take turns coordinating this child's bedtime. On certain days of the week, say Monday, Wednesday and Friday, mom is in charge. On the other days, dad has responsibility for all discipline.

The therapist then waits to see what has happened. Has the couple been able to keep to the agreement to stay out of each other's way on their respective "off" days? What happened when the parent in charge was able to take full responsibility without the interference of the other parent? What the therapist expects is that each will feel less pressured to discipline the child in reaction to the other's approach, since it is forbidden to become involved on those days when the other parent is responsible, i.e., the father will be less pressured to be tough in response to his wife's "laxity" and vice versa. Without the tension and pressure to discipline in reaction to what the other is likely to say or do, each parent is free to act as he or she would like. The result is that mom is likely to become more [illegible] and dad will probably let up a bit. If the couple does not follow instructions, then the next session will be used to explore why this has occurred and what this might mean. One of the underlying assumptions, however, is that the child's negative behavior was a cry for adjustment on the part of the parents. When they could not do so, the behavior forced the family to get help. By focusing on the system and not on individual philosophies or reasons, the therapist in this case was able to bring a positive realignment and encourage cooperation by the child's parents.

Common Assumptions of Family Systems:

While there is considerable variance in approach, technique and even theoretical position, there are several things which family systems theorists do agree upon. One is that they all tend to look for ways in which the family rewards symptomatic behavior. How does the child "gain" by producing a family quarrel each evening? Systems psychologists assume that negative behavior calls attention to a member's critical needs. What benefits are gained by the symptomatic behavior? Parents are forced, by such behaviors, to question, examine, or change aspects of the child's environment and sometimes their own behavior or assumptions.

Therapists working with a family that has not been able to adjust or reorient itself might attempt to reframe or reinterpret the behavior in a positive light. In so doing, they hope to reshape family patterns into new, more productive and less damaging or harmful behaviors. For instance, the therapist

in the above example might discover that dad was disciplined rather harshly as a child and believes that it builds character. But dad's brother, she discovers, didn't turn out as well as dad did. When this is pointed out, dad appreciates that overly strict discipline can backfire if one doesn't communicate love. Or the therapist may discover that dad was harshly disciplined by his own mother who was overwhelmed with child-rearing responsibilities. The therapist might then reframe the dad's reason for his approach to discipline by interpreting it as a way of relieving his wife of excessive responsibilities for raising their child. "Reframing" is a technique of systems-oriented therapists, the purpose of which is to help individuals see how behavior has meaning and how their own interpretations and approaches may undermine their laudable and worthy intentions.

Systems theorists describe systems as open or closed and measure a family's health by the appropriateness of its open or closed boundaries. Thus, systems theorists are referring to the amount of information and influence which a family accepts or allows from outsiders. How open is the family to pressures from relatives, neighbors, or friends of the family to modify or deviate from its structures or patterns? For example, how open or closed is the family to adjusting rules and responsibilities to the "norm" as communicated by the families of a child's friends? Some tolerance for influence—a moderate openness—may be appropriate in such a case while resistance to outside forces may be important in some families. It is almost always true that being too open or too closed is usually unhealthy. The more "malleable" or the more "rigid" a family's walls are, the less likely a family will be able to adjust to meeting developmental needs as the child grows. And, should the style of family life differ radically from those with whom the child comes into contact on a regular basis, the more likely the child will resist a parent's will.

"Family systems theory," wrote Michael Kerr, "radically departed from previous theories of human emotional functioning, by conceptualizing the family as an emotional unit and the individual as part of that unit rather than as an autonomous psychological entity." (Kerr, 1988, p. 35) Family dynamics determine behavior within and often outside the system in related systems. Thus, a child's behavior at school may be a direct result of some dynamic within the family which is then transferred to the classroom. Another way of putting it is that a child's negative behavior is either a repetition of an unhealthy family pattern or a reaction to an unhealthy classroom or school system.

Why might a child take his or her negative behaviors into the classroom? There is a variety of possible answers to this question. The child may be hungry for needed supplies of attention, something which the dysfunctional home has failed to provide. The child might believe that conduct which "works" within the home system, that is, achieves some reward there, ought to work within the classroom. All children test the limits of a situation and expect to learn

something about the effect of their acting up. The child may also be acting out in the school setting so as to draw the school into the problems which arise at home because adults there are unable to deal effectively with them.

The Role of Anxiety:

Murry Bowen is considered one of the founders of family systems theory and therapy. (Bowen, 1978) His major contribution to our understanding of family dynamics involves his notion of the naturalness of the reciprocal influences one family member has on another. For Bowen, a family is a collection of individuals who make up a single emotional unit. The typical way this is played out is in reciprocally affecting emotion and perception. As one person, for example, becomes concerned about a problem, he becomes excited and anxious (building anxiety being a fundamental driving force for family dynamics, according to Bowen). This is met by a second member with attempts to sooth and downplay the need for an emotional reaction. Feeling misunderstood and disappointed at having been taken lightly, the anxious family member exaggerates the problem or concern. An escalating cycle of anxiety ensues in both, driving the soothing person into a caretaker role which she may or may not want. Each, however, is the emotional prisoner of the other.

Let's examine the problem of the child starved for attention. Because so little attention is forthcoming at home with two working parents, the student makes himself the center of attention as often as possible. His teacher, finding this annoying and interpreting the behavior as immature, decides to pay little attention. By ignoring the behavior, she hopes, it will go away. Instead, the child senses rejection and so increases his antics to force attention to himself. What began as a need for attention is now felt as an attempt to control the classroom, a grab for power. The teacher retaliates by harsh controls and reprimands. The root case of the behavior, nevertheless, is a need to feel that he belongs and is wanted in the classroom and in the home. From a systems perspective, help should not focus on the child's inappropriate behavior but on the way both parties have become mired in a repetitious cycle of self-defeating behaviors. The etiological question (What caused this?) is not as important as an analysis of the on-going dynamics. When both parties appreciate that they are able to obtain what they want, attention for the boy and control of the class for the teacher, then the system can be adjusted so that each party achieves its goals and has its needs met. If the teacher can control, that is, lessen her anxiety and annoyance at the child, the child's demands sink in relation to the more positive interactions that result. Anxiety is both the fuel and the glue in negative interaction.

Authority in Systems:

Family and classroom systems which are well led allow for differentiation

and uniqueness while maintaining a strong concern for those who are on their way to autonomy. It is the "parental" function within a system that no one is left behind or ignored in the struggle to individuate. When an imbalance occurs or when a child's basic needs are not met, tension builds. Parents and teachers are responsible for coherently and cogently assessing the sources of the imbalance, so as to rally the family resources to correct the imbalance. What happens when parents and teachers are unable to do so, or fail to carefully adjust their behavior to the needs of children? Tension mounts. Anxiety has a way of connecting individuals, of forcing them to attend to one another. Increases in anxiety result in flight or in greater needs for contact and closeness. When individuals respond out of this anxiety, they are irritated by their differences as well as the demands placed on them. Often they respond by becoming more inflexible and less tolerant. The result: Growth is thwarted.

Dyadic and Triadic Relationships:

As stated earlier, anxiety is a glue in relationships. To systems theorists, a family can be seen as a series of subsystems, or dyads or triads. Because anxiety is so easily communicated and can naturally stress a relationship, as we have seen, dyads, relationships between two individuals, are unstable. With the advent of a third person who can monitor how and when anxiety is communicated, a stable system is possible. This doesn't mean that the system is healthy because it is stable. Quite the opposite is often true. Healthy systems must be able to tolerate a change and yet preserve a stability that protects and nurtures. In our original example, the relationship between the child and her mother constitutes a dyad and, with the advent of dad, a triad is formed. Mom's approach to the bedtime rule resulted in what can be described as an unstable subsystem. Mom and dad's fighting, however, produced a stable but unhealthy pattern, as bedtime fights become the usual ritual or routine. As every parent knows, even the most stable parental dyad is de- stabilized by a child's changing demands. The advent of a third party can lock unwanted patterns of communication into place.

A "triangle" typically works as it does because of the fairly flexible roles among its three members. A "generator" produces anxiety, say, by becoming upset. An "amplifier" reacts to this anxiety by exaggerating the problem, or by negating it and, in either event, increasing it. The third party, the "dampener," uses emotional distance to assess and control his/her reactions. The dampener may choose, for example, to modify the perception of the source of anxiety or in some way to divert the attention of the other two, thus keeping the anxiety from reaching unbearable proportions. In this way, the dampener becomes responsible for regulating the production and diminishment of anxiety.

All this is a way of saying that in any system or subsystem of three individuals, each plays a role which is determined by what role is adopted by

the other(s): child acts, mother reacts, and father reacts to mother's reaction. This is not always unhealthy but can describe fairly common exchanges.

Sometimes roles are exchanged. A typical example of a "dampener" might be a child reacting to the dyad of her two parents. A young daughter wants to stay out late with friends. Father feels she is too young. Mother disagrees. Seeing them argue and the tensions which arise within the house, again over her behavior or requests, the daughter withdraws her request or modifies it to come home at a more reasonable hour. Thus, she plays the role of dampener to their generator and amplifier roles.

Family systems theorists refer to the unhealthy taking of sides in such a situation as triangulation. When mother and father cannot get along and mother enlists the support of daughter against her father, the scenario is unhealthy because it subverts the important authority of the parental subsystem. In the case of the above triangulated family dynamic, the daughter may be using her mother to get extensions of privileges and the mother using the daughter as a wedge against the husband, telling him, "You cannot keep our daughter locked up all her life." Daughter may "win" her request for staying out late, but in the long run comes out the loser. She wins battles but not the war. Why? Because, as systems theorists point out, the real battle is between mom and dad and their decisions about the daughter. Such decisions are not being made rationally, with an eye to her developmental needs. She could, for example, be initiated into the world of adolescence a bit too early for her own good if she is allowed to "win" such skirmishes. Or, kept from being with her friends, she may escalate the battles and engage in behavior that is self-destructive or dangerous.

An overt request by one party to take sides is an obvious triangulation ploy, and easy to see and avoid. But when allegiances have developed over the course of years, the triangulation may be more insidious and less obvious to all involved. Through body language, comments and tone of voice and a host of other non-verbal cues, family members are always asked to "take sides." A good therapist waits and watches for these, pointing them out when appropriate. Kerr writes: "It is important in breaking the hold of unhealthy triangles that one recognize a communication as reflecting the activity of the triangle rather than being a straightforward comment by one person to another." (Kerr, 1988, p. 53)

A family of more than three is made up of interlocking triangles, each fueled by anxiety. The less anxiety or tension, the more calm and "easy-going" the relationships. The more anxiety, the more trouble. To de-triangulate effectively, members of the family system must come to recognize how the process works among them, that is, how they become trapped in unhealthy reaction cycles. Second, they must overcome an attitude that has colored much of their previous behavior. Again, in the case above, mom and dad must work

out the root causes of their disagreement with each other, their differences in child-rearing philosophy and different interpretations of their daughter's requests. Triangles are governed by an emotional logic, according to Bowen, and respond to communication directed at the emotional field. (Bowen, 1978) This essential logic may not be immediately apparent to those caught in it. How does this process work? How does one person's emotional field impact the others?

Consider the example of a mother who feels that her two boys deserve equal attention. In attempting to be fair to both of her sons, the mother's worries communicate that she feels responsible for seeing to it that they are treated equally. As a result, each boy becomes sensitive to the amount of attention which he receives. Sibling rivalry escalates, especially when one of the boys needs more or a different kind of attention, thus requesting that the system be thrown off balance. Here, what appears as sibling rivalry and jealousy is only one side of the triangle. To de-triangulate this system, mom will have to change her attitude about what it means to be fair to her two boys. Problems can multiply when we add individuals and thus increase the number of triangles. For example, when we add the possibility of a father, for example, who may feel the sons are not being treated fairly or that the son needing more attention is being neglected, we have several triangles operating at once, all emanating from the same faulty belief. The fact that the belief is unproductive and damaging to the family system is not easily recognized. Mother and father, in this case, will feel they both have the family's best interest at heart. The heat generated by countless arguments can blind the participants from seeing the most rational and well-represented explanation for what is occurring.

Systems Dynamics and The Classroom:

How do these systems dynamics show themselves in the classroom? Can we apply this understanding to the student- teacher relationship? To begin with, the student-teacher dyad is, like all dyads, unstable, which is to say that a third party- -parent, another student—can easily impact the relationship. Thus, for example, triangles develop out of the student-parent- teacher relationship. A student having trouble with a parent may wish unconsciously to involve a teacher by acting out in some way which brings the teacher and parent to dialogue over the student's behavior. The teacher can be used to give a parent leverage in dealing with a child, something the child unconsciously realizes. Or the student may solicit the intervention of the teacher in order to gain a concession or to change a rule which is too restrictive, using the teacher as a kind of court of appeals. The following case example illustrates these systems dynamics in the family and further demonstrates how the school can become involved when the behavior of the three children in the Smith family resulted in the school's involvement.

The Smith Family:

The Smith family became the center of concern for a group of grade school teachers about six months after Dan, a 35-year-old office manager, moved out of the house, and into his own apartment. Shortly after this he began dating a co-worker from the office. His wife, Audrie, 37, was employed as a receptionist to a bank vice-president. The Smiths had three children; the eldest, Nathan, was 13 and in the eighth grade. The next two children were adopted and were mixed race, Caucasian and Asian. Lucy, 10, was in the fifth grade and Tim, 5, was in Kindergarten. Both adopted children, Lucy and Tim, had strikingly similar features and could pass for brother and sister, but were not. They were foster children in the care of the Smith's who were allowed to adopt Lucy and Tim when parental rights were terminated.

The initial problem seemed to be discipline with Nathan and a recent complaint from Lucy's fifth grade teacher that she had stolen some things from other students. These items were inexpensive stickers, erasers, pencils and a small coin purse, all found in her desk. Concern for Tim centered around an incident that had occurred when he was chosen for a part in a brief play, something he wanted to do. Apparently, he had been teased by some older children for being effeminate and decided that he no longer wanted to participate in the play. With each of the children presenting some problem, Audrie decided to seek guidance from "someone who can tell me if the marital situation is harming the kids." The school counselor agreed that initial discussions about the behaviors manifested by all three children warranted several sessions in his office.

Audrie attended the first session with her three children who sat patiently while she presented the family history. Dan would not attend, feeling that the children's problems were not as serious as Audrie thought. She presented drawings which she had asked the children to make. They were of the family, as each child saw it. Nathan's drawing had each member of the family, including pets, lined up in a row. His mother was on one end, then father, then sister and brother, then himself. All were joined together at the hands. Lucy's drawing was similar in construction. She had placed her mother at the far left end, then her older brother Nathan, followed by her father, younger brother Tim, and then herself. She and her mother formed a pair of book-ends for holding the family together.

The most unusual drawing was Tim's. Covering most of the page was a large drawing of his mother with striking red hair and large, oversized hands. Inside her, Tim placed the three kids, Nathan, Lucy and himself. His adoptive father he placed outside in one corner, almost as if he were an afterthought. Dad appeared to be a floating, ethereal figure, unconnected to the rest.

Together, these drawings represented the family situation with remarkable accuracy. They indicated how each child "saw" his or her role and function

and how relationships were perceived to exist or as they were wished for. Not surprisingly, Nathan saw himself taking dad's place as the "man" of the house, something for which he was unprepared and seemed to resent. Lucy presented herself as mom's ally, holding things together, but unprepared to do so. Her acting out behavior at school appeared to indicate that she felt robbed of something which she had finally gained, or that she felt unfairly deprived of what others have.

Tim's drawing was the most insightful from a systems perspective. Not only did it show that he was enmeshed with his mom, dependent on her for protection and for sustenance, but so were his brother and sister. Dad was distant and unconnected, floating out there somewhere and difficult to tie down.

The couple's history revealed a stormy courtship and twelve-year marriage. Both had been involved in a small company and had argued a great deal over business issues. They lived together for two years and were married after Audrie became pregnant. During the early years of the marriage arguments were common and both had moved out at one time or another, only to be reconciled after a month or two. Taking in foster children was something which Audrie thought would give Dan the desire for a larger family. When she and Dan became attached to Lucy and Tim, their first foster children, they asked if they could adopt and received permission within a two-year period. Audrie explained that she had grown up with one sister in a family strapped for money. Dan was an only child of unaffectionate and demanding parents who were fairly well off. Both Audrie and Dan had always wanted to have a large family.

The children's school behavior had deteriorated as tensions had increased in the household. Dan's behavior had become more and more difficult for Audrie to handle. Although out of the house, he would meet the children as they left their school to walk them home. There he would play with them or help them do their homework until 5:30 when he prepared to leave. Audrie arrived from the office each day at approximately 5:45. Often, Dan was still there and the two would meet on the stairway of the apartment building. Dan complained that one of the children waited until the last minute for help with some assignment, or that a fight had just broken out which he needed to settle. These encounters left Audrie upset and resentful of his presence.

The school counselor suggested to Audrie that she get counseling on her own in order to help her deal with her situation. In time, visits to the dad's apartment were set up so that the children could be with their father on weekends and each would have an occasional night for some special activity without the others. Therefore, dad's visits to the home became less frequent and thus less disruptive. However, a strong disagreement erupted when an event was planned which would have introduced the children to Dan's office friend, who often slept at the apartment when the children were not there. Dan felt it was time for the children to meet this woman and that Audrie was over-

reacting to what she saw as another example of his unrealistic and irresponsible attitude. It was during these days that Lucy was stealing from other students, that Nathan's behavior became more unmanageable and that Tim again became unhappy in kindergarten.

After several sessions with Audrie regarding how she and the teachers might deal with each child, Audrie determined that she needed to file for divorce, and that she and her children needed to be in counseling during these transitional times. Counseling began. The children initially were seen alone and then were seen together with their mother. Lucy's stealing stopped almost immediately after therapy began. After several months, Tim wanted to resume play practice. However, Nathan continued to argue with his mother and grades improved only marginally. His dad attempted to gain his son's affection by siding with him against his mother. Toward the end of his eighth grade year, he was suspended for skipping classes. Audrie and Dan continued to disagree over how to handle Nathan.

Discussion of the Smith Family Case:

The Smith family case illustrates many important features of family systems. The key figures are obviously mom and dad. Their behavior was governed by their perception of each other's motives and by their own perception of basic needs. Each of the three children represented a challenge of how to meet both individual needs and those of the family unit. As a family with children in their school years, the Smiths must attend to special tasks which any family of school-aged children must consider. What were those needs which the family system must provide?

In the case of the Smith family, there were several such needs not being met by the parental team due to the estrangement. Once Audrie and Dan began to disagree and quarrel about their own relationship, once Dan began to look elsewhere for affection and acceptance, he and Audrie began neglecting their coordinated responsibilities and the needs of the children.

Dan compensated for his absence from the home by involvement after school. Boundaries became less clear as he became "one of the kids" each day, seeing to it that they were occupied and that they did their work. The children collaborated in finding ways to have mother and father interact, and so conveniently initiated some activity just when he was about to leave, thus forcing a meeting of the two parents. Audrie often remarked that Dan was more like one of her children than her husband.

When parents separate and when children have the opportunity to visit the non-custodial parent, they are subjected to a new routine in a new home. The upsetting of schedules and the changes in rules mean the loss of a routine that gives the children the freedom to attend to developmental tasks such as school, work and a social life. In this case, the time of the day, which is usually free of parental intrusion and involvement, became centered around dad.

As we will see when we look at families of divorce, there is always some negative impact on families, on finances, on authority structures and on meeting basic needs. Thus, at this time it is not uncommon for children to experience the anxiety of one or both parents concerned about providing for stability and for those necessities which maintain a household in the standard of living familiar to the children. Parents can become consumed by their own psychological wounds, and custodial parents can become consumed by such things as paying bills and staying in control. This unfortunately diverts attention once relegated to the children and their concerns to more personal issues and feelings of adequacy and competence.

In short, the separation of Dan and Audrie threw many of the fundamental developmental needs of these three children into question because such a disruption necessarily means a change in the way of being a family. With parents preoccupied, less attention and time are available for the children. Thus, at this critical time, Nathan became angry at the loss of his father. Lucy felt as if something had been stolen—once again—from her. And Tim, who had recently mastered some social skills and harnessed his self-esteem for an activity like participation in a classroom play, felt less certain and insecure once more, retreating into a less mature reaction to teasing.

Through counseling, Audrie was able to redirect her attention toward Lucy and Tim. But Nathan, the natural son of Audrie and Dan, remained triangulated with his two parents and continued to act out his disappointment and resentment of their behavior. His anxiety easily "hooked" his parents into continual battles, despite their divorce. In this negative and self- defeating behavior, there was a pay-off, a reward. By acting out as he did, Nathan kept mom and dad talking, interacting. Each child and parents formed a natural triangle where consistently unhealthy patterns of interaction could easily become locked into place until a parent or parents determined to interact or react differently.

Clearly, then, the behavior of each individual is understandable only in the complete context of the family system. Positive and negative behaviors can be appreciated for their significance; that is how they reinforce the most fundamental desires and needs of the members. Family systems theorists believe that the family constructs explanations which help maintain the system, even an unhealthy and unrewarding one. They do so because a fundamental law of systems is that they seek stability or constancy. Some of the "myths" which help systems survive amount to ways of avoiding change and adjustment. In systems theory, change is resisted not because it is good or bad, but because it is unknown. If things are different from what we have come to expect, they represent a threat to what is known. Families seeking help will exhibit these traits as a way of appearing to cooperate with getting help, but actually these myths are powerful and help the family resist the changes and adjustments which one or more members may unconsciously know are necessary.

The following myths help explain why change is difficult for families and why suggestions by counselors or educators are not always accepted, even when there appears to be agreement and a willingness to cooperate. These underlying beliefs work against readjustment and family health. In dealing with families, counselors should be aware that one or more of these powerful myths may be operative.

The myth of verbal veracity: Family members may believe that they are telling the full truth, but are actually able to tell only their perspective. Explanations and descriptions of behaviors or events, even reasons and personal motives are necessarily colored by the observer's perspective. Each member is limited by a variety of factors, especially the need to see others in ways that make sense with his or her interpretation. No matter how honest any one member of the family may be, and even if every member candidly reports a family incident in the same way, views expressed are still the byproducts of a particular skewed vision.

The myth of full disclosure: Since each member of a family filters what is seen and heard through the lenses of one's own experience and needs, no single individual is able to give a complete picture of the family. In any one particular family dynamic, it is unlikely that the whole truth or entire picture will be revealed. This myth states that individuals and the family as a whole are not likely ready to tell everything or completely explain events and situations because of the investment each has in preserving things as they are already known. Disclosure comes over time, as the listener can be trusted and as change is accepted as potentially positive and helpful.

The myth of perfection: Families have an idealized version of what life is supposed to be like, of what the ideal family does and how members interact. This myth of the perfect family can be used to measure the disappointments of the present situation and it might provide, in some cases, an excuse for holding on to negative judgments and grudges. The perfect parent, the perfect spouse, perfect vacation and holiday meal, are but some of the burdensome fantasies which lie unacknowledged and trap families into positions where it is difficult to accept the present because it is so inadequate and imperfect. It therefore distorts dreams about the future, because these are not built on realistic assessments of what is possible and likely.

The myth of the identified patient(s): Because things are not perfect, and because families become derailed in the project of meeting developmental and relational needs, individuals suffer. In order to help the family cope with its imperfection, one member becomes the scapegoat for the family's difficulties. (This one person becomes the excuse for what ails the system. It's all "his" or "her" fault.)

Thus, when families present their problems, it is often one or two individuals who are identified as the cause of family difficulties. The disruptive

behavior, the confusion and chaos that these individuals exhibit allow the family a convenient excuse for blaming one "cause" of family troubles. Identifying this "bad" person, usually a child, allows for a pseudo-unity and helps the family remain cohesive with a common focus for disappointment or anger: If "he" or "she" had not behaved in such a way, we would not be in this mess. Why is this a myth? Because as the family systems theorists will point out, the behavior of the identified patient—the one who is bringing us to the attention of others—is only symptomatic of a more fundamental systemic problem. The "identified" patient is the family's excuse. The real patient is the family system.

These myths amount to common descriptions of the dysfunctional. They caution those working with families that it is difficult to get a clear and complete picture of the family dynamics because there is an unconscious fear of full disclosure. Besides, the complete picture is not available to any one individual but is detectable only in the sum of the individual perspectives.

These myths caution us to await the full disclosure of a family's poor coping mechanism and underlying problem. And they indicate that the presenting problem, or person identified as the problem, is only symbolic of deeper and more fundamental systemic issues.

These myths also warn us that families are often unrealistic about what they can expect and how they are likely to experience the reality of family situations as poor approximations of ideal, or the way it is "supposed to be." These ideal representations of family life or the roles which are ascribed to one another trap individuals in disappointment, freeze fellow family members in roles which make them appear and feel inadequate, and keep the "holder" of the myth from facing the responsibility each family member has for constructing and reconstructing family life. These myths tell us that the human tendency is to avoid accountability. One cannot help a family redirect its energies toward healthy interactions without nudging each member toward acceptance of responsibility for individual and group behavior.

Applying Systems Theory to the Classroom:

As a system in its own right, a classroom can exhibit the same negative and disruptive tendencies as do families. The developmental needs that children take on differ in each grade and stage of childhood. A teacher's job is to adjust to the particular needs of children at particular ages. It is to make sure that the five critical needs are met in the classroom. The degree to which these needs are not met at home will be the extent to which a child is likely to exhibit negative behaviors in the classroom. For example, a child without an adequate and healthy routine at home will be unprepared and unable to cooperate with a classroom routine. The child who has not been given an appreciation of the appropriate boundaries of adults and children will feel free to question the authority of any adult to make rules and determine consequences.

Triangulation of the child and parent(s) with a teacher is not uncommon. Here the child may unite with a parent or a teacher against the third party. To avoid this, adults must work together in order to be clear about their united position. Children may also pull a teacher into a triangle, pinning parent against teacher. Triangles can occur with parents, principal and teacher. It is important that the pair in charge become aware of how a dyad is destabilized by the interference and action of a third party.

Once a child has come to our attention as being unable to take full advantage of the educational environment, and once we feel the need to make contact with that child's family, we run the risk of becoming a player in the child's family system. We will sense the child or parent's anxiety which will pull us in the direction of experiencing how family dynamics operate. And the more we are aware of how dysfunctional members of the class pull it in the direction of escalating and retaliatory negative interactions, the faster and more appropriately we will extricate ourselves from them.

So far, we have written of the needs of a child for a stabile environment, for authority and consistency. But children also have equally important need for inclusion. The next set of needs, then, concerns every child's desire to feel that he or she belongs, that is, is important to someone. If developmental needs considered earlier help the child move out from the family to become more autonomous and independent, relational needs help the child feel connected and teach the child how to maintain healthy relationships.

Questions for Discussion by Faculty and Administrators:

1. When you think of the number of triangulated relationships represented in your classroom, do some seem unhealthy to you?
2. How reticent are you in involving parents when a student is difficult to manage or causes you concern? Are there particular parents with whom you feel more reticent than others to approach?
3. Do the "myths" listed in this chapter operate in any of the families you have become involved with, in an effort to improve the behavior or academic ability of a student?
4. Can the myths listed here operate in a classroom? How?

References

Ackerman, N. (1958). *The Psychodynamics of Family Life.* N.Y.: Basic Books.

Barnhill, L. and Longo, D. (1978). "Fixation and Regression in the Family Life Cycle." Family Process, 17, pp. 469-478.

Bateson, G. (1979). *The Adolescent Passage.* N.Y.: International Universities Press.

Bertalanffy, L. von (1968). *General Systems Theory: Foundation, Development, Applications*. N.Y.: Brazillier.

Blos, P. (1979). *The Adolescent Passage*. NY: International Universities Pres.

Bowen, M. (1961). "Family Psychotherapy." *American Journal of Orthopsychiatry*, 31, pp. 40-60.

Bowen, M. (1978). *Family Therapy in Clinical Practice*. N.Y.: Jason Aronson.

Burgess, E. (1976). "The Family as a Unit of Interacting Personalities." In G.D. Erikson and T.P. Hogan (Eds.). *Family Therapy: An Introduction to Theory and Technique* New York: Jason Aronson.

Carter, E. and McGoldrick, M. (1989). *The Family Life Cycle: A Framework for Family Therapy*. New York: Gardner.

Combrink-Graham, L. (1985). "A Developmental Model for Famil Systems." *Family Process*, 24, pp. 139-151.

Duvall, E. (1977). *Marriage and Family Development* (5th ed.). Philadelphia, PA: Lippincott.

Glidewell, J. and Swallow, C. (1969). *The Prevalence of Maladjustment in Elementary Schools: A Report Prepared for the Joint Commission on the Mental Health of Children*. Chicago: University of Chicago Press.

Haley, J. (1976). *Problem-Solving Therapy*. S.F.: Jossey-Bass.

Haley, J. (1980). *Leaving Home*. New York: McGraw-Hill.

Kerr, M. (1981). "Family System Theory and Therapy," In A. S. Gurman and D. Krisbern (Eds.) *Handbook of Family Therapy*. N.Y.: Bruner/Mazel.

Minachin, S. (1974). *Families and Family Therapy*. Cambridge: Harvard University Press.

Zilbach, U. (1968). "Family Development." In J. Marmor (Ed.), *Modern Psychoanalysis*. New York: Basic Books.

Zilbach, J. (1982). "Separation: A Family Developmental Process in Middle Years." In C. Nadelson and M. Notham (Eds.) *The Woman Patient*, 22, pp. 159-167. New York: Plenum Press.

Zilbach, J. (1989). "The Family Life Cycle: A Framework for Understanding Children in Family Therapy." In L. Combrink-Graham (Ed.), *Children in Family Contexts: Perspectives on Treatment*. New York: Guilford.

CHAPTER THREE

THE RELATIONAL NEEDS OF CHILDREN

In this chapter we examine those familial tasks which prepare children for the capacity to participate in constructive and mutually satisfying relationships. Intimacy and its development have been the special focus of psychologists who deal with such issues as attachment and bonding. Much of the empirical work on relationship processes has been based on Erikson's eight-stage theory in which he refers to intimacy as "a counterpointing as well as a fusing of identities not just in sexual relationships, but also in friendships." (Erikson, 1968, p. 135) Intimacy is, then, the capacity to share one's self and receive the self of another, to know and be known as fully as possible.

While Erikson concentrated on the adolescent struggle to decide "whom you care to be with" at work and in private life for the purpose of sharing and exchanging intimacies (Erikson, 1974, p. 174), others have examined the most fundamental relationships between parent and child as the training ground for the first experiences of intimacy. Those psychologists who will be emphasized here have been called object relations theorists (the first real object of importance in the child's life being the mother) or attachment and bonding psychologists. Among them, there are important differences, especially in terms of how they explain the nature and purpose of the human relationship processes, but the dynamics which they commonly agree upon are worth examining. Just as we saw in the previous chapter that the parts of the family are interrelated and that family functioning cannot be understood simply by understanding each of the participants or family members alone, so here we will see that a relationship is also more than the sum of the two (or three) of its parts. And just as transactional

patterns of relating determine the behavior of individuals within a system or family and so shape that behavior, relationship dynamics establish patterns which are repeated within and across relationships. These dynamic processes are designed to meet the critical needs in children, and they can be understood only by appreciating what is happening in both parties simultaneously. (Bowlby, 1979)

First, we will describe the five relational needs of children and note their relevance for those who become an important part of a child's life. Following this, we will review the main tenets of the attachment and bonding theories which shed light on the way patterns of relating are duplicated throughout the life cycle and carried into new relationships, even the child-teacher relationship. When a child's relationships at home are unsatisfying and inadequate to meet his or her needs, that child is likely to repeat the behavior which perpetuates the unsatisfying interaction style and brings the unmet need for relating into the school environment. The child's unconscious struggle is to find emotional comfort and support. The child may not go about this struggle in a manner which is likely to succeed. The case of Carl illustrates the points made in the chapter and focuses on the way dynamics between child and teacher replicate those of child and parent.

Five Relational Needs of Children:

A key element within every system is the affective forces which envelop the sets of relationships within the system. Each relationship within the family is designed to meet basic, fundamental, some would say inherited or instinctual needs. According to Bowlby, each member of the species comes into the world ready and anxious to find someone who is more capable of dealing with the world than he is. The infant's fragility and precarious state call out for someone who will watch over his needs, protect him, and nurture him. Bowlby's three-volume study of the dynamics of attachment and bonding, separation and individuation, and loss and mourning (Bowlby, 1969, 1973, 1980) established the underlying framework for the examination of the dependency and intimacy needs of the human infant. These studies also pointed to critical processes which affect the infant when nurturance and care are not forthcoming or are precipitously interrupted. We can summarize work by Bowlby, his followers, Winnicott, Ainsworth, Mahler, and those who study the achievement of intimacy in adolescence and young adulthood when these early patterns are severely tested (see White, et. al., 1986) by looking at the following five dimensions of intimacy: care, objectivity, communications of feelings, tolerance of ambivalence, and respect for the body.

The Need to Care and to Be Cared For:

The first dimension of intimacy is the foundation a child receives in being

cared for. To care means to place the needs of someone else ahead of one's own. For an infant to thrive, an adult individual needs to place his or her own desires and wants behind those of the child. Mothers and fathers who get up in the middle of the night to attend a crying infant, who comfort the infant or child despite their inability to completely soothe the child, who are patient and skillful in seeing to the physical, educational and emotional needs of the child without concern for self, are caring for the child. Parents who are able to put aside their own feelings and needs, as they recognize that the child is not intending to drain or badger them and that the infant simply has not yet developed the capacity to tolerate discomfort, are caring parents. They give their child the security of knowing that the world can be trusted and that care is available when needed.

Through care, a child is able to experience him or herself as worthy of being loved. The caring behavior of particular others helps establish bonds which shore up the fragile sense of self and keep the child from being overwhelmed by his or her insatiable want. Children who receive care are able, in turn, to become caring persons. They readily mimic such behavior and vicariously share in the feeling of those who are on the receiving end. Children master the intricacies of care by seeing it given to others as much as by receiving it.

When children are able to hypothesize about others' feelings and motives, something which emerges quite early on according to Winnicott (Winnicott, 1965a), they can begin to develop a sense of what caring behavior really entails. For instance, sometimes care is rejected at first. This does not mean that the person in need does not want care. Children are able to recognize these feelings in themselves when they see the scenario played out in another. There is objective evidence that such affective reasons are not peculiar to them only. They see the universal needs and hesitations about care and intimacy. This helps the child appreciate the nature of the "caring" task in relationship building. There is also considerable evidence that girls learn to follow the example of their mothers and practice caring behaviors. Playing with dolls, for example, is practice in caring. The child who dresses, soothes, cleans, and puts a doll to sleep is following mommy's lead. Chadorow and Gilligan have noted that the child who sees herself as doing what her mother does will someday want to practice caring behaviors. Mothers may unwittingly support these efforts on the part of their daughters and may unconsciously or consciously discourage them in their sons. (Chadorow, 1978, and Gilligan, 1982)

Bakan, in 1966, identified two major life orientations, using the terms agency and communion. In this provocative theoretical work, Bakan identified as "masculine" those qualities which manifest themselves in self-protection, self-assertion, and self-expansion. Conversely, the "feminine," which he characterizes by the word communion, manifests itself in contact, openness, union and

noncontractual cooperation. (Bakan, 1966) Agency, the masculine trait, involves the urge to master, to separate, to isolate. The notion that there are two broad orientations toward experience and relationship has been widely used in empirical and social science literature. If there is some social, if not biological basis for this, then boys seek to individuate to find their place in the world around them. "Where do I fit?" " How do I measure up?" are questions which underlie boys' efforts to move away from all-encompassing relationships. At the same time, the male is less practiced in caring behaviors and so can feel inadequate when less self-centered, more caring behavior is called for.

The Need for Honesty and Objectivity in Relationship:

Healthy relationships are characterized by the important dimensions of honesty and openness, i.e., participants in a healthy relationship search for ways of sharing openly and appraising honestly what particular traits and behaviors of the other may be impacting the relationship positively or negatively. The ability of the couple or dyad to meet each other's needs rests on an honest appraisal of the qualities and traits as well as the effect of these on the dynamics within or between the two. Honesty is not always easy. Gilligan's recent work on the development of girls discusses the difficulties and obstacles which characterize female relationships in the area of candor and honesty. (Brown and Gilligan, 1992) Girls learn early on to be cautious, to weigh and sometimes to hide their honest thoughts and feelings. Boys, on the other hand, practice for a world in which they seek to appreciate an objective and honest appraisal as crucial components in any organization. Honesty in relationship refers then to the ability to assess aspects of a relationship, weigh or measure the results of behaviors or attitudes, and point them out candidly to the other. Sometimes feelings cannot be spared. Occasionally, the truth, while it may hurt, is better dealt with openly than denied. Bitter medicine, in other words, may be the best cure. Gilligan's point that girls practice for a world of interlocking relationships and boys for a world of hierarchies is indicative of the way girls excel at caring behavior while boys become concerned with justice and "objectivity". (Gilligan, 1982)

Children need to be told, gently perhaps, what it is they are good at and where their deficiencies lie. They learn in school, for example, that they are better at some subjects than others. They even crave to know their rank in class and in sports. They need to learn what happens when one puts in little effort and when extra effort pays off. They even need to know that in some areas of life effort may not be enough. Talent or position may win out over effort. And on occasion, the world is not fair or even-handed. Some get ahead and some are ahead, or behind, because of structures beyond their control.

Objectivity in relationship means receiving and seeing that honesty is helpful when there is a recognizable concern for the needs of others. Honesty

can be a club used to hurt and to thwart relationships and so its practice is always an important activity. Children who are protected from open and candid appraisals never appreciate their place or role, nor do they learn to concentrate on those talents wherein they excel. Nor do they appreciate that the struggle to be at least adequate can be very worthwhile. Being parents who attempt to be open and honest is as important as being the recipient of objective appraisal. Seeing how adults handle their roles and rank in relationships and in work is also important.

Children measure the importance of objectivity and honesty, and thus decide on the level of respect which others or institutions deserve by the level and extent of candor they experience in their dealings. It seems that the play of boys has more elements of objectivity and honesty to it than that of girls. Boys will enjoy a game if the better and stronger are allowed to form the competing teams. They recognize that they need to accept their rank and their position when they are measured against those who are a part of their team. They enjoy a game with winners and losers because, in fact, that is the way many things are in life. Companies sometimes fold. Some win at games of chance and others lose. Political contests have winners and losers. In most contests, victory is not shared with those who are defeated. A child starved for either honesty or care may need it and crave it at school, even when that child is not well- trained in accepting honest appraisal!

The Need to Communicate One's Feelings:

Relationships are difficult and complex things. Feelings and anxieties are the warp and woof of the relational process. To know how one feels, one needs to have the words which describe the feelings and then communicate what is sometimes difficult, embarrassing, or only slightly coming to recognition. In communicating with another about feelings, one discovers more exactly what they are. Through words, a child gains power over feelings and becomes their master, and less and less the slave of the affective life or impetuous action.

Mature relationships which are characterized by a growing level of intimacy are those in which people talk about what matters most to them, and especially about what is happening inside them. If words are inadequate or powerless to convey the full range of meanings, then body language is often able to convey them. In fact, as Fritz Perls has pointed out, body language rarely lies. (Perls, 1951) Individuals in relationship communicate their feelings more candidly and naturally in their posture and facial expressions. Words can be a cover-up of true feelings even when the intention is to be honest and open.

Communicating one's feelings is not easy and is a skill which is learned by practice and by observation. Fisher found that early adolescent females first learn the language and practice of intimacy with their girlfriends and then socialize their boyfriends to the art of communicating feelings. (Fisher, 1981)

By early adolescence, if not sooner, girls practice the art of communicating their feelings with one another. Notes and discussions about friendship, about jealousies, infatuations, hatreds, and a variety of concerns fill the day. The literature of young girls is more "feeling" oriented and less "action" oriented because of this overt appeal to a girl's desire for communicating her feelings in as exact a manner as possible.

This notion fits with Hicks and Platt's findings that women are seen as being responsible for what these authors call "emotional upkeep" in relationships, and with Gilligan's conclusions that where males are threatened by communication regarding intimacy in relationship, females are threatened by the breakdown of communication and the threat of separation. (Hicks and Platt, 1970, Gilligan, 1979 and 1982) If intimacy is equated with depth of self-disclosure, as Jourard has proposed (Jourard, 1971), then women find men less capable of entering and participating in intimacy because of their unwillingness or their inability to communicate their feelings. In any event, boys are usually less verbal and less sure of their feelings and so are at a deficit when it comes to appreciating and expressing how they feel. Children are astute observers, and we should always remember how adults match their words with what children sense they are feeling. In the process, they gather clues of the adult world's capacity for tolerance and openness, and adults' true feelings.

The Need to Hold Ambiguous and Negative Feelings:

The ability to love can be said to depend directly on the capacity to recognize, and refuse to give into, negative or ambiguous feelings about the loved one. That is, to love someone is to realize that feelings of anger, hatred, disgust, or even feelings of indifference will be forthcoming and may be temporary or more long-lasting. While these feelings, however, signal that the positive, loving feelings are not present, they do not necessarily mean that love itself has gone. In every relationship, negative feelings, even hatred, are likely to bubble up from time to time. Such feelings may even last for lengthy periods. Nevertheless, relationships demand a great deal of us if we truly want them to survive. They cause suffering and disappointment. There are occasions in every relationship when we are not sure we are still "in love" or still "care for" an individual. Nevertheless, we know that to be in relationship with someone is to see the ugly or less than appealing aspects of the person's personality and to experience the not-so-pleasant feelings which emerge in any struggle for intimacy.

Relationship maintenance requires the patience to bear such feelings and the capacity for honesty, balanced by care, so that honesty is not used as a weapon against the other. The capacity for mature intimacy then rests in the tolerance of ambiguous feelings. Put another way, this is what some mean by the capacity for fidelity or loyalty in relationship. To say one loves someone and to claim that one is committed to another involves the ability to hold diverse

and even negative feelings without acting on them. Positive, loving feelings do not require a commitment. Negative feelings test that commitment. (Winnicott, 1965)

All children experience hateful impulses and have wishes that a family member would "disappear" or simply cease to complicate life. Sibling rivalry, oedipal urges to rid oneself of one's parent so as to have the other more exclusively, or wanting someone who has disappointed us to experience the hurt we feel are the common fare of families and loving relationships. There is no shortage of lore or literature in any society about these aspects of love. What children need is an example of how to manage such feelings, i.e., they will have such feelings themselves, and they will sense that they are the object of another's anger and hate. They also need to know that a loving person need not act on these. They need to see adults who are not always in accord or who for periods of time have feelings of disappointment and anger with one another but who work through such feelings toward reconciliation. The capacity to commit oneself in a relationship is directly related to the capacity to tolerate ambiguous or negative emotions. A low tolerance level leads to outbursts later regretted, to aggression and retaliation, and to the sundering of bonds.

The Need to Accept One's Own Body:

The body is our instrument of loving. It is the vehicle, the only one which we have, for receiving and expressing our care for another. Intimacy in relationships requires a comfort with one's own body and a respect for it as well as for the body of the other. That is, mature relationships are characterized by an appropriate manner and degree of respect shown to the physical body of the other. Fathers and mothers demonstrate respect for one another and express their relationship in a physical intimacy appropriate to two committed people. Mothers and sons, fathers and daughters, brothers and sisters, and so on, must demonstrate their care and respect for one another in ways that are appropriate for the nature of the relationship and the capacity to understand the meaning of physical contact. Society prescribes the kinds and levels of physical contact within each type of relationship because expression of physical intimacy is a many-layered and potentially dangerous thing. As infants, children receive expressions of care and intimacy through the way their parents handle their bodies and physical needs. Bathing, oiling, caressing the child's body are quite appropriate. As the child develops, the burden of physical care shifts to the child himself and the parent respects the child's body by encouraging self-care and by overseeing the physical care which the child can not handle or understand. As the child grows, what is appropriate in physical contact shifts, and this is something which is always determined by profound respect for the child's physical integrity, not the needs of the adult. But respect means much more.

Parents teach acceptance and respect by what they themselves do with

their bodies, by what they put into them, and by how they accept and help the child accept physical traits, limitations and talents. In all this, they teach the child that the body is the instrument of loving and intimacy in the world. The way parents model appreciation of the bodies of others is another important component in the training for intimacy. Boys learn a healthy and proper respect for the bodies of women by observing their fathers, and girls develop a proper respect for their own bodies and those of men by discerning their mothers' and other women's reaction to men. In some societies such as ours there are strong messages as to what and who is acceptable and beautiful. This contributes to the difficulty of accepting our imperfect bodies and so hinders our capacity to be loved and to love.

Thus, like all other dimensions of intimacy, this struggle to accept and respect the body is influenced by forces outside the family, and society in general has placed a value on each of these. Unhealthy stereotypes for male and female approaches to each of the five dimensions are passed on despite a family's best efforts to communicate a healthy and loving approach to others. Nevertheless, the family is the first school of loving, and its influences are far more powerful than those of the larger social milieu, especially early on when values and predispositions are formed. Parents who struggle with these five dimensions in their relationships teach their children that to persevere and grow in intimacy is not easy. They model the patient and consistent effort which relationships require. Such parents teach their children that the development of individuals into mature, loving adults is not achieved once and for all. People and circumstances change and in families, as in all important relationships, one must struggle to act and to feel in ways that support one another emotionally.

As with developmental needs, children who grow up in homes with adults who continue to struggle to love are in reasonably healthy homes in that they are meeting the relational needs of children. In homes where adults have become preoccupied with affairs which take them from these tasks, or where they have given up on one or more significant dimensions in their own relationships, the needs of children mount. Possibly, care and the other dimensions of loving are sought outside the home. Unfortunately, without all five dimensions involved—without a commitment to care, to communicate, to respect the body, to be honest, to tolerate negative and ambiguous feelings—it is unlikely that real intimacy will be experienced. Instead, it is reduced to one or two dimensions, and becomes pseudo-intimacy or false relationships which are poor substitutes and do not last. For example, when intimacy is reduced to physical expressions, or to care on the part of only one partner, the relationships are one-sided and impoverished. If relationships are to grow and to mature—meeting the needs of both partners—then all five dimensions must command the effort of both parties. The following case illustrates the effect on a child whose caretakers are temporarily unable to meet fundamental relational needs.

The Case of Lanna

Lanna is eight years old, of average height but overweight for her age. She has blond hair and is often poorly dressed for school. The teacher reports that Lanna rarely smiles, usually does not make eye contact when being spoken to or when speaking. Lanna complains a great deal throughout the day and is difficult to manage because of her negativity in the classroom and on the playground.

Often the teacher reports, she is out of control and taunts the other children. She rarely performs academic tasks which require her to concentrate for more than a few minutes. She can manage for long periods on her own, but seems to find social activity difficult. During recess, Lanna talks with adults, fights with the other children, or spends the time alone.

The teacher finds Lanna distant and draining when she is trying to make contact. Her way of dealing with adults is to make demands of them. Lanna wants more attention, wants the teacher to tell some other student to do something, or will become the center of attention through some negative interaction. On a difficult day, Lanna will pull hair, punch or kick another student for minor incidents such as an unintended nudge or a taunting comment.

Most students have come to fear Lanna and so she is usually alone. Her one friend is a new student, a boy, who recently returned to the school after his family had moved away for several months but returned when his father lost his job. The teacher reported that this one friend seems to be treated differently by Lanna. That is, she seems to rarely upset him or provoke him.

The teacher is troubled, according to the principal, by Lanna's inability to see her or the other students as "real people." "I feel like she treats us as objects. She is impossible to reach. Yet, there is something about her that I feel sorry for." With these words, the teacher has asked for help and advice.

Lanna's family situation is quite confusing. The principal and teacher have been able to gather the following information. Lanna's mother and father have been divorced for approximately a year. Lanna rarely sees her father. The divorce was a difficult one and Lanna's grandmother has assumed nearly full responsibility for Lanna. Notes and homework which needed to be signed have been signed by Lanna's grandmother. In addition, Lanna has an uncle living in her home, her mother's brother, who is very fond of Lanna. For the Christmas pageant, sponsored by the third grade, Lanna invited her uncle to come as her "father." He was the only relative to show up.

One afternoon, Lanna's grandmother came to pick her up and approached the teacher to inquire about Lanna's behavior that day. The day had been particularly trying for the class, given Lanna's inability to control herself. The grandmother explained that Lanna's mother had "given up" on Lanna and that she, the grandmother, was going to seek legal custody, guardianship, of Lanna.

In front of the child, Lanna's grandmother explained that her daughter was worthless and without a sense of responsibility. She was considering asking her daughter to leave the house.

Several days later, the teacher met Lanna's mother who seemed to be a depressed woman, overweight herself, rather timid, yet concerned for Lanna. She admitted to being overwhelmed and uncertain as to the needs of her daughter. It was her hope that a man she was seeing might provide a home for her and Lanna.

A variety of procedures had been tried in this third grade classroom to contain Lanna and put limits on her behavior. First, the teacher needed to find a consistent parental figure in the home who would agree to oversee Lanna's homework and any school-related requirements. To this end, the principal has had luck with soliciting the cooperation of the uncle. During the school day, Lanna was sent to the office if she was unable to do her work or cooperate with others in the class. Lanna seemed to find the principal someone with whom she could relate. Over time Lanna's behavior became less problematic, as the bond between teacher, principal and this girl grew and became reassuring for her.

Discussion of the Case:

Lanna's home is certainly unable to provide for the child's relational needs. While she has available to her relatives who provide for her physical needs, there is evidence that Lanna's emotional needs are met by only one adult in the household, her uncle. Lanna's grandmother and mother are obviously "at war" over what seems to be the inability of Lanna's mother to keep her marriage together. The teacher's meeting with Lanna's mother confirmed that she may be too depressed to provide for her daughter, and so the child's need for nurturance and care seems to fall to other adults.

In school, Lanna is struggling with making and keeping friends. She does have one friend whom she seems to favor and with whom she is not overbearing. This is a positive sign and something which the teacher can use to help Lanna when she wants to repair her poor relations with other students in the class. It is proof that Lanna is capable of being a socially adjusted, cooperative playmate and fellow student.

The failure of Lanna's mother to provide the kind of nurturance and guidance which the child needs is also evident in the way Lanna treats other adults. She is more obstinate and demanding with women in her life and seems to need excessive attention in order to stay on track in her academic work. The anxious and needy behavior which she exhibits is a good indication she is not receiving adequate attention at home. She is unable to see her situation with others at school objectively. She is not taking care of herself physically. For a child this age, we would say that her obesity is a sign that she is not properly

cared for, just as her mother is unable to take care of her own weight problem. The low self-esteem of both mother and daughter complicate the school's task, necessitating a "variety of procedures" to help Lanna attend to task. It is through the consistent attention of Lanna's teacher and her principal that the child stands a decent chance of appreciating that she is cared for. Without this, it is not likely that Lanna would be sufficiently motivated to do well in school or to learn to make and keep friends beyond the one fellow student she has selected.

The case demonstrates that relational needs are first met and modeled in the home. When the significant adults give up, or are unable to meet those needs, the child's social relations at school are found to suffer. Until and unless an adult begins to offer those needed supplies of care, honesty, help with articulating feelings, tolerance of negative feeling and respect for the body, the child will be too preoccupied with anxious thoughts and feelings to attend to "school" matters.

In the next chapter we examine the dynamics of the relational process in further depth. An overview of attachment and bonding theory is offered as a theoretical framework for understanding the unconscious relational processes which sustain and nurture children as well as establish their relational style. Secure attachment is critical before the natural urges of a child to explore, learn, risk and cooperate are possible. If secure attachments are not available, children come to school and re- enact the unsatisfying or negative relationship dynamics which they have experienced at home.

Questions for Discussion by Faculty and Administrators:

1. Are there students whose behavior, positive or negative, appears to you to be due to a need for attention and love? How do these students manifest themselves? Is that manifestation different from the behavior of students whose developmental, as opposed to their relational, needs are not being met?
2. Are some intimacy needs more likely to be unmet by some students than others, given their economic status, their cultural background, or their family background?

References

Bakan, D. (1966). *The Duality of Human Existence.* Boston: Beacon Press.

Bowlby, J. (1969). *Attachment.* NY: Basic Books.

Bowlby, J. (1973). *Separation: Anxiety and Anger.* NY: Basic Books.

Bowlby, J. (1979). *The Making and Breaking of Affectional Bonds.* London: Tavistock.

Bowlby, J. (1980). *Loss: Sadness and Depression.* NY: Basic Books.

Brown, L. and Gilligan, C. (1992). *Meeting at the Crossroads: Woman's Psychology - Girl's Development.* Cambridge, MA: Harvard U. Press.

Chodorow, N. (1978). *The Reproduction of Mothering.* Berkeley, CA: University of California Press.

Erikson, E. H. (1950). *Childhood and Society.* N.Y.: Norton.

Erikson, E. H. (1968). *Identity: Youth and Crisis.* N.Y.: Norton.

Erikson, E. H. (1974). *Dimensions of a New Identity.* NY: Norton.

Fischer, J. (1981). "Transitions in Relationship Style for Adolescence to Young Adulthood." *Journal of Youth and Adolescence*, 10, pp. 11-33.

Gilligan, C. (1982). *In a Different Voice: Psychological Therapy and Woman's Development.* Cambridge, MA: Harvard U. Press.

Hicks, M. and Platt, M. (1970). "Marital Happiness and Stability: A Review of the Research in the Sixties." *Journal of Marriage and the Family,* 32, pp. 553-574.

Jourard, S. (1971). *The Transparent Self.* N.Y.: Van Nosrand.

Perls, F., Hefferline, R. and Goodman, P. (1951). *Gestalt Therapy.* N.Y.: Delta.

Winnicott, D. (1965a). *The Maturational Process and the Facilitating Environment.* N.Y.:International U. Press.

Winnicott, D. (1965b). *The Family and Individual Development.* London: Tavistock.

CHAPTER FOUR

UNDERSTANDING RELATIONSHIP DYNAMICS

"To the child," wrote Loots, "the family ways and the parents' ways are THE way of life and THE way for people to interact with one another." (Lidz, 1963, p. 1) Children naturally assume that what others expect in relationship and what can be expected from them in relationship is the same as what they have already experienced. The subtle and intricate relational processes of children with their parents begin, perhaps before birth, and certainly come into full play in infancy. The child's caretakers establish a rhythm for interacting with the child and respond to the child's needs and cries for attention in patterns which can be characterized as either predictable and satisfying, or as confusing and unsatisfying. A mother's capacity to respond will be influenced by a host of factors such as her native intelligence, her sensitivity and intuition regarding her child, her own personal and material resources, and the manner in which others support or hinder her in her efforts to become an adequate mother.

The Work of John Bowlby:

Following World War II, John Bowlby, a British psychologist, became interested in the dynamics within the earliest relationships of both infants and primates. Bowlby demonstrated that the infant appears to be born with a natural desire and need to attach to some figure seen as "more capable of dealing with the world" than the infant. In other words, every human being is instinctively drawn to find some one or perhaps several others who are capable of giving care

and protection, who are capable of bonding with the infant and so open to being "used" by the infant as the container of his or her frustration and anxieties. Adults, on the other hand, find themselves drawn to the helpless and the needy.

Infants and their caretakers form, then, a unique relationship because of their shared sense of need for one another. In the mother-infant dyad, Bowlby and Winnicott explained, the mother needs the child just as much as the child needs the mother. In these critical early months and years, she defines herself as mother-of-this-child, just as the child cannot be known except as child-of-this-mother. The relationship of interdependence defines the existence of these two beings. D.W. Winnicott went further in his exploration of the dynamics between the infant and mother and proposed several concepts to help us appreciate the interdependent nature of the relationship. (Winnicott, 1965)

Good-Enough Parenting:

Winnicott stressed that mothers need not be perfect. In fact, a perfect mother may be a positive hindrance to the child's development. Good-enough mothering refers to the availability of the child's caregivers at important times and their reasonably successful responses in meeting the child's needs. Occasional mistakes and failures on the part of caregivers actually help fuel the child's emerging need to be independent. How does this work? Since the adult providers cannot be counted on to come up with solutions to the child's need states, the child is forced to learn to begin providing for his or her own self. In addition, a natural drive to discover, to experience the richness of the environment, and to become more autonomous, will arise when caregivers establish a good-enough environment.

As the child interacts with the environment, he or she develops a sense of mastery, of skill, of being capable of manipulating that environment. This is, in itself, gratifying. But the child also experiences frustration at his or her own inadequacy and that of others to meet every need. To master a tolerance of these frustration and anxieties becomes paramount, forcing the child to rely on caretakers to model that ability. A parent who manages to tolerate the child's frustration teaches the child that frustration can be managed.

Learning to walk and to talk, to name just two developmental tasks, are direct outgrowths of the two-pronged developmental pull. On the one hand, there is the desire to escape total dependence on others who are not completely able to satisfy one's needs and to increase one's competence in dealing with the environment. The other pull is the need for inclusion, for knowing that one "belongs" to someone, that one matters to certain others, that one will be safe. One of the important competencies, then, is maintaining closeness so that others on whom one can rely in times of danger and in times of need are available. The other competency is developing the ability to manage on one's own, without constant need for support by those significant caretakers. Ego

skills fuel the development of autonomy as well as the capacity for securing relationships. Often, psychologists have stressed the former and not the latter.

Bonding and Negotiating Independence:

The normal and healthy development into competence with the environment is not without its trials. The nature of the caretaker's capacity to tolerate the growing independence of the child is a significant factor in the child's success. An anxious mother, for example, will likely instill in the child a fear of separating and a suspicion that independence may bring harm or disaster.

Mothers who are unresponsive and neglectful will disappoint and anger the child. Often the negligent or abusive caretaker fuels a precipitous independence. That mixture of experiences, of being poorly protected and encouraged to deal with fear and anxiety on their own, promotes in children a considerable anxiety over whether they have the capacity to handle foreign or even hostile experiences at all. A false persona, or false projection of self, becomes a way of dealing with the unknown and potentially annihilating world. Without a secure bonding to anyone, these children become incapable of attaching themselves to other individuals who can help them or who can serve to alleviate some of their anxiety. Negative and hostile interactions become the "norm" in their lives and their "unworthiness" and unconscious perception of being unlovable are proven again in encounters with important persons, including teachers. Many teachers have experienced the child who seems "unreachable" and unable to bond with others in the classroom, who is prematurely independent or so enraged that all relationships are negative and hostile. Without the secure or predictable bonding with one person early on, the child has no foundation of behaviors to employ in making and keeping new relationships positive. The child lacks a positive model which supports helpful exchanges with others.

Simply knowing that one can return to the security of a caregiving relationship alleviates fear and increases toleration of independence. Children with caretakers who themselves were adequately loved (that is, had good-enough mothering) are able to avail themselves of the affection and respect of a teacher. Children who are themselves not respected and loved come to school hungry for such but have no skills to attain them. They "hook" a teacher into becoming the provider, but their behavior and emotional armor are designed to push these needed individuals away. Their relational style is self-defeating, but it is the only style they know.

Patterns of Attachment and the Work of Mary Ainsworth:

As a mother and an infant communicate and interact, they establish a relationship which Mary Ainsworth has described as either securely, anxiously, or avoidantly attached. The securely attached child has come to rely on the mother as basically predictable, satisfying and available. The caregiver's capacity

to anticipate or to satisfy the needs of her child are good- enough to enable the child to get on with the exploration of the outer world, and so their relationship is a healthy one for the child. Securely attached individuals are able to utilize the opportunities provided them in their surroundings, adjust to changes in the environment and handle tolerable levels of uncertainty. What begins as a fusion of identities develops over time into distinct persons capable of mutually satisfying exchanges.

A mother who is fearful of leaving her child, on the other hand, and worried over her success at meeting its needs, or the caregiver who is inconsistent in her pattern of relating to or attending to the child, produces a child who is anxious and fearful. Often in such cases, the child experiences a deep abiding fear that she may be in some way damaged, or otherwise incapable of getting by on her own. An insecurely attached child is anxiously attached and will demonstrate that anxiety each time he or she is away from mother for an extended period. Clinging and anxious behavior on mother's return is likely and is designed to make her anxious about leaving the next time.

A child whose mother has been rejecting or incapable of responding to the needs of her baby because of her own issues or problems, produces a parent-child bond characterized as avoidant. An avoidantly attached child will appear to be unattached, and refuse to acknowledge his need for mother, especially when he returns after some absence. Avoidantly attached children have difficulty expressing their needs and dependence, so they develop relationships which may be punitive or unsatisfying, and which are often characterized by the hate or rage expressed at the disappointing figure. It is as if the child needs to have the relationship in order to administer punishment for previous neglect or abuse. It is an ironic dependence, and best understood as dangerous and unhealthy in that it produces patterns which lead to perpetual unhappiness and fosters the belief within the child that he is unworthy of love and attention.

All patterns of relating to others begin and have their foundation in these three interaction styles. The prime task, then, of the first relationships is to provide an adequate "holding environment," to use Winnicott's words, so that the child can feel safe in dealing with the inevitable jealousies, disappointments and confusions which accompany relationships. If the child feels that potentially dangerous and overpowering demands will be handled, and that adults are sufficiently powerful and capable of soothing his or her fears and worries, the child develops naturally into a separate psychological entity. If relationships cannot provide this foundation, the child proceeds into future relationships with faulty beliefs and unhealthy styles of relating. These can be characterized as unhealthy dependencies or unhealthy independence and avoidance, or an alternating desire to please and to push away. Much of this is replicated in the classroom which has an adult capable of replicating aspects of the parent-child bond.

For example, the classroom or school can also be spoken of as a holding environment. In it children or teenagers are safe. A set of expectations is developed which allows for spontaneity as well as for repetition and certainty. In fact, the holding environment is the psychological climate more than it is the physical surroundings. Therefore, as a "second home," the school can become important because of the feelings which it inspires. Classrooms are sometimes called "homerooms," and school personnel may become home or family substitutes or surrogate parents for those who need them. Teachers and students bond individually and collectively, so it is not surprising that students with a poor history of having relational needs met will necessarily complicate a teacher's life.

Separation-Individuation and the Work of Margaret Mahler:

Margaret Mahler believed that the mother-infant dyad, experienced as a unity and oneness by mother and child—called by her the symbiotic phase of development—would naturally lead to healthy separation and individuation. This would occur if the child's chief caretaker was capable of allowing for the child's gradual progress toward autonomy. Through a series of sub- phases, the child moves from the symbiotic state of oneness, often failing to distinguish between the mother and the self, toward separation and individuation. Individuation means psychological autonomy and development of one's uniqueness and distinctiveness without giving up intimacy needs. Such a simple thing as saying "no" or attempting to exert a contrary opinion demonstrates this movement toward becoming a separate person. Mahler called this the "hatching subphase" wherein the child takes the first psychological steps away from mom, propelled by the newfound and newly developed capacities to walk and to use speech. This "subphase," like the two which follow it, are part of the movement from psychological fusion with the mother, called symbiosis, toward healthy, psychological individuation.

The next subphase is called the "practicing" subphase because it is characterized by the child's increasing desire to practice being away from caregivers. It allows for a wider variety and larger range of activity. Being capable of receiving comfort and reassurance from other adults, such as being fed and protected by them, enables the toddler to increase the circle of persons who can provide stimulation and variety in the child's life. This amounts to a psychological weaning process from dependence on a single caregiver.

Finally, there is the rapprochement subphase, in which the child uses the mother as a source for refueling and comfort, after longer periods of separation and independence. As the child is capable of staying away and functioning on his own, competence develops but setbacks are inevitable. The child experiences moments of panic, anxiety and discomfort. Returning to the source of

his/her emotional security helps allay fears and anxieties by reassurance that things are fine. The child knows that he, too, becomes anxious and worried about excessive absence, so some "checking in" with mother is as much for her sake as it is for the child's. A rapproachment style develops in this first and then in all subsequent relationships (patterned off by this first relationship). It is the comforting rhythm of independence and closeness which is negotiated by two individuals out of their emotional needs for reassurance and for distance.

Three-year-old children who run in to find their moms in order to show them what they have just done, or to tell on a sibling who has misbehaved, or others who need to get a kiss for a scrape on the knee, and who then immediately return to their temporarily interrupted activity, are typical of children in this stage. They have learned that they do not need to have mom around all the time, and they have also learned that she can be a source of psychic fuel. Feeling secure while away from mom is possible because the child has begun to develop the capacity to carry mom on the inside. It is analogously like carrying a photo in one's wallet. The loved one goes with us wherever we go. The primary caregiver exists inside the child as an internal reality, as well as outside, that is, in the objective world.

When students become insecure about their relationships with an important adult, they will initiate their own style of rapprochement. That is, they will seek to win the attention of the adult who provides security as a substitute caregiver in order to regain the sense of being bonded and, therefore, okay. This need might be expressed in such forms as the need for reassurance, the need for some extra time or attention during a "shaky" period or, negatively, in ways that force the adult to intervene in the affairs of the child. Negative behavior can be annoying, but an attempt to withdraw from giving support can have the opposite effect of making the need for security in the child only more intense. Responding without addressing the underlying need can, on the other hand, reinforce negative attention-getting.

Like other relational processes, separation-individuation subphases are often visible in the classroom. As they approach the end of a school year, for example, students will become anxious and even avoidant, expressing themselves in ways which appear to defy that any social or even academic progress has occurred. Complaints of helplessness or demonstrations of disappointment or rejection are common as students deal with their end-of-the-year anxieties. Success means learning to leave secure places and people, but there is an emotional price to pay which is higher for those whose attachments have been characterized by over-dependence. It requires the ability to carry the loved one inside.

Carrying The Other Inside:

A psychologically healthy child develops the capacity to tolerate periods

when those who have provided protection and care are not physically available. To carry one's loved ones inside, within one's heart, is to have them when they are not physically present and to feel their care in their absence. This is known as the capacity for object constancy and is related to that cognitive capability described by Piaget whereby the child learns that objects which are out of sight nevertheless retain their existence, a cognitive achievement which develops by the end of the first year of life.

Inside the child, an image or mental representation of the important caregivers develops. That mental image is built up over time and is thus rich in affective memories. These experiences and memories result in beliefs about the other, for example, about their ability to meet needs, the level of their care, and their own needs and capacities for intimacy. The internalized mother or father is related to the "real" mom or dad "on the outside," but is not the same.

Why? The child's internalized image of mother is a creation of the child, growing out of the child's needs for a particular kind of mother. The external mother, the mother on the outside is, however, changing. That is, the real mom is someone who is herself developing. The "mom" of the infant is a different person from the same woman who is dealing with her child five and ten years later. Whether or not the internal image of mom keeps up with the external, there is a real and changing mom. The disparity between internal and external "mom," can be slight or enormous. The greater the disparity, the more likely the child's present and future relationships will be unhealthy.

Complicating this is the fact that the internalized mom has good and bad aspects. The same is true, of course, for the external mom, the one who is outside, and independent of the child. Moms are soothing and give their children pleasure and comfort. But they are also forgetful and absent. They get angry and annoyed. The internalized image, then, has good and bad components, as does the real, external mom. The more these two remain unintegrated, that is, the more the child must idealize mom only to be disappointed, the greater the difficulty in accepting the real mom. One needs only to see how some children who are regularly neglected and even abused by a parent can be tragically—we might say "unrealistically"—devoted to that parent, despite the parent's unwillingness or inability to care for the child.

Transitional Objects:

One aspect of the journey or process whereby the toddler learns to feel secure that mom is "there" for her, even when mom is not physically present, is an intermediary state whereby the child invests an object with mom-like qualities. That is, the child will select an object, such as a favorite blanket or a stuffed animal, and allow the object to give security and affection. Some aspect of the object, its softness, for instance, "reminds" the child of mother and so serves as a transitional vehicle for carrying mom outside until the child has

the capacity for carrying her on the inside. Transitional objects are particularly useful in such moments when the child is sent off to sleep alone in her own bedroom.

This transitional object represents the child's first use of symbol. The object is invested with importance and meaning far beyond itself. As such, it evokes emotion and has importance, and when it is no longer needed to give security, the child lays it aside and is not affected by its loss. So the human capacity for the use of symbol to evoke affect and meaning, which is the basis for our religious and cultural experiences, begins with the blanket or "Teddy." Our need for these symbols, objects which help us carry loved ones with us, does not end in childhood. As adults, we carry photos in our wallets, put religious symbols in our homes and in our churches, and feel a need for art and ceremony to re-awaken in us the meanings which grounded our lives and relationships. Complex meanings and the ambivalent feelings which these symbols can carry are not foreign to us.

Students, especially young students in the primary grades, may require that a teacher be a mother substitute. As such, the teacher functions as a transitional object, giving warmth and comfort by her presence to the child who has not yet learned to carry mother "on the inside." It is not uncommon for some anxiously attached children to bring their transitional objects with them to school, in the form of toys or particular articles of clothing, until they have negotiated this stage. Teenagers, caught in a transitional phase of leaving home for a larger and less secure social world, also have their own transitional objects in the form of favorite clothes and objects. The school itself can be a transitional object by commanding fidelity, loyalty and devotion where once the family occupied such a place in the child's life. A car can function as a transitional object bridging the psychological distance between home and the wider world.

Taking the Good and the Bad:

All relationships with individuals on whom we somehow depend are characterized by both good and bad experiences, and thus we have good and bad images of them inside us. Since no person can hope to be completely satisfying and pleasing to another human being, relationships have this split character. Early on, the child discards those experiences where the loved one was neglectful or hurtful, almost as if this were another person. This is a protective device, saving the child from dealing with the possibility that the caregiver is inadequate or unloving.

Since the child's experience of dependence on mother is so complete and frightening, the child can ill-afford to entertain fears and fantasies of the bad mother consciously. These are repressed and handled by children in ways which are less direct. The bad mom is projected into others such as a "bad aunt," a "mean" older sister, or a teacher or principal. Children's fairy tales, Bruno

Bettelheim has pointed out in his book, The Uses of Enchantment, are especially helpful in alleviating the anxiety and fear that comes with having murderous and hateful feelings towards one's own mother. (Bettelheim, 1977) The wicked stepmother is the perfect foil for such intense emotions and the child takes delight in seeing her defeated and punished, even killed. While children are working through these intense feelings, such fairy tales are gripping and intensely compelling. Then one day, the psychological work has been completed, and fairy tales lose their pull and magic.

With time and effort, children learn to heal the splits, that is, come to recognize that sometimes mother can be helpful and comforting, and at other times she may be less capable of help, less available, less willing to share her interest and comfort. Such experiences fuel the child's need to have a mother on the inside, a mother-image or concept that is caring and capable of meeting all the child's needs, of soothing the child's hurt. This perfect caregiver will be the standard by which the child will judge future ings with her and with other future caregivers.

Meaning-Making and the Development of the Self:

The complex processes occurring within the child's psyche, and within relations with people important in the child's life, contribute to a growing sense of who and what that child is. A mother who tolerates her baby's feelings of ambiguity, who accepts the child's strong urges to control and to punish her, but who sees the child as manageable and controllable, instills in him/her a sense that he/she can manage and control him or herself. This process of teaching the child about his or her capabilities, worth, and value is the process of meaning-making that the initial relationships of the child help construct. This is also the beginning of healthy self-esteem.

When a child is well-managed and comforted, when a child's needs are anticipated and looked after, the child develops a sense that he or she is worthy of care and attention. The child also feels that it is possible to manage and take care of oneself since it has been done by others. There is a kind of primitive questioning, if you will, which goes on at an unconscious level. This does not imply that it is always unconscious, for with time and the ability to think with words, the child will actively consider the following notions: What do I make of my lot in life? What do I make of these people who take care of me? What do I make of myself?

In considering these questions, the child will form tentative answers based on an interpretation of the experience of being cared for and tolerated. As the child experiences good- enough care in a secure holding environment, the child reasons that since others are caring, "I must be worthy of care." As the child interprets the reaction of others to his demands and his faltering capacity for self-control, he or she forms tentative answers about capability for self-control

and self-management: "If others can do it, then I can. I am manageable and capable."

Loyalty and the Development of Moral Sensitivities:

The nascent sense of self arising from these interpretations begins to solidify the child's growing sense of being a distinct person and a moral agent. Even difficult and disappointing experiences force the self to consider the possible interpretation of an event or an emotion in light of past experience and in light of the interpretation of the meaning of relationships in which it arose. With time, the child senses to whom she belongs, that is, to whom she has been given and, thus who is worthy of devotion and respect. Being bonded brings a sense of duty. A child has a sense of who he or she is by knowing those to whom he or she owes fidelity. This is a child's first experience of devotion and dedication and, therefore, contains a sense of "ought" or should."

From the above, a child develops the first understanding of the nature of justice. Experiencing both fair or unfair treatment, the child may be overpowering and excessive in her demands, and may form a tentative appreciation of "worthiness" with regard to such treatment. "What I get from others is what I deserve," is the child's eventual inclination. Thus, "the way others treat me tells me something about who I am and also what I am worthy of." Caregivers who are "on the inside" as well as "on the outside" become more complex in how they function and what messages they carry. In turn, the child develops a good-me and a bad-me, or a good-self and a bad-self. Maturity can be measured in terms of the child's capacity to integrate these two selves. By this we mean that the child must come to accept in healthy proportions, the good and bad aspects of his or her behavior. Children who cannot accept responsibility for their actions are as yet unable to integrate the good and bad self; they will learn that healing the split "other" and healing the split "self" are lifelong activities. The good and pleasing as well as bad and shameful aspects of those we love and of ourselves are complementary achievements and necessary for healthy development. One might say that this amounts to a realistic appraisal of the qualities of the caregiver and oneself. To accomplish this, it is necessary that the child has experiences which are more positive than negative. It is also crucial that caring adults demonstrate that the child is lovable despite her negative qualities.

Are these processes and developmental hurdles accomplished only with the family? Can others outside the family be significant forces for good in the child's life? Can a child's capacity for healthy relationships be nourished by adults later on in the child's life? When families are inadequate to the above tasks, teachers and other adults can provide corrective and healing care. They do so whenever they willingly enter the child's life and become resolved to reach him or her in the child's need to experience the five elements of intimacy. The

teacher that provides care is objective, encourages an openness in sharing feelings, tolerates her own ambiguous or negative feelings for the child and respects the physical integrity of the child can make up for deficiencies in the child's relational life. Obviously, the longer these deficiencies have existed, the harder the process of demonstrating that the child is capable of being loved and admired.

Cultural Differences:

How universal are these relationship processes and do they differ significantly from one culture to another? Each culture has established norms for appropriate ways of bonding, or allowing for individuation and for accepting the termination of a former relationship style or mode. For instance, some cultures insist on helping the child become as independent as possible, as soon as possible. Our own American culture places a premium on independence and so we stress a child's need to tolerate separation at a relatively early stage. Our economic system which forces both parents to work is obviously a part of the overall picture in this area. Our preoccupation with issues of safety, on the other hand, fuel protective behavior and anxiety over precipitous, inadequate or careless behavior in potentially hostile or even neutral environments.

Other cultures may foster dependence for much longer periods. For instance, Asian cultures foster a tie to the extended family as part of the definition of the self so that a child grows up with a sense that who he or she is is clearly linked to the destiny and reputation of the entire family. In Hispanic cultures, children will normally sleep with parents and with their siblings. Linked as it may be with economics, the child-rearing style cannot be completely explained by such things as a lack of private bedrooms in Hispanic homes, for the practice is widespread at all economic levels. Building an attachment and interdependence among siblings is one result of such a practice and differentiation may be frowned upon within and by these cultures.

Regardless of cultural traditions and styles, some practices may be unhealthy for some children. Some are more difficult to manage and may need more nurturing and care. Forcing them to be more independent and get along without continuous access to their parents may be harmful. Because some may be shy and hesitant, letting them rely on siblings may lead to a more difficult and delayed individuation process. Temperament, in other words, is a significant factor in how children respond to particular cultural expectations in child-rearing.

The following case vignette demonstrates the way the above- mentioned issues show up in the classroom setting.

The Case of Carl:

Carl, a bright first grader, made little academic progress during most of

the nine months he spent in Mrs. Grant's classroom. While capable and somewhat smarter than the other students, Carl was unable to concentrate or became easily distracted on a regular basis. Evaluation for ADHD (Attention Deficit Hyperactivity Disorder) turned up negative. Carl could concentrate and could perform well when given special attention and when he liked the person supervising him.

In class, Carl would often distract others, especially when Mrs. Grant was busy with other children. When she solicited his attention, he would be sullen and moody, but eventually cooperative. If a substitute or a different teacher was working with the class, Carl would be disrespectful and throw tantrums on several occasions.

In a conference with Carl's father, Mrs. Grant learned that Carl's mother and father had divorced when Carl was four. Carl's mother was rarely in touch with Carl. As an alcoholic, she was quite abusive and impatient with him. Carl's father had sole custody of his son. But since his father's remarriage, Carl had begun acting up even more. His new stepmother found him difficult to handle. With a child of their own and another on the way, she was absorbed in caring for Carl's stepsister and anticipating the new arrival.

Carl was devoted to his baby sister and happy that he would be a big brother once again. On occasion, Carl's jealousy would erupt and he would attack his stepmother or tease her mercilessly. His father felt overwhelmed by Carl's anger and punished him by sending him off to his room. The punishments worked only temporarily since Carl would calm down and then soon be set off by some new distraction or annoyance. Mrs. Grant noted that time-outs worked in class with the same minimal effectiveness.

As the weeks progressed, Carl became even more problematic as other students complained to their parents of his behavior. Mrs. Grant asked if Carl's father would be interested in seeking some help from the school guidance counselor. She arranged a meeting with the counselor herself and Carl's father to discuss how all might cooperate to help Carl concentrate and to feel better about himself. Carl's father and his wife also had sessions with the counselor and Carl in the counselor's office.

These session focused on the relationship between Carl and his father. By supporting and strengthening the father's position as primary caregiver, the bond between father and son improved. Strategies were suggested which helped Carl's dad and stepmother to adjust their discipline methods so as to be more effective in handling Carl. Consultation with school officials identified the anxiety which Carl faces in his insecure attachment and in the loss of his mother as a caregiver in his life. Talks with the counselor helped the teacher handle Carl more effectively in the classroom as well. But when Mrs. Grant was absent for nearly three weeks due to minor surgery, Carl was nearly unmanageable in the classroom. And, ironically, upon her return, Mrs. Grant

was greeted with enthusiasm by all the other students but shunned by Carl. Mrs. Grant felt both hurt and guilty for having disrupted Carl's progress in learning self-control.

Over the rest of the semester, Mrs. Grant made every effort to deal with Carl who often disobeyed her and upset the students. Eventually, the outbursts of anger subsided and the "good" days outweighed the "bad" days. As the end of the year approached, however, Carl's anxiety increased once again, as did Mrs. Grant's. In conversations with the counselor, Mrs. Grant revealed that her own son was graduating from high school and this only heightened the fear she felt for Carl. When the counselor asked her how she thought the two young men in her life might be producing the same feelings, Mrs. Grant was able to articulate her attachment to Carl and her feeling that she had failed as his teacher. Similar feelings were evoked by her son's graduation and movement on to college. The counselor assured her that such feelings were normal and then proceeded to help her sort out the relationship with Carl to appreciate the anxious attachment that he had with her due to his feeling of abandonment by his own mother.

An end-of-the-year conference was called to assess progress and to determine if Carl had mastered enough of the academic material of the first grade to advance to second grade. Mrs. Grant felt uncertain about recommending that he move on.

Discussion of the Case:

Carl's difficulties in the classroom setting are a direct outgrowth of his problems with his own mother and father. His pattern of interaction with women, from mother to stepmother to teacher, may be characterized as anxious and avoidant in that they are often punitive and volatile. His mother's apparent abandonment has left him needy and angry at the same time. We might hypothesize that internally Carl has interpreted her rejection as proof of his own unworthiness and an indication that his power to push others away is so overwhelming for them that he is doomed to further rejection. In succeeding to alienate his teachers and stepmother, Carl reinforces his own beliefs that he is unworthy and somehow at fault for the rejection of others.

Mrs. Grant's efforts to change this pattern are oddly fueled by her own emotional issues. As she is dealing with the anxiety and pain of her own son's eminent departure, her sensitivity to Carl's plight is intensified. Her desire to make contact with Carl, to assure him that she cares about his success and that she expects him to control himself are exactly what Carl needs. With help in understanding the apparent reasons for Carl's misbehavior, she is able to assess her own feelings and to weigh her relative successes and failures more evenly, and to be consistent in her efforts even when she feels that Carl's behavior has not progressed.

The increase in tensions in the classroom and the collapse of successful accommodations to the classroom regimen at the end of the school year are not surprising. In a way, we can expect that Carl's anxiety over the loss of his first grade teacher would increase as the year draws to a close. After all, Mrs. Grant is the most consistent "maternal" figure in his life. By failing to complete the academic requirements for first graders, Carl manages to remain in Mrs. Grant's care. Is this unhealthy? Should Carl be placed in a class other than Mrs. Grant's in the coming year? These are questions which school personnel will have to answer.

One possible solution is to leave Carl with Mrs. Grant to give their relationship an opportunity to nurture Carl. Certainly, Carl's father and step-mother need support and guidance as well. If Carl is forced to give up Mrs. Grant, someone with whom he seems to have bonded, he may become more seriously wounded and confused by his lack of success in finding a relationship with a maternal figure who can tolerate his anger, and see to it that he begin to internalize his self-control. With counseling, Carl's family began to include him and help him feel some pride and esteem. This was aided by Mrs. Grant who serves as a transitional object to provide consistent nurturance and care. The intensive involvement of Mrs. Grant, someone willing to repair the damage done by his mother's abandonment, helped stabilize Carl as his parents struggled to become appropriately engaged with him. In this particular case, Carl was reassured he would return to Mrs. Grant's class but only for a month or so. In October he was advanced to the second grade, sufficiently secure to respond positively to his new teacher.

As we have seen so far, meeting developmental and relational needs are the hallmarks of healthy homes. While all homes struggle, the unhealthy or dysfunctional home is the one where the adult(s) have given up or have become unable to meet those needs. Children who are unable to concentrate in school, who demand excessive attention by their negative behavior or poor scholastic performance, need more adequate caregivers or home structures to enable them to take full advantage of the school environment. Schools and teacher are called upon in cases where homes fail, to meet the deficits which the child brings into the classroom.

What is implied here is that it is not how a family is structured but what it provides that matters most. Any "type" of family is potentially healthy, just as any family configuration can be potentially unhealthy. The family structure is not at issue, but what happens or does not happen within that structure is. In the remaining chapters we will examine the variety of family types or structures from which our students come. Each type or structure, such as the single-parent family, or the blended family, has its unique challenges, as well as its opportunities for meeting children's developmental and relational needs. Research on these family types is discussed for its applicability and relevance

to our examination of the needs of children, especially their developmental and relational needs. Some types or styles of family life make meeting these needs easier while others make it more challenging.

Questions for Discussion by Faculty and Administrators:

1. Do aspects of the bonding process repeat themselves in the classroom? Is this only with the younger students or do older students repeat the bonding cycle as well?
2. What are the dangers of trying to make up for the lack of emotional security and strong emotional ties in the lives of students? Can a faculty member become dangerously or inappropriately involved in the lives of students?
3. What has been the impact of this development of dual wage households on the participation of parents in school-related activities, such as Home-School meetings, parent-teacher conferences, etc.?
4. Are school schedules and school-related activities designed to accommodate the dual wage and single-parent family?
5. How would you describe the racial, ethnic, and cultural issues which challenge you in your classroom and school? Which subgroups in your school need attention and sensitivity in order to better accommodate the needs of their families?

References

Ainsworth, M. and Wittig, B. (1969). "Attachment and Exploratory Behavior of One-year-olds in a Strange Situation," In B. W. Foss (Ed.) *Determinants of Infant Behavior*, IV, London: Methuen.

Ainsworth, M., Blehar, M., Waters, E. and Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Erlbaum.

Balswick, J. and Avertt, C. (1977). "Differences in Expressiveness: Gender Interpersonal Orientation and Perceived Parental Expressiveness as Contributing Factors," *Journal of Marriage and the Family*, 38, pp. 121-129.

Bettelheim, B. (1977). *The Uses of Enchantment*. New York: Vintage.

Bion, W. (1962). *Learning from Experience*. London: Heinemann Medical.

Brazelton, T. B. and Cramer, B. (1990). *The Earliest Relationship: Parents, Infants and the Drama of Early Attachment*. Reading, MA: Addison-Wesley.

Block, J. H. (1973). "Conceptions of Sex Role: Some Cross-Cultural and Longitudinal Perceptives." *American Psychologist*, 28, pp. 512-526.

Buckley, P. (Ed.) (1986). *Essential Papers on Object Relations*. NY: International U. Press.

Cashdan, S. (1989). *Object Relations Therapy: Using the Relationship*. Madison, WS: W. W. Norton.

Collins, J. K. (1974). "Adolescent Dating Intimacy: Norm or Peer Expectations." *Journal of Youth and Adolescence*, 3, pp 317-328.

Dietrich, D. and Shabad, P. (Eds.). *The Problem of Loss and Mourning*. Madison, WS: International U. Press.

Freud, A. and Burlingham, D. (1944). *Infants Without Mothers*. NY: International U. Press.

Freud, S. (1917). *Mourning and Melancholia*. Standard Ed. of The Complete Works of Sigmund Freud, vol. 14, NY: Norton.

Gilligan, C. (1979). "Woman's Place in Man's Life Cycle." *Harvard Educational Review*, 49, pp. 431-446.

Hamilton, N. (1988). *Self and others: Object Relations Theory in Practice*. Northvale, NJ: Jason Aronson.

Heard, D. (1978). "From Object Relations Theory to Attachment Theory: A Basis for Family Therapy." *British Journal of Medical Psychology*, 51, pp. 67-77.

Jourard, S. (1971). *The Transparent Self*. NY: Van Nostrand.

Kernberg, O. (1980). *Internal World and External Reality: Object Relations Theory Applied*. Northvale, NJ: Jason Aronson.

Lidz, (1963). *The Family and Human Adaptation*. NY: International U. Press.

Mahler, M., Pine, F., and Bregman, A. (1975). *The Psychological Birth of the Human Infant*. NY: Basic.

Pine, F. (1990). *Drive, Ego, Object and Self: A Synthesis for Clinical Workers*. NY: Basic.

Scharff, J. (1990). *Foundations of Object Relations Family Therapy*. Northvale, NJ: Jason Aronson.

Scharff, J. and Scharff, D. (1987). *Object Relations Family Therapy*. Northvale, NJ: Jason Aronson.

Stern, D. (1985). *The Interpersonal World of the Infant*. NY: Basic.

Tesch, S. A. and Whitbourne, S. K. (1982). "Intimacy and Intimacy Status in Young Adults." *Journal of Personality and Social Psychology*, 43, pp. 1041-1051.

White, K., et. al. (1986). "Intimacy Maturity and its Correlates in Young Married Couples." *Journal of Personality and Social Psychology*, 50(1), pp. 152-162.

Winnicott, D. (1984). *Deprivation and Delinquency*. London: Tavistock.

CHAPTER FIVE

CHILDREN IN DUAL-WAGE AND DUAL-CAREER HOMES

The dual-wage home is the "model" family style in the United States today. (Hoffman, 1989) In families with school-aged children, this has been the case for over twenty years. While the popular myth of American family life held that a mother could or should be found in her home, ready for the children when they returned from school, this has not been so for some time. Providing a "structure" from within which children can operate does not necessitate full-time child-rearing. It does necessitate planning, and it often requires help from at least one other adult. Certainly, things go more smoothly when children are raised with more than one adult in the home. Still, there is nothing inherently "better" about the home with a full- time home-maker. A great deal depends on the preferences of parents, their own comfort level and need for economic security. Research indicates that when a father is involved in child-care because his spouse is working, there is increased self-esteem on both his part and that of the children (Baruch and Baruch, 1987). In dual-career families, however, fathers often complain about their wives' unavailability for child-care, so a great deal depends on his comfort level and his feelings that his children are adequately cared for.

Working Mothers:

During the past fifty years, since the end of World War II, the United States and most other industrialized countries have experienced enormous social and economic changes which have greatly impacted the family structure, altering it

and reshaping the purposes and functions of the modern family. Perhaps the biggest change in family life over the last few decades has been the employment of mothers outside the home. In 1940, only 9 percent of mothers were employed outside the home. Today, nearly three out of every four mothers are thus employed. (U.S. Bureau of Labor Statistics, 1987) And about half of the mothers with children under a year of age are also in the workplace. Clearly, the stigma against working and leaving one's children in some form of substitute care has been weakened to the point that it is not as serious a consideration as are the economic needs of the household and the feeling on the part of many women that employment is both professionally and personally rewarding and fulfilling.

A chief worry of child developmentalists who note the time constraints which employment places on both parents is the quality and amount of interaction with children in these families. Research further indicates that the level of the mother's education has a significant effect on her morale and her attitudes regarding the attention children need. Employed mothers seem to compensate in the amount of time they spend with their children during non-work hours and on weekends (Easterbrooks and Goldberg, 1985), and they are more highly interactive; that is, they are more likely to stimulate the child verbally. Frequently however, where a mother is employed full- time, one sees a highly involved and "bonded" father who finds himself taking on child-care duties alongside his busy wife.

With so many mothers employed outside the home, child care has become a major public policy issue. Research indicates the importance of affordable, quality care as a strong determinant of both the woman's satisfaction in her job and the positive benefits to children from placement in environments which are structured, safe, and educational. The extent to which the decision to work outside the home can lead to a woman's personal satisfaction and enhanced parenting seems to be related to at least four things: the degree to which husbands share household and child-care responsibilities, the amounts of satisfaction derived from the job, comfort with substitute child care arrangements, and woman's perceptions of the effects of employment on the child's development. (Baruch and Barnett, 1987; Hock, Demeis, and McBride, 1988; Lamb, Owen, and Chase-Lansdale, 1980)

There seems to be a growing consensus that mothers need not be the only or even the chief child care-giver. Studies of the role of multiple care-givers and the role of fathers in child care have not proven that there are deleterious effects from a mother's employment outside the home. However, there does seem to be evidence that the number of hours of employment of mothers of young children does correlate with adjustment to child care and schooling. Families with mothers who worked more than 40 hours outside the home seemed to experience more difficulties than those who did not. The research indicates that

the problems experienced by some may be due somewhat to low self-esteem, to worry over inadequate child care, and lack of support from a spouse. (Hoffman, 1989)

Current research has become more sophisticated in both methodology and the determination of crucial variables. Thus, we are fairly certain that there is little difference between the adjustment of children from families where mothers work and where they remain in the home. More determinative by far are factors such as socioeconomic status and marital satisfaction. In fact, when husbands do not accept the idea of maternal employment outside the home, the paternal role seems to be threatened and the couple's sons seem to suffer most. Daughters are not equally affected. (Belsky, 1988; Chase-Lansdale and Owen, 1987)

Studies of working mothers from a variety of family types seem to point out one significant variable determining the long- term effects of family structure on children. That variable is the way stress is handled. It is the stress and strain of daily living, that is, the management of complex schedules, the juggling of resources and limited budgets, dealing with intrusion and unforseen emergencies that complicate family life. These have the greatest impact on the adjustment of children in the child care and school setting. Substitute child care is but one of the early stress points for children with working parents. Other factors influencing a child's adjustment to child care, are the age and maturity of the mother and her support networks.

Teenage Mothers:

In recent years, 11% of Caucasian births were to teen mothers and 13.4% of these were unmarried. Almost 24% of the births of African American babies were to teen mothers, with 52.9% of these woman unmarried. The American Indian teen birthrate was 20%, with almost 40% of those mothers unmarried. Hispanic births to teen mothers accounted for 17% of the births and 38.3% were unmarried. Asians and Pacific Islanders had the lowest rate of teen births with 5.6% and the lowest rate of unmarried mothers with 9.6%. The United States has the highest rate of teenage births of any industrialized nation, twice that of England, which is in second place. (Kamerman, S., 1980) It is problematic because teen mothers are less likely to receive prenatal care, to have incomes which support the needs of a child and to feel themselves as capable and successful parents. Therefore, teen mothers are less likely than others to be supportive of school personnel and to feel competent in aiding the adjustment of their child during the early years of schooling.

The rise in the number of teen mothers, as well as working mothers, has had an enormous impact on the role of teachers and school administrators. These family changes have affected school programming and the level and kinds of interaction with parents. Some estimates show that only 25 percent of

teachers find their interaction with parents satisfying. According to experts, fully three-fourths of the teachers at the high school and elementary levels feel that parents are either too removed and uninvolved to the degree they need to be, or else they are overly enmeshed and inappropriately involved in the child's affairs at school. Clearly, a majority of teachers find that parental communication and cooperation with the school is less than satisfying. This is due, in some measure, to the pressures of dealing with already stressed parents.

Working Parents: The Impact on Schooling:

Over the past few decades there has been a growth of research data on working mothers, on day care and other forms of substitute care for children of working parents, and on the effects of working parents on school performance. While a great deal is yet unknown, there are some reassuring findings. (c.f. Trudel and Fisher, 1992)

For example, working mothers of school-age children have little to fear by way of the effect of their work on the academic performance of girls or boys. There is a slight indication, however, that some boys, especially young school-age boys seem to suffer from the absence of their mothers in the home. (Hoffman, 1978) It seems that when some boys are placed in school too early, they can remain immature and respond poorly to the school environment. On the other hand, girls seem to do well, as do older boys and especially teenagers.

There are, then, positive benefits associated with maternal employment and the raising of teenagers. Some authors feel that the presence of two adult models of work outside the family prepares the teenager for a more realistic appraisal of the occupational setting and his prospects in the future. (Gold and Andres, 1978; Hoffman, 1979) Better personality adjustment, more involvement of fathers, and a greater self-confidence seem to characterize adolescents whose mothers work outside the home. One possible explanation is the increased earning power of such families and the satisfaction which mothers feel at being productive outside the home. (Belsky, et. al, 1984; Bernbaum, 1975)

The consensus on academic performance seems to be that there is little difference between children of working mothers and non- working mothers. In fact, children from lower socioeconomic families benefit enormously from early school involvement. (Heyns, 1982) Piotrowsky and Katz found that African-American mothers gain, as do their children, through increased self-esteem when employed outside the home. (Piotrowsky and Katz, 1992) If the day care or substitute care services are well-organized and well-staffed, mothers feel less anxious about placement. If the educational component is well-developed, the child actually benefits from spending time in an organized setting.

There is one possible caveat, however. The amount of time mothers work outside the home can impact school performance. Mothers who worked more than 40 hours a week had children who seemed to suffer from the negative

impact of maternal absence. (Belsky, 1988; Chase-Lansdale and Owen, 1987) Still, a mother's self-esteem and social supports are more likely to impact her children than the number of hours she works. Yet, we do know that children who spend a lot of time in day care and after- school care are sometimes more aggressive and peer-oriented. This may be a result of too many hours in a stressful environment. Certainly, even the best of day care can be stressful if, by comparison, the home is more relaxing and less demanding. This has presented many schools with a challenge in that children have to be trained to be more teacher-oriented and less demanding of one another. Likewise, these children often lack the impulse control necessary for good classroom adjustment.

It is often these same children who have a great deal of structured vacation time and weekend activities which keep them busy. While many thrive under such circumstances, others are over-programmed and become "burned-out." Teachers can help parents appreciate placing limits on such structured activity and satisfying the need many children have for doing less, for being spontaneous, even for being bored, and therefore being forced to learn how to utilize their own time productively. (Elkind, 1987)

One area of tension in dual-wage families seems to be between fathers and mothers in the lower income bracket. There, working mothers sometimes reflect poorly on the man's ability to be a provider. Studies have also found tensions between fathers and sons in such homes. Apparently a more flexible role perception is necessary for the dual-wage family to work well. When mothers can count on their husbands for help with domestic or other child-rearing chores, children seem to come out winners. They feel closer to both parents and receive the benefit of different approaches to problems and to activities.

While there are stresses associated with both parents being outside the home for many hours of the day, the key factor in the adjustment of children to school is management of their home environment. If rules are clear, communication open, and if parents remain in command of the situation, sharing enough with children but not challenging them beyond their competence, then children adapt and concentrate on matters of schooling and peers. When a home has adequate care and when parents are honest with their child and with each other, the child has a relational framework out of which to react to other caregivers and is able to utilize their contributions, perspective and involvement for his or her own benefit.

Schools, for their part, can help such families by being sensitive to the timing of parent-teacher conferences by making sure that child-care is provided for such occasions, and by communicating regularly through letters and phone calls. Among the many things suggested by Trudel and Fisher for better cooperation between dual-wage families and schools is sensitivity to the way

homework is assigned. When students are given weekends and longer periods of time for the completion of assignments, then parents are more likely to become involved with their child's school tasks. (Trudel and Fisher, 1992). Much depends, however, on the parents' schedules. One type of dual- wage family is the dual-career household and in some ways, the stresses in such homes can be even greater precisely because of the demands placed on both parents.

The Dual-Career Family:

Dual-wage families usually revolve around children. That is, if the family has children, then the needs of the child are the special attention of at least one parent. In fact, in dual- wage families the second income is called just that—it is second—supplemental. This does not mean that the family could do well, or perhaps even survive, without this second income, but it does mean that the business of raising children is the major concern for at least one parent. The second income may come from a profession such as teaching, but the teacher in this case has selected such a career because it allows for the raising of children in a much easier fashion than, say, a career in medicine or as an executive in the business world.

When both adults in a household consider their careers and the raising of their child as equivalent responsibilities, we are properly speaking of a dual-career family, a version of the dual- wage family. The psychological climate of the home is different. The child's access to one or both parents is different, and reliance on outside caregivers, that is, other than relatives in most cases, produces a markedly different configuration from the way these family members relate and depend on one another. Some potential pitfalls are illustrated in the following example.

The Case of the Birminghams:

Tony Birmingham and Abby Clayton-Birmingham are lawyers. They met at a legal conference and dated for about a year before being married. Tony was married once before. His first wife, Martha, was someone he met during a legal internship at a large downtown firm where she worked as a secretary. This first marriage lasted a little more than two years. A child, Samantha, was born about the time of their first anniversary. Samantha was a year-and-a- half old when her father separated from her mother.

Tony and Abby have a child of their own. After four years of marriage, Abby thought that she ought to have a child before having one would become more difficult. Several factors entered into the reasoning process. First, Abby was concerned that in a few years her age would be a factor in the ease or difficulty of a pregnancy. Second, she had been recently promoted in her law firm to an associate partnership and felt very secure in her employment situ-

ation. She liked the company and the place they were living, and she and Tony felt comfortable financially for the first time.

When Christopher came along, Abby enjoyed the first months at home with him but began to feel the need to get back to work. At the end of her three-month maternity leave, she weaned Christopher and placed him in a good day care facility. He seemed to adjust well, but Abby and Tony decided that it would be better to have full-time care for Christopher since delivering him and picking him up from day care was an additional hassle. In all other matters, Tony and Abby shared responsibilities for Christopher rather equally. To help out with household details and with child care at home, a live-in sitter was hired. Maria, the first sitter, was with Christopher for the first four years of his life. She helped to get him ready for school in the mornings and would pick him up from his half-day pre-school program which he began at age four.

When Tony entered kindergarten, Abby and Tony decided to have their second child. Edward was born at the end of the school year just before Christopher's birthday. It was at this time that Christopher seemed to change from a delightful, cooperative boy to a demanding and difficult-to-manage child. His adjustment to first grade did not go well. The teacher at the private school which Christopher attended thought that he might be a bit immature but perhaps, in time, would be able to handle the new regimen. Hearing that their son was not doing well in the first grade alarmed Tony and Abby. Their immediate thought was to find a new sitter.

Letting go of Maria did not improve things for Christopher, however. While Tony and Abby felt that she spoiled him and that this was part of Christopher's problem, the new sitter was chosen because she appeared to have the opposite traits. Miss Whiting was orderly and punctual and treated Christopher more efficiently, if not effectively. While Christopher's behavior improved at home, it did not do so in school. Several conferences were called in which teachers impressed upon Tony and Abby that Christopher was unhappy and had stopped applying himself in school. When counseling was mentioned as an option, Tony and Abby asked if it could take place at school, assuming that Christopher needed the individual therapy. In-school therapy, they felt, would not complicate an already demanding schedule for all three adults in Christopher's life.

Case Discussion:

The case of the Birmingham's illustrates some of the dynamics and pitfalls of the dual-career family. First, Tony's previous marriage and family constitute what would be called a dual-wage family. That is, Tony's career was supported by his wife's also working outside the home. Martha, the first wife, divided her energy and talents between her secretarial job and her child, Samantha. Many working mothers see themselves as supportive of a husband, who is the major

bread-winner for the family, or they feel that a career is not as important in their lives as are their families. Because of the growing number of women who are able to maintain a career and not forego the opportunities of developing their professional lives while they raise children, the dual-career home must be distinguished from the home with two working parents.

A career is defined here as any job which requires a great deal of commitment and has a developmental character to it, such as clearly defined ranks for promotion. A career, then, plays a primary role in the self-definition of the person "holding" the career. Some child developmentalists feel that the real problem is the lack of an auxiliary partner. The auxiliary devotes time and energy to the home and children, and in many cases, brings in additional income. These authors argue that the real challenge is not in juggling work and home responsibilities, nor in dividing up domestic and child-rearing chores, but in the absence of a domestic partner who can play the supportive role, one who enjoys the successes of the major wage earner. (Hunt and Hunt, 1977)

There are many positive features to this kind of family, however. One of these is greater financial freedom. Also, children often benefit from increased opportunities for education and for activities which broaden and enhance their experiences by travel. Couples in dual-career families have a greater intellectual companionship and sense of equality than others. With both partners involved in work that stimulates them and which, they feel, is in itself rewarding, there is likely to be a higher sense of personal satisfaction, often spilling over into the relationship. The opportunities for self-expression and an expanded sense of personal fulfillment are likely to impact the child's development and sense of self since parents are able to model these things for their child.

Couples speak of the benefit of escaping household drudgery, and of having more time with the children. There is, however, little data that actually corroborates this. What is likely to happen, however, is that children have more access to the father, since couples often attempt to share child-rearing responsibilities more evenly.

Longitudinal research on dual-career families is underway. One finding emerging from the data is that the female partner rather than the male is more likely to turn down a promotion or otherwise limit her career development in order to adjust to the demands of children. But the data may already be skewed, considering the four categories or types of female careers identified by researchers.

Regular careers are those started out of college or graduate school. They continue uninterrupted despite the advent of children. The case of Abby, above, is typical of the regular career. Interrupted careers are those which are halted due to child-bearing and child-rearing, especially during the early years. Often two or three children mean that a mother takes off for a period of time until all children are able to utilize day care or begin school.

Second careers are those careers which have been resumed after children are raised and are no longer in need of full-time care. These may be new or different careers. And a version of the second career is called the modified second career. Here, a woman who has been trained for a profession, either drops out early to raise children or has never practiced her chosen profession. Once her family has been raised or is no longer in need of her full-time care, she re-trains or updates for a full- time career, or enters the professional world on a part-time basis. (Hoffman, 1989)

The Problems of Dual-Career Families:

There are some common problems faced by dual-career families of various forms. But the dual-career family is often less flexible with regard to time allocation. The following problems are not uncommon.

Unforseen and unanticipated needs of children can disturb the delicate balance of home and career. As in the case of the Birminghams, dual-career families manage by careful planning of daily activities and duties pertaining to both the household and the job. To accomplish all these things, parents anticipate a rather orderly progression through school, as well as through their day. They also expect that school personnel will assist them by carefully managing the child. Often such families seek out the best schools in the community and look for the community resources which can expand the child's interests and talents. Children without interests or talents in a particular area may be frustrating for such parents. When the child is sick, when the child has academic difficulties, or when the child becomes more needy and seeks time and attention from the parents beyond what they have been giving, these parents feel stretched to the limits.

A second problem encountered by these families develops when promotions, career shifts or other opportunities for advancement upset the delicate balance between partners in a dual-career household. If one partner must spend a good deal of time out of town, thus throwing off the balance of shared child and home care, or if one is advancing more quickly and is achieving a stature in his or her career that far outdistances that of the partner, jealousies and rivalries may develop. Couples must learn to talk through their difficulties, must be open to possible changes in plans, and must recognize that the sharing of responsibilities may not be shouldered equally for short or even considerable periods of time.

It is not uncommon for such families to appear to be "purchasing" services for their children. School personnel may feel that parents have placed excessive burdens on the school for the care and support of the child. Teachers complain that parents sometimes ignore the physical complaints of children, delivering them to school because there is simply no resource for taking care of a sick child. Tutors may be hired to help the child with homework, activities may

BEST COPY AVAILABLE

be planned so that the child has something to do after school, but this may result in over- scheduling the child. Children may be constantly on the run, and some simply become exhausted by the pace and the stress from dealing with constant challenge and activity.

Cultural Differences:

Dual-wage and dual-career homes are not, of course, restricted to any one class or subgroup of American families. While there are inherent stresses on all families for meeting developmental and relational needs, cultural expectations, attitudes and beliefs differ widely within a multicultural society such as ours. The American educator must be sensitive to family "differences" which are the result of diverse cultural expressions among us.

The interest and concern about multicultural differences between children and families have grown in recent years. Research on the cultural differences and the diverse ways in which families of various cultures interact with the school have helped provide some guidelines and helped sensitize teachers to potential problems due to different cultural expectations. There are several excellent texts which speak to the particular differences between European-American children and families and those from Hispanic, African-American, Asian, or any number of subgroups within these large categories. (See the References at the end of this Chapter.)

Hispanics will be the largest minority group in the United States by the turn of the century. At present they represent about 6.5% of the population. (U.S. Census Bureau, 1990) Of those over 25 years of age, less than half have graduated from high school. (Orum, 1985) African-Americans, on the other hand, are about 14% of the population, and the number of children of school age will grow about 20 percent by the year 2,000. Of increasing significance and worry is the fact that over 40% of African-American children grow up in poverty. And, there are more than 7 million Asian-Americans, making up about 3% of the population. The number of Asians, especially Filipinos and Chinese, continues to grow and constitute some of the fastest growing minorities in the United States today. Among all of these groups, the number of dual-wage and dual-career families continues to rise.

Cultural anthropologists and psychologists specializing in multicultural issues have stressed three key interrelated concepts which characterize the Hispanic culture and especially the family. "Familism" refers to the Hispanic reverence for the family and intense sense of obligation and emphasis on respect for authority within the family. Children are expected to be deferential toward adults, to keep their eyes lowered when being spoken to, especially when being reprimanded. (Padila and Ruiz, 1974). "Respeto" has to do with the dignity of each individual, especially those who are older and therefore deserving of honor and admiration. Those with titles and with responsible positions are

singled out as worthy of special treatment, but all persons, by virtue of being children of God, are entitled to respect. Finally, "machismo" refers to roles accorded to males within the Hispanic culture. Boys are socialized to be independent, assertive, proud, and to protect the female members of their family. The eldest male within the family, therefore, holds a unique place within the Hispanic family hierarchy.

Hispanic interdependence within the family shapes the way the family members deal with the outside world. First of all, there is a premium placed on relational-emotional security. Children are pampered and indulged because they are children. In some Hispanic cultures, boys are given fewer responsibilities than girls within the home; less emphasis is placed on academic achievement and more on the needs of the family at the present moment. While authority is respected, such as the authority of a teacher or principal, the family's needs may be placed above the individual's wishes when it comes to education. Several experts warn that to insure that there is cooperation with the Hispanic family, when there is a concern about academic achievement or a child's behavior, it will be important to secure the cooperation of the child's father. (Padila and Ruiz, 1974; Fracasso, 1992)

Data on African-American children in school is more plentiful today than ever before, thanks to a surging interest in the plight of the African-American family and to public advocacy groups like the Children's Defense Fund and education groups like the Black Child Early Education Association. It would be impossible to summarize their findings and recommendations relating to schools.

Scholars tell us, however, that there are some important variables which affect the well-being of African-American children and their families and that these, in turn, impact the child's ability to take advantage of school. First, there are some strong support systems which undergird the lives of many African-American families. The first is the extended family network which emphasizes that children are the responsibility of all adults within a family system, not only of the biological mother and father. And second is the Black Church. The Black Church has been responsible for support of the fragile self- confidence of the people and has been largely responsible for giving African-Americans a better sense of themselves, and for working with other social support agencies to aid those at risk. (Morris, 1992)

Because of generations of poverty, however, many parents of African-American children are hesitant to hold out too much hope for their child's success in such areas as school and career. Many specialists point out that the cycle of poverty, deteriorating inner cities where many African American children live, and a breakdown of former networks of support has made educating African-American children a more urgent and complex matter.

Affecting the African-American family's ability to provide for the develop-

mental needs of children will be the level of economic security and the neighborhoods where these children grow up. In addition, parents may be discouraged by their own lack of success and so may not wish to push their children to achieve academically. Involving the parent in the school program, not as a client, as Comer has stressed, but as a partner, is critical to the maintenance of a working alliance between parents and teachers. (Comer, 1984)

Since a significant percentage of African-American children are in classes for emotionally and behaviorally disturbed students, there may be an overdiagnosis of pathology among African-American children who do not respond to the school system as they have been handed it. (Edelman, 1988) Many African- American children are attending classes in dilapidated facilities in unsafe neighborhoods. Ar.ger may mask a depression and a sense of hopelessness which is only exacerbated by segregated classrooms for the emotionally troubled. As in Hispanic families, the level of confidence in the school, the importance given to education, and the cooperation received from African-Anerican parents may have a great deal to do with the socioeconomic level of the family, whether the family lives in an urban, suburban or rural environment.

Just as Hispanics differ greatly according to country of origin (e.g., Mexico, Puerto Rico, Cuba, Central American, etc.), so do Asians who come from countries where customs, religion and language vary a great deal. The diversity of languages, religions and history, as for example, between the Chinese, Japanese, Southeast Asians, Filipinos, etc., makes generalizations even more difficult than in the case with Hispanics and African-Americans. In general, there is a great deal of respect for education and its potential for helping a family escape poverty. There is a strong emphasis on traditional male and female roles. Therefore, males often leave academic and school affairs to their wives, especially for younger children, but may become quite involved with the education of their sons once they enter adolescence. Deference toward authority and toward persons of academic achievement is common. Therefore, teachers are respected and children are taught to obey them in school as they would their own parents at home.

Some of the difficulties which Asian families experience today are a clash of values between the older and younger generations as the latter becomes more "Westernized." Pressure on children to produce in school and to develop their talents might be at odds with the way a child's American peers are treated by their parents. The weakened position of elders, the change of emphasis in familial relationships from a father-son, mother- daughter to father-mother relationship as the central familial relationship, the growing status of women and the increased freedom of youth in American society are stressful and difficult adjustments for many Asian families. They often look to educators for guidance on how to negotiate these adjustments within the family, but may be embarrassed at first to do so.

Seeking help from someone outside the family, however, is not done in many Asian societies. An educator who wishes to be of help to a family under such stress may have to negotiate the relationship very carefully so as not to appear too forward with advice. Suggesting that the family seek counseling outside the school may be resisted because of this, and in some cases, can be interpreted as a rejection. Care in broaching the question of the need for professional help requires a sensitivity to timing and some assurance of the positive benefits which are likely to accrue from such a move.

In general, the Asian family will be quite attentive to the needs of the child for those areas of the child's life which impact school performance. When the child or adolescent does poorly in school, it may be due to pressures from home to succeed, or from the child's experience of a clash between the values of the Asian family and those of the peer and school culture within which the child must operate. It may also be due to confusion stemming from differences in understanding and other language-related problems.

Conclusion:

Scholars caution us against any effort to summarize or to simplify cross-cultural differences and their impact in schooling. And, as we have seen, any attempt to describe the families of children who are healthy or those who are dysfunctional is fraught with danger of over-simplification and misrepresentation. Still, the above guidelines and overview of some of the differences highlighted by the research can be helpful if examined in the light of particular social, cultural and economic patterns in a school's population. Those educators who work in communities with a large number or even a majority from one of these subgroups of the American family will realize the difficulty in describing "all" families of a particular cultural group and the error of thinking that the family is a static structure with uniform characteristics. Experience also shows us that the children of any one subgroup take on the characteristics of the "larger" American family scene as they grow toward maturity and become participants in the wider society (inculturation).

One special challenge for educators is dealing with the single-parent home. The growing number of single-parent families has complicated the lives of educators because of the increased demand for cooperation and support of these parents. The difficulty many single parents have with financial resources and with child supervision makes the demands of parenting all the more complicated. While many of these families have another adult living as a substitute parent in the home, others constitute a subset of related subfamilies. That is, many children live in homes with additional relatives and have strong emotional ties to relatives in other households. (Norton and Glick, 1986) This only complicates the way the developmental and relational needs of a child are met. In the next chapter we will explore the way the single-parent household functions and the impact this may have on the child's schooling.

References

Baruch, G. and Barnett, R. (1987). "Role Quality and Psychological Well-Being," In F. Crosby (Ed.), *Spouse, Parent, Worker*. pp. 63-84. New Haven, CT: Yale U. Press.

Belsky, J. (1988). "The Effects of Infant Day Care Reconsidered." *Early Childhood Research Quarterly* 3: pp. 235-272.

Belsky, J., Steinberg, L., and Walker, A. (1982). "The Ecology of Day Care," In M.E. Lamb (Ed.) *Nontraditional Families: Parenting and Childbearing* pp. 71-116. Hillsdale, N.J.: Erlbaum.

Berg, B. (1986). *The Crisis of Working Mothers: Resolving the Conflict between Family and Work*. NY: Summit Books.

Bernbaum, J. (1975). "Life Patterns and Self-Esteem in Gifted Family-Oriented and Career-Committed Mothers, In M. S. Mednickl, S. S. Tangri and L. W. Hoffman (Eds.), *Women and Achievement* pp. 396-419. Washington, D.C.: Hemisphere.

Blau, Z. (1981). *Black Children/White Children: Competence, Socialization and Social Structure*. NY: Free Press.

Chase-Lansdale, P. and Owen, M. (1987). "Maternal Employment in Family Context: Effect on Infant-Mother and Infant-Father Attachments." *Child Development*, 58, pp. 1505-1512.

Clark, A. (Ed.) (1981). *Culture and Child Rearing*. Philadelphia: Davis.

Comer, J. (1985). "Empowering Back Children's Educational Environment." In H. P. McAdoo and J. L. McAdoo (Eds.), *Black Children: Social, Educational and Parental Environments*. pp. 123-138. Beverly Hills: Sage.

Commission on Civil Rights (1980). *Success of Asian families: Fact or Fiction*. Pub. 64.

Dornbusch, S., Ritter, R., Leidermen, P., Roberts, D. and Fraleigh, M. (1987). "The Relations of Parenting Style to Adolescent School Performance." *Child Development*, 58, pp. 1244-1257.

Easterbrooks, M., and Goldberg, W. (1988). "Security of Toddler-Parent Attachment. Relation to Children's Socio-personality Functioning During Kindergarten." In M. Greenberg, et. al (Eds.), *Attachment in Preschool Years, Theory, Research and Intervention*, Chicago: U. of Chicago Press.

Edelman, M. W. (1988). "An Advocacy Agenda for Black Families and Children." In H. McAdoo (Ed.), *Black Families*. pp. 286-295. Newbury Park, NJ: Sage.

Elkind, P. (1987). *Miseducation: Preschoolers at Risk*. N.Y.: Alfred Knopf.

Falicov, E. (1982). "Mexican Families". In M. McGoldrick, J. Pearce, and J. Giordano (Eds.), *Ethnicity and Family Therapy*. pp. 134-163. NY: Guilford.

Fernandez, R. (1986). *Bilinguals and Scholastic Achievement: Some Baseline Results*. Chicago: U. of Chicago.

Free, M. (1976). "Working Class Jobs: Housework and Paid Work as Sources of Satisfaction." *Social Problems*, 23, pp. 431-441.

Gibbs, J. (Ed.) (1988). *Young, Black and Male in America: An Endangered Species*. Dover, MA: Auburn House.

Gibbs, J., Huang, L. and associates (Eds.) (1989). *Children of Color: Psychological Intervention with Minority Youth*. San Francisco: Jossey-Bass.

Gold, D. and Andres, D. (1978). "Comparison of Adolescent Children with Employed Mothers." *Merrill-Palmer Quarterly*, 24, pp. 203-234.

Halpern, R. (1990). "Poverty and Early Childhood Parenting: Toward a Framework for Intervention." *Amer. Journal of Orthopsychiatry*, 60(1), pp. 6-18.

Harks, E., DeMeis, D. and McBride, S. (1988). "Maternal Separation Anxiety: Its Role in the Balance of Employment and Motherhood in Mothers of Infants," In A. E. Gottfried and A. W. Gottfried (Eds.), *Maternal Employment and Children's Development: Longitudinal Research*. pp. 191-230. NY: Plenum.

Heyns, B. (1982). "The Influence of Parent's Work on Children's School Achievement." In S. B. Kamerman and C. D. Hayes (Eds.), *Maternal Employment and Children's Adjustment: Longitudinal Research*. pp. 191-232. Washington, D. C.: Academy.

Hoffman, L. (1989). "Effects of Maternal Employment in the Two- Parent Family. *American Psychologist*, vol. 44(2) pp. 283-292.

Hoffman, L. (1979). "Maternal Employment." 1979. *American Psychologist*, 34, pp. 859-865.

Hoffman, L. (1989). "The Effects of Maternal Employment in the Two-Parent Family." *American Psychologist*, 44, pp. 283-292.

Hoffman, L. (1990). "Bias and Social Responsibility in the Study of Maternal Employment," In C. B. Fisher and W. W. Tryon (Eds.), *Ethics in Applied Developmental Psychology: Emerging Issues in an Emerging Field*, pp. 253-271. Norwood, N.J.: Ablex.

Hu, A. (1989). "Asian Americans: Model Minority or Double Minority?" *Amerasia*, 15(1), pp. 243-257.

Hunt, and Hunt, (1977). "Dilemmas and Contradictions of Status: The Case of the Dual-Career Family." *Social Problems*. 24, pp. 407-416.

Kamerman, S. (1980). *Parenting in An Unresponsive Society*. N.Y.: Free Press.

Kim, H. (1977). *The Korean Diaspora*. Santa Barbara, CA: ABC Clio.

Lamb, M. (1982). "Maternal Employment in Child Development: A Review," In M. E. Lamb (Ed.), *Nontraditional Families: Parenting and Childrearing*, pp. 47-69. Hillsdale, N.J.: Erlbaum.

Lamb, M. E. (1981). "Father and Child Development: An Interrogative Overview." In M. E. Lamb (Ed.), *The Father' Role in Child Development* (Rev. ed.) pp. 1-90. NY: Wiley.

Matthews, K. and Rodin, J. (1989). "Woman's Changing Work Roles: Impact in Health, Family and Public Policy." *American Psychologist*, 44, pp. 1389-1393.

McAdoo, H. P. (Ed.) (1988). *Black Families*. Newbury Park, NJ: Sage.

Minturn, L. and Lambert, W. (1964). *Mothers of Six Cultures: Antecedents of Child-Rearing*. NY: Wiley.

Norton, A. and Glick, P. (1986). "One Parent Families: A Social and Economic Profile." *Family Relations*, 35, pp. 9-17.

Owens, M.T., Eastebrooks, M., Chase-Landsdale, L. and Goldberg, W. (1984). "The Relation between Maternal Employment Status and the Stability of Attachments to Mother and Father." *Child Development*, 55, pp. 1894-1901.

Padilla, A. and Ruiz, R. (1974). Latino Mental Health: A Review of the Literature. Washington, D.C.: *U.S. Department of Health, Education and Welfare*.

Padilla, A. (Ed.) (1984). *Acculturation: Theory, Models and Some New Findings*. Washington, D.C.: Westview.

Pennekamp, M., Freeman, E. (1988). "Toward a Partnership Perspective: Schools, Families, and School Social Workers." *Social Work in Education*, 10(4), pp. 246-259.

Piotrowsky, C. and Katz, M. (1982). "Indirect Socialization of Children: The Effects of Mothers' Jobs on Academic Behaviors." *Child Development*, 53, pp. 1520-1529.

Trudel, T. and Fisher, C. (1992). "Dual-Wage Families." In M. Procidano and C. Fisher (Eds.), *Contemporary Families: A Handbook for School Professionals*. NY: Teacher's College Press.

U.S. Bureau of The Census, 1990. "Statistical Abstract of the United States." 1990, (110th ed.). Washington, D.C.: U.S. Department of Commerce.

Wilson, M. (1989). "Child Development in the Context of the Black Extended Family." *American Psychologist*, 44, pp. 380-385.

CHAPTER SIX

CHILDREN IN SINGLE-PARENT HOMES

Divorce and out-of-wedlock childbirth are transforming the lives of children. Where fully 80% of children born in 1950 could expect to spend their early years in two-parent homes, today almost 50% can expect to spend some part of those years with only one parent. Educators regularly encounter parents who are raising their children alone. These parents have a unique set of challenges, and the children who grow up in such homes will experience a variety of constrictions and obstacles to having their needs met. An understanding teacher can be a help to both child and parents.

For a variety of reasons, the single-parent home is becoming a more and more common phenomenon. Even though the divorce rate has leveled off, and may be decreasing slightly, the number of children born to unwed mothers has been increasing at an alarming rate. About 88% of single-parent homes are headed by mothers and the rest by fathers; the vast majority are due to divorce, and about 7% are due to the death of one parent. Yet, nearly 24% or almost one in four children today in a single-parent home has a mother who was never married. (Garfinkle and McLanahan, 1986)

Varieties of Single-Parent Homes:

There are several varieties of single-parent homes amd each represents a different psychological reality for the child. For example, the single-parent home which is the result of a separation or divorce will impact the child quite differently from the one due to the death of a parent. The psychological issues with which the child must cope in the case of the death of a parent concern a permanent loss of the presence and availability of that parent. In the majority of cases, when a parent dies, the child and surviving parent receive the support of relatives and friends. Family and friends tend to be aware of the need to grieve the loss and thus provide the child the necessary permission to do so.

by appreciating his or her confusion, sadness or anger. When schools learn of the death of a parent, they may also become involved in supporting the child and the surviving parent through expressions of sympathy, and through appreciating the time needed for readjustment.

On the other hand, when couples divorce, the estrangement is experienced by the child as a time of stress and uncertainty, with, in some cases, few people outside the family knowing about it and offering support. In most cases, few community and family resources are likely to be made available to the child and the custodial parent. School officials may not be informed of the changes in the child's life, especially during the separation period. If the separation and divorce are acrimonious, if the couples cannot agree on custody issues, and if the financial status of the custodial parent, usually the mother, is weakened, the impact on the physical and emotional well-being of the child will be greater, that is, the circumstances will be more stressful for children than might be the case in the death of a parent.

Still other single-parent homes are the result of war or military service. And others, as has been said, may be the result of a parent who has never married. Single parent homes where marriage has never occurred constitute the fastest growing family type.

Clearly, an important aspect of the single-parent home, for children, at least, is whether or not the child's parent intends to bring another adult into the home. This is more common in homes headed by fathers. The home of a divorced parent with re- marriage pending is quite different in the child's eyes from a home where parents are temporarily separated due to war or extended work leave. And the home in which a divorced parent has not expressed an interest in meeting an eligible spouse, or the home of the unmarried young mother who has never been married and does not have the potential for independence are also psychologically different places. Such homes are not better or worse; they simply represent a different mind-set within which parent-child interactions occur.

It is interesting to note the difference in homes headed by fathers. Although the data is sparse, we do know that these homes are usually more economically secure, that the father is likely to be better educated and that the children are often better disciplined. That is, fathers are able to gain compliance from their children more than are single mothers. But, fathers express more insecurity about meeting the emotional needs of their children than do mothers. (Greif, 1985) Interpreted broadly, we might say that fathers are more likely to provide for the developmental needs as we defined them (Chapter Two) and feel less comfortable meeting the relational needs of their children (Chapter Three). The opposite might then be true for female- headed households. Complicating our appreciation and knowledge of the single- parent style is the fact that most of these parents seem to be living with other relatives, or what

has been called the "related subfamily." Most of the research on single-parent families however, has focused on independent single-parent families, as Carlson notes in her review of the literature. (Carlson, 1989) The single parent who lives under a separate roof, away from relatives, will have the advantage of being in control of the environment to a greater degree but will be in greater demand for meeting the relational needs of her children. Looked at from the perspective of the relational and developmental needs of children and adolescents, there will be advantages and disadvantages in each kind of single-parent household. Before examining the significant psychological variables in the child's life, it might be helpful to illustrate the issues with a case vignette. Case illustrations help focus on how educators are likely to be called upon to help parents who are raising their children without a partner.

The Case of Lisa (5) and Lynne, A Single Parent:

Lisa's mom and dad separated when Lisa was only two. She remembers little about her dad, except that he used to visit with her occasionally when she was quite young. Lisa would also see him at holidays when he took her to see his parents during short visits. At the present time, she has not seen her dad for almost a year. Her fifth birthday went by without a call or a card from him. This does not seem to bother her, although on occasion she says that she misses her father.

Of late, however, Lisa has been moody and has had trouble making friends in the pre-school program she attends for half a day. She arrives each day with her grandfather and is picked up by her mother. On occasion, her grandfather or grandmother come for her at noontime. The pre-school teachers have been able to talk with Lisa's mother about her socialization problems and have found Lynne quite cooperative. Lynne has explained that she works in the evening as a waitress and has been living at her parents' home since the separation because she could not afford to keep her own apartment. Lynne has come to rely on her parents to help with taking care of Lisa; sitters and day-care are out of the question, given her income. Lynne complained to the preschool teacher that she has been having trouble communicating with her daughter, and that her daughter will not obey her but that she does listen to Lynne's parents. She feels strongly that Lisa's grandparents let her get away with a great deal. "They spoil her," Lynne reported, "but, there is little that I can do about it except complain." Over the course of several months, Lynne began to discuss her problems with one of Lisa's t achers who attempted to help Lisa with her peer interactions. But the teacher has found Lisa quite resistant to her suggestions. Lisa's teachers agree that Lisa has "a mind of her own" and refuses to appreciate the rights of the other children.

Over the course of the year, Lisa's teachers learned that Lynne was married to her husband, Tom, Lisa's father, after the two knew each other for only a short

time. Lynne, at 20, wanted to leave her parents' home. When Tom came along, the two of them began discussing marriage after knowing each other for about six months.

Lynne worked during the early months of the marriage, but wanted to quit when she became pregnant with Lisa. Tom never seemed to think having a child was a good idea, but went along with Lynne's insistence that they begin a family. Tom's job as a car mechanic paid the bills but this left little for recreation or for luxuries like vacations. After a time, the marriage began to lose its earlier attraction for Tom. Lynne thought that having a baby would "perk things up." When Lisa came along, Tom was excited at first, but then seemed to spend less and less time at home. He began resenting the attention and time which Lisa took from her and complained about this to Lynne and to his friends. Eventually, he began staying away from home for days at a time. Lynne returned to her waitress job and decided to ask Tom to leave. The divorce has not been finalized because neither Lynne or Tom have had the money to complete the paper work. Lynne soon discovered that she could not afford to live on her own and asked her parents if she could move in temporarily.

The marriage lasted for two years. She has been in her parents' home for two more years and is unable to leave for financial reasons. The worst part about it all, she complains, is that her own parents treat her like a child and have come between her and her daughter.

The pre-school teacher noted the connection between the difficulty Lisa was having at home and the difficulties she faced at school. As long as she is caught between her mother and her grandparents, and as long as she is confused about who has authority, she may remain anxious and delayed in her development of skills for dealing with her peers. It is likely that her poor social skills will continue to affect her academic achievement.

The teacher encouraged Lynne to get some counseling in order to clarify the roles which she should assume and those which rightfully belong to her parents in caring for Lisa. Lynne's dilemma, however, remained: if she challenges her parents on the way they treat Lisa, she may be forced to make decisions which would have serious consequences. Can she afford to leave things as they are? Lisa seems to be the loser in this scenario. If Lynne regains control of her relationship with her daughter, will she run the risk of alienating her parents on whom she is financially dependent? And when will she be able to attend to her own needs and her own future without simply hoping that some other man will come along, as Tom did, to rescue her from her parents' home? This case illustrates the dilemma of being a child in a single-parent family, but also explains the problems of single parents as she attempts to negotiate such things as financial problems and relationships with those who assist that parent in caring for her children. Time pressures, financial problems, and social and parenting pressures weigh in from every side. How do single parents make it?

That is, what things are necessary for a stable and healthy home if one parent must raise children alone?

Research on Single-Parent Households:

Is the single-parent home somehow deficient in its capacity to raise healthy children? Is it deviant or unstable by its very nature? Does it place children at psychological risk with regard to personality development, social behavior, or school achievement? Because the literature on single parenthood had grown out of the concerns of mental health professionals (1967), the tendency has been to describe the dysfunctional nature of such families and to focus on the negative by-products of such homes (e.g., Minuchin, et. al., Families of the Slum: An Exploration of their Structure and Treatment. NY: Basic Books)

More recent research, however, has taken the view that a fresh look at the qualities of those single-parent homes wherein children seem to develop along predictable and healthy lines is necessary. (Morotz-Baden, R, et. al., 1979). Three theoretical, and sometimes erroneous, concerns have traditionally been raised in the literature: 1) that normal sex-role development necessitates parents of both sexes; 2) supports the belief that boys need fathers as role models for acquiring masculine behaviors; and 3) that there is evidence that father absence can be correlated with a negative effect on intellectual performance. As Marion Lindbald-Goldberg (1979) has pointed out, it is not family form, but the features of some homes, what she calls "family processes," that impact children negatively. Like Morotz-Baden (1979) and her fellow-researchers, the conclusion seems to be that such things as family contact, financial instability, the quality of supervision and role modeling available to the child are the essential elements impacting child development outcomes. Their conclusion is that the family form may play a role in child development but that form is not nearly as important as are certain processes at work within the family itself.

As developmental and psychodynamic psychologists have pointed out, the child actively engages and shapes the environment as she adapts to it. A child seeks out stable figures as models from within the larger family network and from the environment. School personnel, too, can play a significant role in offering role models for children from all forms of family life. Leaders of organized sports and such organizations as the Boy Scouts and Girl Scouts present children with models of adult behavior which supplement, support, or even replace models at home.

The way a family is organized and the way it is available to a child is the focus of two researchers, Lindbald-Goldberg and Dukes (1981). These psychologists studied single-parent, female- headed, near or at-poverty-level families with two or more children, one of whom was at least ten. Their thought was that such families would provide a good test-case for sifting through essential variables of homes which function well and those which function poorly.

Two groups of families were compared, one being an experimental group of 56 families. These "healthy" families had children who were not in the mental health system, nor were the moms seeking counseling. Families in the experimental group were without such problems as alcohol or drug abuse, and the children were not doing poorly in school. Nor did any have a history of child abuse. A control group was recruited from a mental health clinic where the children had been referred for poor school performance or behavior problems. Both samples included single- parents who were single due to death, divorce, or out-of-wedlock pregnancy. Demographically, all families in the study were quite similar, with mothers in their 30's and an average of three children. The two groups did not differ in their employment histories, the length of time on public assistance, nor educational backgrounds. In both samples, 50 percent of the mothers themselves grew up in single-parent, female-headed homes.

Healthy Single-Parent Homes:

Three critical dimensions emerged which separate the two groups, one with good child adjustment and school performance and the other with children doing poorly. (Lindbald-Goldberg, 1979)

1. Family resources such as the presence or absence of clear authority, the communication styles within the family, and the mother's personal abilities or limitations played a key role.

2. Environmental stressors such as the family's accommodation to extra-familial pressures, to key transitional moments within the lives of family members, such as a child graduating from school, and to such idiosyncratic problems as unexpected illness were not as important as the family's perception of these events.

3. Social network resources such as the mother's social support system of relatives, friends and community agencies available to the family, along with decent housing, education, and health care, were also important.

Specific patterns and qualities separated adaptive and symptomatic families. Adaptive mothers were less depressed and handled disappointments with good coping strategies as opposed to inadequate mothers who resorted to alcohol or some other form of escapism. Adaptive mothers often dated and were satisfied with this aspect of their lives. The non-adaptive mothers, on the other hand, were not happy with their social lives and more often did not date. The perception of having some control over one's destiny was also different for the two groups. Adaptive mothers saw themselves as in control of their destinies. Non-adaptive single mothers, however, felt that others had control over their lives. Adaptive mothers appeared to be able to work out the issues of authority and control within the family. They usually had help with the children from another adult, but retained control over important matters such as discipline and decision-making. Authority in such homes was clearly defined and delegated when necessary.

The opposite was true for the unhealthy homes. Children were not sure who was in charge or which adults were responsible for their care. In the most unhealthy homes, the researchers found that children assumed more responsibility than the mother. It was noteworthy that 86% of the well-functioning homes had three children and no other adult household member besides the mother. In the less-than-healthy homes, often other adults lived in the home, confusing the lines of authority and roles within the family.

In their parenting style, mothers from adequate homes were more likely to be authoritative, rather than authoritarian. They disciplined their children by giving warnings first and making consequences explicit. They gave more feedback to their children on the positive and negative aspects of their behavior. Yet they remained hierarchical, that is, firmly in control of the household. For example, when the maternal grandmother was in the home, well-functioning homes had mothers who retained authority over the children. The grandmother deferred to her daughter in matters which affected family functioning.

In those homes with family difficulties, the position of the son was especially unclear. Often he was scapegoated and not given responsibility or allowed a voice in family matters. Clear female-male differences in expectation and treatment were noted. Boundaries in such homes, the researchers concluded, were diffuse, communication unclear, and household duties undefined. The two most common features, however, seemed to be that mothers in poorly functioning homes were over-involved with one child and the maternal grandmother undermined her daughter's authority, especially in child-raising matters. When these mothers were depressed or alcoholic, their disengagement made the situation for children even more severely troubled.

Finally, the researchers concluded, a variable differentiating well-functioning from symptomatic (i.e., showings signs of dysfunction) families was that boyfriends or fiances were usually more central in the less adaptive mother's network. The relationship between the mother, her boyfriend, and the identified patient (the acting out child) was always problematic. And the more family entanglements by the mother were extended, the more likely the nuclear family would become dysfunctional. (Lindbald-Goldberg, M., 1979)

In light of the research on single-parenting issues, the case of Lynne and Lisa is neither unique nor difficult to appreciate. Lynne is faced with a series of issues and problems she will need to address before the relationship between herself and her daughter can improve. That relationship plays a crucial role in Lisa's adjustment to school and in her ability to achieve at levels appropriate for her age.

To what extent does Lisa's home reflect the dimensions described in the preceding research? First of all, she lives in her grandparents' home. Her mother has turned over much responsibility for raising her daughter to her own parents. Yet, when mother is dissatisfied with the way her parents are raising

her child, she attempts to interfere by exerting her own parental authority. These actions leave her daughter confused and perhaps a bit angry at her mother's absence from her life. And for Lynne, the dependency issues are at the heart of her problem. Can she afford to get out on her own without depending on the help of a man? Can she manage to raise her daughter in such a way that she takes more responsibility for the daily affairs of the child and coordinates the helping roles of others like her parents? Can she make her needs and her desires more clearly known to both her parents and her daughter? Can she face the possibility that raising her daughter may mean some changes in work or that child-care arrangements will need to be worked out differently? The pre-school teacher who has befriended Lynne does not need to be Lynne's therapist, but she will be in a better position to listen to Lynne's problems if she knows what to listen for, and she will be in a better position to offer advice on how to deal with Lisa if she appreciates the dimensions of the single-parent situation. The teacher's task in this case is threefold:

a) help Lynne see herself as the executive of her small family;

b) help her identify distractions and distortions in her relationship with her child and with others in her life, such as her parents; and,

c) help Lynne with parenting suggestions and with an appreciation of the child development tasks facing Lisa.

Thus, Lisa's teacher can help Lisa most effectively by treating Lynne as the child's real authority. This approach means a careful balancing act, since Lisa's grandparents may resent the subtle shift in the way they are treated. After all, they may feel, they are the ones who watch over Lisa, feed her, and bring her to school each day.

The teacher can also help this situation by the way she asks Lynne questions about Lisa's routine, such as how she behaves when her grandparents are present as opposed to when they are absent. Questions will enlighten Lynne as to the confusion and the conflict inside her daughter. Finally, the teacher can be helpful in showing Lynne how to listen to Lisa and how to ask for compliance. She can even suggest strategies that increase control, not weaken it. Ultimately, the teacher in this situation can have an enormous impact on Lisa's development by helping her mother deal with the stresses of single-parenting.

Assessing the Single-Parent Situation:

Since more and more of the children in our care are from single-parent homes, helping them means understanding the forces at work in their lives which might be the result of the three processes within the family, not necessarily the form which the family has taken. The following check-list may be helpful in assessing the family dynamics and the types and levels of stress impacting a child of the single-parent household:

1. It is helpful to know how and at what stage in the child's life the parent became single. Children and their parents who must deal with separation and divorce have different loss issues than those who must grieve the death of a parent. Children who had become attached and dependent on both parents and then suffer the loss of a parent are more vulnerable than those who were too young to appreciate the parent's role and presence.

2. What have been the major changes which have resulted from the loss of a parent? Have financial difficulties dominated the life of this child, that is, have they been determining factors in moves, in school selection, and in reliance on relatives or public assistance? Has there been a loss of other resources such as relatives, friends and activities, due to the loss of a parent?

3. How large a family does the child come from? Are there siblings older or younger and what has been the impact of the single-parent home on these brothers and sisters? Are there relatives living with the child? What atmosphere exists in the home supporting the child's needs to achieve academically and socially?

4. How in touch is the child's parent with the grief, the stress and the atmosphere of the household, and other environmental stressors impacting the child? Does the parent know this child, appreciate this child's difficulties, and have time for this child? If the parent is herself overwhelmed with responsibilities for raising the child, and keeping a job, etc., it is unlikely that the capacity for attending to the needs of the child is as strong as it should be.

5. How well is the parent dealing with the responsibilities of single-parenting? Invariably, what happens to the parent has a tremendous impact on the functioning of the child.

A Problem Checklist for Educators:

The following problem check-list pertains specifically to the parent who must raise a child alone. It constitutes a summary of findings from research on single-parent homes.

1) A change in economic status signals a change in self- esteem, usually for the worse, in single-parent families.

2) Grief, self-blame, and depression are not uncommon in parents.

3) Role overload is common as the single-parent attempts to play many different roles in the child's life.

4) The social stigma, actual or perceived, of being a single-parent or of having never been married, makes many parents feel ashamed and guilty.

5) Disruptions of customary living arrangements are common and produce a feeling of being unsettled and without control over one's life and family.

6) Loneliness, a sense of isolation, and loss of friends are common psychological problems of single-parents.

7) A lack of adequate support systems, from babysitting to food and

housing supports plague single-parents. (Effective and reliable custody or sitting arrangements are significant factors in reducing stress in single-parents.)

8) The strain of solo decision-making, and the pressure of dealing with discipline issues, especially with teenagers, puts a great deal of stress on single-parents.

9) Attending to personal needs, such as the desire to date, to have a social life, and especially sexual involvement are difficult to negotiate, and they present a challenge to the parent's ability to coordinate yet another dimension of his or her life.

10) Finally, custody and visitation by the child's biological parent, the maintenance of continued relations with the ex-spouse, and concerns for the child's loyalty, safety, and relationships outside the parent's control can be difficult to negotiate, even by the best organized and most effective single-parent. Such issues, like many others already mentioned, are not completely in a single-parent's control.

To be the child of a single-parent means all too often to be uncertain about the arrangements for care or to spend long hours away from home waiting to be picked up in the late afternoon. Mothers are often drained and exhausted at the end of a day's work, yet still need to prepare for the evening meal and attend to a host of other responsibilities. Frustrated by these duties, a mother may be short with her children and anxious about the care they received. After school programs are now common. They differ a great deal and are staffed in a variety of ways. No matter how well- organized or how haphazard they may be, they are places where a child spends a great deal of time in a "controlled" setting. Educators need to structure these programs so that they meet the child's need to relax, to move around physically, to get nourishment, and to feel safe. To the extent that these programs also help children complete homework, there will be more time to spend with parents and for relaxing at home. It is crucial, however, that those in charge of such programs assess the needs and expectations of parents as well as children utilizing them. Parents need assurance that children are safe and well-managed.

Recommending That A Single Parent Get Help:

Given the potential problems faced by single-parent families, when is psychological counseling called for? Morawetz and Walker (1984) suggest several considerations for those who are in a position to counsel single-parents or others, such as educators, who observe the effects of a family situation on children and are in a position to intervene on their behalf.

The authors note that many children are viewed as the embodiment of the absent parent. In fact, some children are unconsciously treated as the denounced parent because, for example, the child may look or act like the divorced parent. If a child is the same sex as the parent and begins to assert his or her

independence, then the single-parent may interpret such moves as a threat. For those whose parent has died, the child may become a symbol of the deceased person, providing comfort and a reassured presence of the dead spouse. When either is the case, the single parent may need to enter therapy or counseling to clarify and rectify the distortion in the relationship with the child.

Second, when a child consciously or unconsciously attempts to take the place of an absent parent, in effect asking to be treated as the helper and mate of the parent, counseling and therapy are needed to rescue the child from attempts to compensate for the loss. Such children may be given or may assume too much responsibility and become the confidant of the parent. They may socialize or spend an inordinate amount of time with the single parent. This, of course, is not healthy for either child or parent.

When a child perceives that he or she is an overwhelming burden for the parent, both need help. Should the child attempt to relieve the single parent, to gain attention, or seek the approval of the parent and meet resistance or resentment, the child will be worse off. In such instances, children may be doubly rejected, that is, by both parents.

Counseling is warranted when issues of discipline are unresolved. In homes where children are difficult to manage or out of control, the child may be speaking up for the weak and ineffective parent. Often parents are so preoccupied with the demands of work and the maintenance of a household that the child may by acting out to focus attention on his particular developmental needs which are going unnoticed. The family system, in such cases, has not adjusted to the new demands placed on it.

Counseling should be encouraged for any family in which the child is given excessive responsibilities or where a parent places disproportionate demands on the child. In some homes, a parent may burden the child with information, such as facts or rumors about the non-custodial parent or about financial matters.

Finally, a parent needs counseling when returning to the dating scene or to the home of parents is in effect more like a regression to adolescence than a temporary set-back. This situation is especially problematic when there is a teenager in the home. If the single-parent begins to regress in front of the child, the parent's immature behavior can leave the child confused, morally conflicted and angry. Dependence on the family of origin, which usually reawakens old conflicts, is a high source of stress and negatively impacts the parent-child relationship.

This last point speaks directly to the situation of Lynne and Lisa. Lisa's pre-school teacher may help Lisa most by encouraging Lynne to seek help in her relationship with her daughter. The pre-school teacher may then realistically expect that, if improvement is to occur, Lisa may experience another change and another loss in her life. The temporary setback which might occur

in school, should Lynne seek to move out on her own or change the relationship with her own parents, would be in the direction of health. Cooperation between Lynne and her daughter's teachers should aim at helping Lisa deal with these losses and the resulting confusion.

We turn now to the blended family. Increasingly more common, such families represent for children a different set of psychological and developmental issues. The term blended is used because it describes more accurately the psychological tasks of parents and children in their struggle to blend different family style and patterns into subsystems which "work" for the child as well as for adults. Stepfamily, while a term that is common in both the literature and in our vocabulary, denotes a less-than- full or natural family in the minds of many. This definition may be an accurate description of the biological reality, but it connotes neither the ideal nor the psychological reality of children, whose world includes parents, stepparents and siblings living under different roots.

Questions for Discussion by Faculty and Administrators:

1. How many students in your class come from single-parent households? What are the needs of these children, as exhibited by these students? Do they differ in any way from the other students?
2. Are school policies and activities sensitive to the needs of single-parent families? Do we work to make single-parents comfortable at Home-School and other functions?
3. Do we encourage openness and offer support to these parents, in the event they face difficulties raising their child?

References

Carlson, C. (1989). "Best Practices in Working with Single-Parent and Step-Families." In Thomas, A. and Grimes, J. (Eds.). *Best Practices in School Psychology: National Research of Social Psychologists*, II, pp. 837-857. Washington, D.C.

Garfinkle, I. and McLanahan, D. (1986). *Single Mothers and Their Children: A New American Dilemma*. Washington, D.C.: Urban Institute Press.

Greif, G. (1985). *Single Fathers*. Lexington, MA: Lexington.

Hethington, E. (1922). "Effects of Parental Absence on Personality Development in Adolescent Daughters." *Developmental Psychology*, 7, pp. 313-326.

Hethington, E. and Aratesh, J. (Ed.) (1988). *Impact of Divorce, Single-Parenting and Step-Parenting on Children*. Hillsdale, N.J.: Erlbaum.

Hill, R. (1986). "Life cycle stages for types of single-parent families." *Family Relations*, 35, pp. 19-29.

BEST COPY AVAILABLE

Lindbald-Goldberg, M. (1979). "Successful Minority Single-Parent Families," In Combrinck-Graham, L. (Ed.), *Children in Family Contexts*. New York, NY: Guilford Press, p. 1989.

Lindbald-Goldberg, M. and Dukes, J. (1981). "Single-Parent Family Functioning: Normalized and Dysfunctional patterns." Paper presented at meeting of American Orthopsychiatric Association, Toronto.

Morawetz, A. and Walker, G. (1984). *Brief Therapy for Single-Parent Families*. New York, NY: Brunner/Mazel.

Morotz,-Baden, R., et. al. (1979). "Family Form or Process? Reconstructing the Deficit Family Model Approach." *The Family Coordinator*, 30, pp. 5-14.

Noxton, A. and Glick, P. (1986). "One-Parent Families: A Social and Economic Profile." *Family Relations*, 35, pp. 9-17.

Shinn, M. (1978). "Father Absence and Children's Cognitive Development." *Psychological Bulletin*, 85(2), pp. 295-324.

Weiss, R. (1979). *Going It Alone*. New York, N.Y.: Basic.

CHAPTER SEVEN

CHILDREN IN BLENDED FAMILIES

As we have seen in the previous chapters, families come in various shapes and forms. The growing divorce rate and the incidence of remarriage have made more common those homes in which step-fathers and step-mothers, step-siblings and half- brothers and sisters, and sets of relatives, such as grandparents and step-grandparents, have increased the complexity, if not the stability, of the lives of children. Since, as Glick points out, 70-83 percent of adults who divorce remarry, and since the divorce rate for second marriages is higher than for first marriages (50% compared with 60% for second marriages), children whose parents divorce or die can fully expect to be adjusting to the presence of a step-parent and perhaps siblings who are from another family constellation. (Glick, 1989) While referred to by such terms as remarried or REM families, reconstituted families, binuclear or second families, the most common terms are step-family and blended family. The term, "blended family" has less of the pejorative flavor than does step-family which sometimes connotes a less-than-whole or proper family. Besides, the word "blended" better captures the psychological tasks of the members of such families who must learn to blend old and new styles of family life with new expectations, and with respect for differences.

Common Challenges:

The majority of blended families are composed of children with a biological mother who has custody of the children of a first marriage. Approximately 85-90% of custody awards go to mothers. (Glick, 1989) Thus, a step-father is usually in the position of adjusting his relationship to his new wife and to

her children. As we will see, the differences in the way that developmental needs are met and renegotiated within this new family constellation, and the potential limits for addressing the relational needs within such homes become the major psychological foci determining the healthy or faulty adjustment of children. The complexity of these family relationships and styles is illustrated in the following case.

The Case of B.J.:

B.J. is in the fourth grade. He attends a suburban elementary school along with his sister, Megan, who is in the first grade, and three step-siblings, one of whom is also in the fourth grade, a step-sister named Lucy. B.J. is of average height and is a fairly good student. His third grade academic achievement slipped a bit from his progress in the first two elementary grades, but the previous year was a bit stressful due to a renegotiated custody battle between his mother, with whom B.J. and Megan live, and their father, Robert, over their older sister, Deirdre. Deirdre is in the eighth grade at a different school now that she is living in her father's home. Academic progress this year has been good, but B.J.'s teacher has noticed a tendency on B.J.'s part to withdraw from activities and to shy away from challenges. Before the parent-teacher conference, B.J.'s teacher asked the student to draw a picture of their family in some activity. From these drawings, the teacher received a great deal of insight as to who was in the family and what the child's perceptions of the family household might be. B.J.'s drawing was quite interesting, the teacher felt, for he was not at the center but off to the side with his catcher's mitt in hand. At the center of the picture were B.J.'s older sister and her father playing basketball. At the far ends of the page, B.J. placed his step- father who was attending a bar-b-que grill, and at the opposite end, his father's wife who was attending to her new baby, B.J.'s new half-brother.

His mother and three step-siblings, and his younger sister were clustered together not far from where he was, but still constituted their own cluster on the page. All of them seemed happy at what they were doing, except B.J., who appeared to be without a distinguishable expression on his face. When the time for parent-teacher conferences arrived, B.J.'s teacher decided that he would inquire about the situation at home and express his concern that B.J. seemed preoccupied or hesitant, for some reason. When he did so, B.J.'s mom, Carol, readily explained the complicated step-family situation which B.J. and his sister were facing. She explained that she and her former spouse had recently had a rather ugly battle over Deirdre who decided that she wanted to live with her father. Deirdre, she feels, has been manipulated by her father who has never accepted the divorce. Robert married shortly after their divorce was finalized, and his wife, Alice, who has wanted children of her own, just had their first, a baby boy. Carol said she was not sure if the birth of the baby or the fact that

Robert continues to be involved in Deirdre's basketball team as its coach is the reason for B.J.'s sadness. He often complains that he has little time with his father when he visits there every other weekend. As B.J.'s mother continues to explain the relationships between herself and her daughter, her former husband, B.J. and her own husband, B.J.'s stepfather, it is clear that the conflict with her former husband is the central concern. Apparently, during the custody hearings, Deirdre complained that her mother was unfair and abusive with her and the other children, something which the other children denied to the court psychologists. But Deirdre and her father managed to "win" in court and so Deirdre now lives with her father and visits every other weekend. On opposite weekends, Megan and B.J. spend the weekend with their dad. When Deirdre visits, the atmosphere in the house is tense, especially between Deirdre and her mother, whom Deirdre blames for the divorce. One stipulation of the court was that Deirdre be allowed to participate fully in her basketball program, even when she spends weekends at her mother's home. With several of the other children also in sports, this results in a great deal of time spent in delivering children to practices and games. B.J.'s mother feels that her former husband intentionally schedules additional games and practices on those weekends when Deirdre is to be at her mother's, adding to the hectic schedule of the family. In court-mandated counseling following the settlement, B.J.'s father asserted that Deirdre was the one who wanted to maintain the rigorous sports schedule, saying that visiting her mother's home was unpleasant, something she resents doing. Over the course of the year, B.J.'s teacher learned that Megan was having a difficult time academically and that B.J.'s visits to his father's were stressful times for him in that his relationship with his older sister had deteriorated also since the court custody hearings. While he claimed to enjoy his step- siblings and his father's new son, he expressed concern that he did not have enough time with his father. The teacher recommended that B.J. become involved in a sport activity and asked if it would be possible to meet B.J.'s father. Although his mother was hesitant, she acquiesced when convinced that encouragement from B.J.'s teacher might improve the relationship between B.J. and his father. Noting ambivalence on all sides, the teacher decided to proceed with caution.

Case Discussion:

This above case of B.J. illustrates some of the major psychological tasks of a child in the blended family. It also illustrates how dependent that child is on the success or failure of parents and step-parents to accomplish these tasks effectively.

First, the child's parents must accept each other as executives within new family hierarchies. That is, B.J.'s mother and father must come to accept that each is now involved in a new family, and that it is easy to intrude into the family of the former spouse through manipulation of the children. Actually, it is

impossible to escape having some impact on the former spouse's family system because the biological tie with the child will inevitably entangle former partners and the new spouses as well. How parents respect the new lives of their former spouses is crucial for the psychological health of the children.

Second, the children must accept the new partners of their parents. How the new spouses play out their roles in co- parenting and in supporting their spouses will have a major impact on the child's acceptance or rejection of them. Still, some children do not want to accept the new spouses as having a legitimate claim on their parents. Fighting them leads to continuous friction and a delay in forming a new family system.

Third, rivalries between and among siblings and step- siblings must be negotiated. Territoriality issues and issues of competition for the attention and affection of parents will require the sensitive guidance and help of parents and step- parents. Yet, children must work through such issues on their own: parents cannot settle all disputes and cannot force children to like one another. Often, however, siblings and step- siblings who continue to fight long after such rivalries ought to have been laid aside, are acting out their own perceptions that there is too little love and attention going around for everyone. Such children may need to be helped by a family counselor who can identify issues and separate individual, private battles from more systemic issues.

Fourth, unfinished conflicts between former spouses must be settled for the blended family to function smoothly. Loyalty issues between parents and children will boil to the surface if parents have not helped each family member put the past behind. The same goes for sibling rivalries, as well as new conflicts with mother or father's new partner. These must be worked through, and mutually satisfying agreements must be reached so that two new family systems can emerge which are supportive of a child's growth.

Fifth, as new siblings arrive, there will be shifts in concern and anxiety over the loss of a parent's affection. New arrivals represent for step-families both a golden opportunity to create close and lasting bonds within a new family constellation, and a threat to the newly established order. If the child is given the opportunity to both share the happiness of a new baby, and express fears and worries that there will be less time and affection, jealousy and competition can be laid to rest in a short time. When parents and step-parents are insensitive to the child's concerns, but view the child as self-centered for being unable to share the family's joy, alienation from the new family system can deepen.

Sixth, financial obligations tend to increase with these new family systems. As new children come along, or as a new marriage occurs for one or both parents, finances are stretched. With increasing expenses for education as well as basics like food and clothing, stress between the former spouses may mount, impacting the custody and visitation arrangements.

Finally, as children grow, their needs will change and their own prefer-

ences and priorities will become a factor in negotiating access to each parent and in the very nature of their participation in the new family of either parent. Such concerns as increased time with peers and special activities such as organized sports, scouting and participation in other organizations will likely increase with the child's age. Adolescence may bring with it an additional desire for a change in the custody arrangement or for additional time. It is not uncommon for teenagers to seek more contact with a parent who has been absent or less involved in the child's life. Teenagers are often torn by feelings of longing for the absent parent and worries of disloyalty toward the custodial parent. They may express their confusion and seek to force changes in custody through acting out behavior that results in frustration for one or both parents, especially the custodial parent.

The Suprasystem:

As is evident in cases like B.J.'s and from the above, the child is not a member of two distinct systems. Rather, the families to which children like B.J., Megan, Deirdre and their step-siblings belong constitute a suprasystem. Information entering one household, communication patterns within and between households, issues left over from the previous marriages of either parents or stepparents impact the lives of children in blended families. As new problems arise, there may be a tendency to deal with them in older, familiar ways, yet those family interaction styles and patterns are reshaped by new spouses. With the advent of new members, new step-siblings, interaction patterns and styles reform yet again.

B.J.'s need for his father not only signals a developing crisis for his dad and his dad's new blended family, but also impacts the blended family of his mother. With old disputes keeping these step-families unsettled, B.J.'s needs have taken a back seat to the crisis created by Deirdre's battle to solidify the loyalty and affection of her father, through punishing her mother for her role in the dissolution of the original family system. But, B.J.'s is not the only crisis on the horizon. His sister, Megan, has also been ignored. Her failing grades are a cry for help and attention. Both her mother and father will be entangled once again in how to manage their parental responsibilities. And Deirdre's anger has not been addressed by the new custody situation. She and her mother will have to settle their differences and hurts, and work through to a new understanding of their relationship with each other. When this happens, Deirdre will experience anxiety about being disloyal toward her father. All three children live, then, in both systems and operate out of a need for both parents. All three are managing new relationships with step-siblings and are relating to new stepparents who have some claim on the child's behavior since it impacts the stepparent's success or failure in creating a new home.

All persons within both step-families constitute what is called the "psycho-

logical immediate family" for the children. Relationships between and among all members of both systems are heavily influenced by the biological parents. According to Mary Whiteside, "Each person in the family can have a different version of the primary family membership. In order for individuals to feel normal within this confusing family shape, they need to construct a family paradigm defining an overreaching family identity that crosses household boundaries." (Whiteside, 1989) B.J.'s drawing gives some indication of his attempt to include all members within his two families as his "paradigm." His drawing is of the suprasystem, his psychological immediate family.

Stages of the Blended Family:

Whiteside, like a growing number of family psychologists, sees a series of stages in the development of successful blended families. (Whiteside, 1989) In the early stage, all members must struggle with the loss of the old family. Children must learn to let go of fantasies of reunion and togetherness since these include parents now tied to other individuals. A new co- parenting style must emerge, blending the concerns and values of the new couple. All family members must become aware that the new family means a suprasystem. Children do not have two separate families, nor do they have a major and minor family. While the custodial home may be the more comfortable and the place where they feel most natural, have their friends and keep most of their belongings, they are psychologically tied to the home of the noncustodial parent to some degree. In the case of B.J.'s family, there is considerable evidence that members are at different levels of acceptance. The remarriages may be several years old, but early stage issues have not been successfully handled.

All this can be complicated by the unavailability of the noncustodial parent. Furstenberg and Spanier report that almost half of all children of divorce and separation have not seen one of the parents in the previous five years. Children with adequate access to both biological parents, however, have an easier time adjusting to step-parents, a finding also supported by Crosbie-Burnett and Ahrons. (Crosbie-Burnett and Ahrons, 1985)

Children need time to work through their feelings in the early years of the blended family situation. Adults working with children and with these families can actually stall successful completion of the early stage by their own vision of "normalcy." Since each child must come to accept what is favorable from both parents and must deal with that against a backdrop of what he or she needs or would like from both homes, each child's relationships within the suprasystem may be different. We are also likely to see new problems, of boys with their stepfathers, or girls with their stepmothers; however, such difficulties are not automatic and can be short-lived if handled openly and honestly. (Hetherington, Cox and Cox, 1985)

The middle stage is a time of adjustment and rebuilding, characterized

by the active management of conflict between and among siblings, and between parents/step-parents with their children. There are direct negotiations of boundaries and rules within each of the homes and roles for parents and step-parents. There is an emerging understanding and appreciation for the way step-parents can be available for each child. Differences between the two parental households are noted and clarified in the minds of the children, ties are formed with siblings and step-siblings.

The later stage is one of reorganization of rules, boundaries and roles as children grow. The teen years can be particularly challenging for they include new efforts to exert independence from not one but two households. The difficulty with adolescence is augmented by the fact that the child often feels ambiguous about letting go of either home, and parents may feel conflicted as well about how best to tolerate their child's independence. Fantasies of reunion will reemerge in this stage, complicating the emotional life of the teenager. (Lutz, 1983) In overcrowded homes, and in those which have had a fair amount of tension and financial worries during the years of adjustment, the child may receive unconscious signals that independence would be appreciated, further contributing to his feelings of alienation and rejection. (Wallerstein, J., and Kelly, J., 1980; Wallerstein, J., 1983)

This entire process of blending into new family constellations can take years. Papernow has written that, on the average, the early stage can last from 1 to 2 years, or longer, as is the case in B.J.'s family. (Papernow, 1984) The middle stage takes an average of 3 to 5 years, and the later stage is from year 6 on. "Fast families" reach this final stage of renegotiation within 4 years while most take an average of seven years.

Before discussing the role of schools in facilitating the development of healthy blended families, one might review some of the research on step-families to help teachers appreciate the complex tasks and challenges facing children in blended families.

Research on Step-families:

Research confirms that the complexity of the blended family situation involves renegotiating how relational needs are met. New bonding with the step-parent, or feelings that the old bonds with custodial parent or noncustodial parent may be in jeopardy, tax the blending process. Bray, for example, discusses the problem of step-fathers who attempt to get too close too soon and thus test the delicate balance of loyalty between children and their biological parents. (Bray, 1988; Hetherington, 1987) Blended families must adjust to the way developmental needs are to be met in the new family; this is especially difficult when children from two different households must live together for a long time or for sporadic periods such as every other weekend. Such factors as consistency in schedules, rules, responsibilities and respect for other authori-

ties in the child's life—like the non-custodial parent—require delicacy in the negotiation process. Hetherington has found that when step-fathers are authoritative but not controlling, watchful and attentive, but not intrusive or demanding, they have reasonable success in establishing a solid place in the lives of the children. (Hetherington, 1987)

The early days and months of remarriage may be a honeymoon period for both parents, step-parents and children, in that initially parents report few problems. Naturally all parties want to make the new situation work. Within the first two years, however, it is not uncommon for both step-fathers to complain of having little control over their step-children. Conflict between mothers and daughters is also high by the end of the first two years. Hetherington reports that these daughters were more hostile, more demanding, coercive and less warm, than girls in divorced, non-remarried families and girls in non-divorced families. Behaviors can improve during the first two years, but most often it takes more time before children warm up to the new relationships. The behavior of stepsons differs with mothers and with stepfathers. Although initially viewed as problematic, the behavior of boys improved steadily with time. After two years of remarriage, boys showed no more aggressiveness or non-compliant behavior at home than did boys from non-divorced or divorced and non-remarried homes. (Hetherington, 1985; Clingempeel, 1986)

Hetherington cautions, however, that this improvement is evident only in those cases where the custodial parent remarried before the child reached adolescence. In another study, she found that both early adolescent boys and girls were exhibiting many behavior problems even two years after their mother's remarriage. Stepdaughters were seen as more problematic and less warm or involved than stepsons, who improved slightly with time. (Hetherington and Clingempeel)

The longer the parent has been remarried, the more likely that sons will benefit by the remarriage. In fact, the longer the remarriage, the more often stepsons report they seek advice from, and enjoy the company and support of their step-fathers. This phenomenon seems to depend heavily on time, for active involvement of the step-father in childrearing at first leads to conflict. The conflict, however, dies down and, with time, positive improvements result for boys, but this is not the case for girls. In contrast, daughters in single-parent families play more powerful and responsible roles. (Clingempeel and Segal, 1986) Why? They may see their relationship with their mother and biological father and also their independence, threatened by a strong step parent in the home. And positive behavior of the step-father toward his step-daughter does not result in improved relations between the two. No matter how hard step-fathers may try, their stepdaughters may still reject them.

Although there is considerable ambiguity in the role of step-parents, step-fathers report that they often attempted to establish a relationship with their

step-children during the first two years of blending. While the returns were minimal, the tensions within the family were also kept to a minimum as long as they spent time and made efforts to engage their spouse's children. Biological fathers, on the other hand, felt free to criticize their children, to discipline them for not cleaning up their rooms, or for fighting with their siblings. With time, the relationships between step-fathers and their step-daughters reach a kind of respect and tolerance, or they deteriorate considerably. After two years of marriage, many step-fathers reported losing patience with their step-daughters and sometimes exchanged hostile words especially when dealing with issues like parental authority and respect for their mother.

Over time, many step-fathers express an interest in reducing confrontation with step-children and minimizing the amount of time and effort expended on their spouses' children. "I married her, not her children," is a frequently heard complaint. Yet authoritative behavior on the part of the step-father may increase with his step-sons, though not his step-daughters. Overall, his involvement in the conflicts which his wife may have with her own children is significantly less than in non-divorced homes.

Even though authoritarian parenting usually results in complaints or defiant behavior in children, neither authoritarian or authoritative parenting had much impact on compliant behavior; relationships between step-fathers and step-daughters remained negative. Authoritative parenting, however, does improve the behavior of boys. Therefore, the best strategy, then, for a step-father would appear to be that, initially, he not attempt or appear to take over the role of the absent father by controlling or shaping the child's behavior. Instead, time is needed for building a relationship and for supporting the mother in her parenting of the child. Later on, authoritative parenting and active involvement with his step-children appears to pay off, especially with boys. When fathers are positively involved in their children's lives, there is considerably better adjustment and improvement in behavior even if first efforts at adjustment to the new family situation were problematic.

The impact of siblings upon one another is less well- understood and studied. The early research on sibling rivalry indicates that siblings in step-families may be more competitive and aggressive than those in non-divorced families. Sibling relationships may improve over time but still do not match the closeness of sibling bonds in non-divorced and non-remarried families. Female children are more avoidant and disengaged than boys. And when interacting with brothers or step-brothers, girls are less congenial than they are with sisters or step-sisters. Older sibling girls often take on a nurturing role with younger siblings, occasionally becoming enmeshed with younger sisters and sometimes younger brothers. In general, siblings tend to be more competitive and aggressive in families in transition than they are in families which remain intact. Little research on step- siblings is available to indicate clear trends or problem areas. (Hetherington, Cox and Cox, 1985)

The Role of Schools:

How can educators help children in the tasks and challenges facing the blending family? Can schools help families in their struggle for the creation of a child-conducive suprasystem? What appears to be necessary for the healthy adjustment of children in the early stages of blending is a recognition by everyone within the family, and those working with it, that all important figures in the child's life be acknowledged for their respective roles. At the same time, specific responsibilities and duties must be made clear. What role will the stepparents play in supporting the child's academic success? What role will noncustodial parents play in cooperating with the child's school progress? A school can undermine the fragile stability and the process of settlement into a new suprasystem which is child-supportive if it ignores the legitimate needs and rights of all parental figures in the child's life.

Educators in their role-modeling and in their direct or indirect counseling of children can play a significant role in helping the child appreciate the differentiation in household styles and patterns. Helping the child accept the differences in routine, in rules, in availability of parents, and many other aspects of family life can help that child in the early stage of blending. What works in one household may not work in another, as in the case in classrooms with different rules and different styles of interaction.

Bray and Berger recommend that schools need to be well- structured and consistent forces in the lives of children experiencing the difficulties of blending with new parental figures and new family styles. (Bray and Berger, 1992) Blended families at different points of the life cycle, such as those with teens and grade-school age children will be particularly stressed as the children need different rules and the level of autonomy needs will be quite different. Bray and Berger also recommend that teachers help parents and step-parents realize that they will be tested by their children in the manner and consistency with which they attempt to establish household rules and rituals, as well as the way they attempt to be warm, loving, and involved with their children. (Bray and Berger, 1992).

Educators can play an advocacy role for those children whose needs are being ignored in the early stages of blending. And when the child's needs change, when adolescence signals a new set of issues, educators can alert parents to the normal struggles and ambiguities of teenagers during this time when needs for independence and proximity to parents coincide.

In their child and parent guidance work, educators need to remember that developmental issues differ for children at different stages of growth. For example, the pre-school child may have been ignored in both the divorcing and the blending processes. Most adults think that this child is too young to understand what is happening. (Has anyone explained to the child what to expect, how contact with loved ones will be affected, for instance?) It is true

that adjustment to the new step-parent will probably be easier for the pre-schooler. Still, someone needs to monitor how joint custody situations are affecting the child. Parents hope that all will work out, but often arrangements for the child are more to the benefit of the parents than of the child.

The middle-school child is increasingly more aware of relationships, of destructive criticism leveled at former spouses, and of the meaning of loyalty toward the noncustodial parent. The feelings of loyalty, in fact, will be most acute in this child. Clear rules and expectations in both homes and non-intrusive parents who support the child's efforts to be with the noncustodial parent are most helpful for children throughout the latency years. While boys may act out, especially initially, intervention can change a negative course if school and parents are coordinated. Girls who are not exhibiting negative effects from either divorce or remarriage ought not be ignored. They, too, may feel the loss of regular contact with a noncustodial parent and may harbor resentment about the dissolution of the parents' marriage and/or have difficulty with accepting step-parents.

Adolescents are capable of increasing understanding of the differences which drove their parents apart and those which characterize their respective homes. Yet, this ability to appreciate the positive and negative qualities of their parents does not diminish their need to renegotiate their relationships with both parents. Often, adolescent boys will seek to spend time or even to live with their fathers. Such arrangements may be beneficial, but can prove to be problematic, especially if the biological father is ill-equipped to handle a teenager. It is nevertheless important that teenagers retain regular contact with both their parents, and such involvement is to be encouraged. Offering opportunities for both parents to meet with teachers or with school officials, keeping both parents abreast of information regarding the school and the progress of the child, and making provisions for separate sets of meetings or activities are helpful whenever possible. A divorced and remarried parent may find it difficult to participate in events when a former spouse is present.

We might note here, as do several authors, that children, especially teenagers, may be in more danger of sexual abuse due to the fact that the incest taboo does not operate in step- families as in families where all members are biologically related. There is evidence that girls may be more at risk for abuse by stepfathers and stepbrothers and that such families may have difficulty in assessing the appropriate boundaries and the manner of respect for the bodies of those with whom they are related, biologically or not. (Bray and Berger, 1992; Finkelhor, 1984; Garbarino, Sebes and Schellenbach, 1984)

In summary, educators need to be aware of the high stress which transitional family relationships place on children, often distracting them from academic work. They need to grasp how children assess the assumptions of the adult community when references to family assume intact households with both

parents biologically related to the child. The often not-so-subtle presupposition that healthy homes are "traditional" homes and that other configurations are problematic can be alienating for students and can cause educators to miss the opportunities to advocate for the child when needs are overlooked.

Research has shown that as children become older, schools and peers play an increasingly salient role in mitigating the adverse effects of adjustment to new family forms. That is, schools and successful peer interactions can make up for much of the negative effects of changes in the child's home life. Schools which have explicitly defined rules and schedules, where teachers display a warm and empathic attitude toward all students, and which expect mature behavior have been found to have especially good environments for children undergoing stresses of all sorts. There seems to be a strong similarity between parents and teachers who are strong and authoritative since both play a protective role for children in transitional situations. (Hetherington, E.M., 1989)

Academic achievement for both boys and girls and athletic achievement for boys modify the negative impact of losses and of uncertainty which children in blended families are forced to cope with. Children with at least one good friend show a capacity to adjust which far outranks those who are rejected by their peers. It does not take a high level of popularity to enhance development; a single relationship with a supportive friend can moderate the adverse consequences of marital transition and the effects of rejection by other children. For adolescents, the role of peers is even more important. Fully one-third of those whose parents' divorce disengages them from family life become involved in school activities and attach themselves to a responsive adult or the family of a friend. (Hetherington, 1989, p. 9) The outcome of such disengagement, however, can be equally negative and dangerous if the types of activity and the particular persons to whom the child is attached are engaged in undesirable or antisocial activities. School programs which encourage after-school activities such as sports, journalism and drama, are especially needed by the junior high and senior high student.

And for students of every age, support groups and opportunities to share experiences, to discuss problems of transition due to family changes, and to learn about feelings and thoughts common for children of a particular age in stressful situations—both in the classroom and in group counseling programs—are especially helpful and beneficial. Schools which make an effort to include such opportunities in their program of instruction and in extra-curricular offerings are serving children through their sensitivity to the families from which their students come.

Because dual-wage families, single-parent families, and blended families are more common today than they were a few decades ago, educators must acquaint themselves with the literature which helps them appreciate what it is like to grow up in such family types. (The percentage of children who live in

families where neither parent is the biological parent has been fairly consistent, averaging 5 - 8% over the last 40 or 50 years. Many of the children in foster care are only temporarily placed there and are usually younger children.) We turn now to the family form which, although less frequent, constitutes a significantly different way of being "family" for children. Like all these styles, the family of adoption is neither more problematic nor healthier for children. The way adoptive homes meet the challenge of providing for the developmental, the intimacy or relational needs of the adoptive child determines whether the home is functional or dysfunctional. Special concerns and problems of the family of adoption may color those processes and so will be taken up next.

Questions for Discussion by Faculty and Administrators:

1. How can the school support blended families in their struggles to accommodate the needs of all children in the family?
2. Do we help children understand the special opportunities and challenges which come from blending in a newly-formed household?
3. Do we encourage the child's non-custodial parent to stay involved in the child's life by the way we structure our school-parent functions?

References

Albert, L. and Einstein, E. (1986). *Strengthening Step-Families.* Circle Pine, MN: American Guidance Service.

Berman, C. (1982). *What Am I Doing in a Step-Family?* Secaucus, NJ: Lyle Stuart.

Brady, C., Bray, J. and Zeeb, L. (1986). "Behavior Problems of Clinic Children: Relation to Parental Marital Status, Age and Sex of Child." *American Journal of Orthopsychiatry*, 56, pp. 399-412.

Bray, J. (1988). "Children's Development During Early Remarriage," In E. M. Hetherington and J. Arasteh (Eds.), *The Impact of Divorce, Single-Parenting and Step-Parenting on Children*, pp. 279-298. Hillsdale, NJ: Erlbaum.

Bray, J. and Berger, S. (1992). "Step-families," In M. Procidano and C. Fisher. *Contemporary Families: A Handbook for School Professionals*, pp. 57-80. NY: Teachers College Press.

Clingempeel, W. and Brand, C. and Levoli, R. (1984). "Stepparent-Stepchild Relationships in Stepmother and Stepfather Families: A Multi-Method Study." *Family Relations*, 33, 465-473.

Clingempeel, W. and Segal, S. (1986). "Stepparent-Stepchild Relationships and the Psychological Adjustment of Children in Stepmother and Stepfather Families." *Child Development*, 57, pp. 474-484.

Crosbie-Burnett, M. and Ahrons, C. (1985). "From Divorce to Remarriage: Implications for Therapy with Families in Transition." *Journal of Psychotherapy and the Family*, 1, pp. 121-137.

Finkelhor, D. (1984). *Child Sexual Abuse*. NY: Free Press.

Furstenberg, F. and Spanier, G., (1984). *Recycling the Family*. Beverly Hills, CA: Sage.

Garbarino, J., Sebes, J. and Sheellenbach, C. (1984). "Families at Risk for Destructive Parent-Child Relations in Adolescence." *Child Development*, 55, pp. 174-183.

Glick, P. "Remarried Families, Step-Families and Stepchildren: A Brief Demographic Profile." *Family relations*. 38, pp. 24-27.

Hetherington, E. M. (1989). "Coping with Family with Transitions: Winners, Losers and Survivors," *Child Development*, 60, pp. 1-14.

Hetherington, E. M., Arnett, J. and Hollier, E. (1986). "Adjustment of Parents and Children to Remarriage," In S. Wolchik and P. Karoly (Eds.), *Children of Divorce: Perspectives on Adjustment*, pp. 67-110. NY: Gardner.

Hetherington, E. M., Cox, M. and Cox, R. (1985). "Long-Term Effects of Divorce and Remarriage on the Adjustment of Children." *Journal of the American Academy of Psychiatry*, 24, pp. 518-530.

Lutz, P. (1983). "The Step-Family: An Adolescent Perspective," *Family Relations*, 32, pp. 367-375.

Kelly, J. (1988). "Long-Term Adjustment of Children of Divorce." *Journal of Family Psychology*, 2, pp. 119-140.

Papernow, P. (1984). "The Step-Family Cycle: An Experimental Model of Step-Family Development," *Family Relations*, 33, pp. 255-263.

Perkins, T. and Kahan, J. (1979). "An Empirical Comparison of Natural Father and Stepfather Systems." *Family Process*, 18, pp. 175-183.

Visher, E. and Visher, J. (1988). *Old Loyalties, New Ties: Therapeutic Strategies with Step-Families*. NY: Brunner/Mazel.

Wallerstein, J., and Kelly, J. (1980). *Surviving the Breakup: How Children and Parents Cope with Divorce*. NY: Basic.

Wallerstein, J. (1983). "Children of Divorce: The Psychological Tasks of the Child." *Journal of Orthopsychiatry*, 53, pp.230-243.

Whiteside, M. (1989). *Remarried Systems*.

CHAPTER EIGHT

CHILDREN IN ADOPTIVE FAMILIES

While it is difficult to generalize, one may say that dual- wage homes and single parent families struggle to provide an environment which is child-focused and thus revolves around the needs of school-age and adolescent children. The stressors which are most likely to affect school performance are those related to unmet developmental needs. Overworked parents find it difficult to organize and monitor the home life of children after a full- day outside the home. And some parents, such as single-parent fathers, may fear that they do not meet the relational-emotional needs of their children. The likely difficulties of blended families seem to depend on whether or not the parent system can adjust to the creation of a smooth and consistent set of family rules and patterns of interaction. For stepfathers, the emotional needs of children must be negotiated very carefully and without a great deal of expectation, at least initially.

Children growing up in adoptive homes are, for the most part, no different from children in any home, except for one key factor. While adoptive parents must struggle to establish a pattern of consistency in schedule, in household rules, and in respecting the needs for autonomy privacy, the relational- emotional needs of the adoptive child may take on a different cast. For many adoptive children, sometimes for only a brief period, insecurity and confusion over loyalty involving both adoptive and biological parents emerge as a powerful and important relational issue. The following case illustrates some of the psychological issues in these families.

A Case Study: The Kleins

Jeffry is a seven-year-old in the second grade. He is tall and thin, and

always very well dressed and groomed. His hair tends to stick up on one side, a source of some friendly teasing by the other students. He attended a different school for kindergarten and transferred into his present school in the first grade. The reason for the transfer, according to his parents, was a move to a new home. His test scores on the SRA placed him at the 4.1 grade level, with his highest score in reading, 5.4. His second grade teacher has noted that his vocabulary is quite advanced for his age, and "quite adult," according to her notes. Jeffry came to the attention of school authorities because of poor attendance, having missed 26 days in the first grade and 33 in the second, with no long-term illness or other obvious causes.

Jeffry has two older sisters who are from Mrs. Klein's first marriage. He was adopted by the Klein's when he was 3 months old, a fact only recently shared with school personnel. Mr. Klein is employed by the government and Mrs. Klein is a homemaker. She was briefly employed by the school office when Jeffry was in the first grade, but was terminated due to tardiness. The two older sisters appear to be well-adjusted. The eldest is married and lives nearby, and the second sister is attending college, living at home with her mother and stepfather.

Jeffry's teachers met with the Kleins on several occasions during his second grade year. Their concerns were his aggressive and intrusive behavior with other students, of both a physical and verbal nature, a refusal to follow class rules, incomplete classroom work due to excessive social interaction, and constant demands for attention. Attempts to deal with the situation in the classroom and on the playground proved fruitless. Teachers and monitors on the playground complained that Jeffry denied any culpability for his behavior, lied and then sulked when caught.

According to the notes kept by Jeffry's principal teacher, conferences with the parents appeared to elicit cooperation at first, but then inconsistencies in their behavior and attitudes regarding Jeffry's problems at school surfaced. This teacher felt frustrated that little progress was being made and asked the principal to help with securing the parents' cooperation. Jeffry's teacher presented specific problems and incidents documenting the reasons for frustration. For example, on one occasion, when Jeffry had acted-out during a classroom activity, the teacher asked to see Mrs. Klein, who met with her the next day after school. Jeffry left in tears. The next morning, Jeffry announced to the teacher that his mother had taken him to get an ice cream when they left, and that she was not angry with him for his behavior. When asked by the teacher if the story was true, Mrs. Klein did not deny it, but stated that she did not see a connection between what happened at school and having a treat at the ice cream parlor on the way home.

In January, Mr. and Mrs. Klein asked for a conference with the teacher. They were quite concerned, it appeared, that children were teasing Jeffry about

being adopted. On the contrary, the teacher informed them, Jeffry had announced this information to the other children earlier in the week and, as far as she could tell, no student had brought the subject up since. The Klein's explained that during the holidays, Jeffry had asked about being adopted and the fact was briefly discussed with him. The teacher said that she would watch for any teasing and promised to address the issue with the class if Mr. and Mrs. Klein wished. Both were opposed to the idea. The teacher was careful to inform Jeffry's parents that, should the topic be raised by the students in a general way, she felt it important that she address it and discuss it with the children. This would be especially important if some teasing does occur. Jeffry's teacher felt that both parents were extremely uncomfortable with the topic of adoption and wondered if Jeffry's behavior and his family's inability to deal with his growing inquisitiveness in this regard were not linked.

In the following month, Jeffry's behavior did not improve, so the teacher began sending home discipline notes to inform Jeffry's parents of the conduct problems. The notes came back signed, but without comment. One note was returned with comments crossed out in black marker, apparently written in anger and then retracted. The teacher became more and more convinced that Jeffry manipulated the situation at home, ensuring that the consequences were minimal or nonexistent. By March, a detailed behavior plan was drawn up and parents were asked to cooperate by signing it each evening. Behavior improved occasionally, but was far from consistent. The principal became increasingly concerned that far too much attention was being directed at Jeffry and scheduled a conference with all parties to determine if counseling could be arranged to deal with the situation. Although hesitant, the Klein's agreed that there was reason for concern since Jeffry's ability to make and keep friends was very poorly developed.

Case Study: Rachel, 15

Rachel is a sophomore in high school. She is tall and thin, and is dark-complexioned. She does not look anything like her adoptive parents who are shorter people with fair skin and light brown hair. Rachel's parents adopted her through a religious adoption agency when she was two years of age. She was in good health, with the exception of some ear problems necessitating an operation when Rachel was 4.

Rachel was an average student, although a battery of tests revealed that she may be quite bright. The complications with her hearing were not fully resolved by the first operation and she did poorly in the first two or three years of school. Her performance in grade school was, however, good enough to earn her honors when she graduated and went on to high school. Rachel's first semester in high school was excellent but she soon ended up in the "wrong" crowd, as the school counselor put it. She began skipping classes and then one day skipped school

altogether. Her parents noticed a change in her behavior and tried to talk with her on many occasions. A counselor recommended by the school told Rachel's parents that Rachel might be experiencing a normal adjustment to adolescence, that some of her behavior can be expected from students her age, and that the popularity with the new group at school presented Rachel with some new challenges from which she could learn.

Rachel's behavior became more difficult to manage and by the summer of her freshman year, she was staying out late at night with her friends. Her parents told her that they did not like the company she was keeping. This only brought out more anger from Rachel who said that they had no right to tell her who her friends could be. In addition, her parents worried that she might be drinking with them and confronted her about the fact that she appeared inebriated when she arrived home an hour after the agreed upon curfew time. Rachel denied that she had been drinking and lashed out at her parents claiming that she was not their natural daughter, that she was different, and that, if she could, she would go to live with her "real mother."

Rachel's parents were upset by the confrontation and decided that Rachel and they needed to see a different psychologist who could help them with Rachel. The new psychologist, a woman, worked with Rachel and her parents to identify the issues and anxieties which she was facing at this time in her life. The psychologist determined that both the negative school behavior and the issue of her adoption would be the focus of the sessions, but that Rachel must promise to attend all classes while in counseling. Once Rachel's behavior stabilized at school and at home, the psychologist explored with her the pros and cons of searching for her adoptive mother at this time. She and Rachel discussed the fantasies which Rachel had about what she would discover. "And if your mother does not want to see you, or if she is not the kind of person you think she might be, what then? Are you sure that you want to meet her at this time in your life?" asked the psychologist. With Rachel's parents, she helped them identify their own feelings of threat should Rachel seek to get in touch with her biological mother. Rachel then decided that she was not ready to meet the women who gave her up 13 years ago.

During the next several months, the family explored appropriate limitations on Rachel's access to friends, on responsibilities for academic work, and on how home and school might work to help Rachel improve her performance there. The period of counseling led to improved relations between Rachel and her parents, and a more realistic assessment of what Rachel might owe to her adoptive parents and her biological mother.

Case Discussion:

The adoption/secrecy issue is clearly at the heart of the first case. Frustration with Jeffry and his own difficulties in making friends, in concentrating

on school work, and in cooperating with teachers may be rooted in Jeffry's worries about being different, or simply in the anxiety he senses within his parents. The fears and concerns of his parents are common, and evoke sympathy and understanding from anyone who has dealt with adoptive families. But neither the concerns and questions which arise from having an adopted child, nor the child's own concerns and worries are likely to be solved by ignoring them and by refusing to discuss them openly and honestly. The frustration experienced by Jeffry's teacher and his principal was a direct result of this family's inability to enter new territory with their adoptive son, a territory characterized by growing cognitive appreciation of the meaning of adoption, and by fantasies and emotions which come with a child's and his parents' negotiation of their relationship. Jeffry's frustration and confusion were, in the above case, directly related to the teacher and principal. Theirs were counter transference feelings of his dilemma and emotional state.

In the second case, Rachel apparently had known all along about her adoption. While she did not get off to a perfect start with her parents, suffering from ear infection and then being hospitalized for an operation which was initially unsuccessful, Rachel did seem to bond with them. She had a fairly typical childhood, and her parents provided a good home. It seems that in adolescence, when there is a normal demand for more autonomy and when questions of identity surface with a new seriousness, Rachel began to flounder. The psychologist who identified that school issues, plus identity issues surrounding the adoption, had to be explored directly and realistically was able to help this family deal with the emotionally threatening issue of contact with the biological parent and the need to renegotiate Rachel's need for autonomy, appropriately earned.

The Child of Adoption:

Every adopted child must deal with fantasies and questions regarding his or her biological origin. "To whom do I belong?" is, as was stated earlier, a fundamental question, if not the fundamental question. Following from this is a concern that one was unworthy of the natural parent's loyalty. Inevitably, for many adopted children, periods of self-doubt are mixed with curiosity, and may be followed by long periods of no interest in the topic at all.

Whether the interest in the biological parents is a passing concern or a consuming preoccupation, the expenditure of psychological energy may consume the greater part of the childhood and adolescence. Factors such as the time of the adoption, that is, the age at which the child entered the new family, and the openness with which the family dealt with adoption are extremely relevant aspects determining the psychological climate in which the child pursues an interest in his or her adoption and its meaning. As one writer noted, everyone but the adoptive child's parents is a potential candidate for biological parenthood.

Two periods are critical in the child's efforts to process and understand adoption. The first occurs when the child becomes aware that his or her adoption is not the usual course and that adoption means that someone other than the persons one calls mother and father are, biologically speaking, one's parents. This stage often occurs in the early years of schooling when children begin to notice all kinds of differences between themselves and other children and between their own families and the families of their peers. The early grade school years are a time of cognitive and social advancement wherein the child grasps the concepts of family, of parenting and of belonging to someone because of relational ties. The preoperational thought stage thrusts children into an awareness of classes of people and how children are produced by parents because of their relationship with one another. Adoption means that something different happened, that for some reason, "my origin" is not the same as it was for everyone else. A child's concept of mother and father must be rewoven or fashioned differently from the way it had been thus far. While it was defined through the experience of being mothered or fathered, the novel datum of having a biologically different set of parents provokes concern and confusion in the child. (Wilder, 1977)

The child's expansion of and refinement of his or her concepts of mother and father will depend a great deal on the way parents are defined culturally, and the importance the environment places on biological, blood ties. This is not entirely different from the way all children expand, correct, and redefine their concepts of mother and father, and other culturally or environmentally-shaped concepts. If one's own mother is rather formal and too busy to become involved in daily activities of child care, but the popular notion stresses involved and empathic mothers, then a child of such a mother will need to come to terms with the way this mother compares with what mothers are "supposed" to be. To the extent that a child's parents respond adequately to the child's needs, and their behavior fits the cultural stereotype, the child will be at peace with the mother and father whom he or she has been given.

Adolescence is the second crucial period for assessment of the significance of adoption. The early years of puberty can be confusing and turbulent times for both parents and young adolescents, but the child of adoption may experience a more intense need to grapple with questions of identity and origin. First of all, the constructs of mother and father are re-examined and re-evaluated in the context of the young adolescent's efforts to shed and reclaim values and goals. Constructs which worked in the past simply lose their appeal and capacity to make sense of the world. The struggle to find one's real self, a major task of adolescence, what Mahler has called "the second individuation process," means entertaining a fantasy of being sui generis, of being unique, and the author of one's own identity. Being the son or daughter of anyone—biological or adoptive parents, alike —is unappealing. (Clothier, F. 1943)

Reconciling the real mother with the adoptive mother, one's genetic origin and endowment, with one's environmentally conditioned origin and endowment, can be as smoothly accomplished by an adoptive child as it is for most adolescents, but it can be painful. The necessity of psychologically "leaving home" in an effort to become more capable of physical independence, the need to "abandon" one's parents so as to allow for the inclusion of peers and a potential mate, may be mixed with additional trauma because of the evocation of feelings of abandonment by the genetic parents. All children fantasize of abandonment—think of the many fairy tales that involve missing mothers, or the literature of adolescence, or movies with adolescent themes. Mothers and fathers are either not present, or they have somehow neglected their supportive role at a crucial time in the teen's life.

Research on Adopted Children:

Children in adoptive families reflect characteristics which are fairly representative of children nationally. They live in the same variety of family forms—two-parent, single-parent, blended, as do non-adopted children. They are racially and ethnically heterogeneous, with fewer Asian children than in the population as a whole. This may be directly related to the low out-of- wedlock birth rate and the low teen pregnancy rates among Asian Americans. Black children are over-represented in the population of adopted children.

There seem to be more neo-natal problems reported for adopted children than for others. This may be tied directly to the large number of adopted children born to teenage mothers. Some research also indicates that there are higher percentages of attention deficit disorders and attachment disorders in children of adoption. (Gossett, Louis, and Bernhart, 1983) Schwam and Tuscan have found that the fewer the placements prior to adoption, the less acting-out was seen later in adopted children, and that the quality of care prior to the adoption was also a critical factor in determining later mental health and the psychological well-being of the child. (Schwam and Tuscan, 1978)

There is, then, some knowledge of the possible negative effects of certain environments on adopted children, causing later mental health problems. It is not surprising that disorders of attachment are more common for children who have been adopted late and who had spent years in foster care before being released for adoption. An "attachment disorder" would simply be descriptive of the results of poor, erratic, and multiple placements of children whose parents were unable to care for them but had not yet terminated parental rights. (Kennell and Kennell, 1982) Reese and Lipsett feel that attachments are impaired if the child is adopted out after 8 months of age. Adoptions occurring before 8 months should present no big problem for bonding with the adoptive parents. (Reese and Lipsett, 1970) Recent studies confirm the early bonding propensities of the child and have thrown the questions into some disarray. But

the majority of child psychologists feel that secure bonding may commence any time in the first year of life. Many agree that, after that, difficulties are more likely.

But while the literature and research have focused on the adjustment of children to adoption, and the qualities of families which make good adoptive homes, little has been done on the family dynamics as children grow up in an adoptive home. In other words, little has been done on the family interaction where the issue of adoption is played out over time.

The vast majority of adoptions are successful and without complications. In fact, fully 77% of adopted children adjust to home and school without problems. The remaining 33% utilize counseling for a period of time. Butler believes that the vast majority are healthy because parents have recognized the child's need for information on what it means to be adopted, have tolerated the child's queries, and accept, if not embrace, the way the child is different from other family members. (Butler, 1989)

Important Issues for Educators:

For children who have been adopted, educators and parents need to pay attention to the following:

1. The child's need to address and re-address the question changes over time. Just because a child has dealt with the issue to some degree does not mean that it will not repeat itself.

2. All children deal in different ways with the issues and questions, such as who their parents were; whether they were removed from the home or were given up at birth; whether their mothers died or are still alive. There is no set pattern or typical timeline or manner in which these questions are handled. Some are straightforward with their adoptive parents, and others are private and rarely share their thoughts about this area of their lives. This may be related to their perception of what their parents would think or feel if these questions or concerns were openly expressed.

3. Children must deal with imagined aspects of their origin and place those within the context of known facts, few though they be. In time, they may have to deal with whether or not they want to wipe out those imagined scenarios, should they be given the opportunity to contact their biological parents directly.

4. It is no small challenge to deal with the issues of loss of a biological parent, and to come to terms with the fact of abandonment in cases where the child learns that the mother was alive when the child was given up. Unresolved loss and mourning issues can crop up at regular intervals, such as at holidays, or at times when other losses are being faced, what Paul refers to as the "ghosts of lost attachment figures." (Paul, 1967)

difficulties in the past with other children, educators need to be aware that this is a potential sore-point for the child. Many parents do not tell educators when these are occurring, and, therefore, teachers and others are in the dark when the child begins to act-out his or her frustration or anger.

Second, teachers can help children appreciate the reasons for adoption and the specialness of the adopted child. All children are special, but the adopted child has been selected from all the possible children whose parents cannot care for them. Their relationship with their adoptive parents is unique and sacred.

Educators can help adopted children when they surface concerns and questions by making their feelings and thoughts acceptable, that is, by treating them as natural and good. They can encourage parents of adoptive children to be open and honest and to see questions and worries as part of the child's growing up, as in no way an indication of disloyalty and rejection.

Finally, educators can make sure that the curriculum contains references to children from adoptive families and from a variety of family forms. When children read and discuss the various family forms from which they come and see those represented in the stories they read in class materials, they are less apt to see themselves as belonging to somehow less than perfect families. There is no need to romanticize such families, but to present them as part of the variety existing in the world of today.

Every day children from the above and many other "varieties" of family life come into our classrooms. They come from homes where parents struggle to offer a secure, safe structure to their children. Despite the enormous challenges which parents face, children adapt to the demands of their environment in ways they have learned and in ways with which they are experimenting. Given the variety and differences, plus the stresses and difficulties families encounter, it is a wonder that so many children do as well as they do. But as educators, we spend a great deal of energy on those who are not adjusting well. We turn now to an exploration of those dynamics in home and school which we increasingly recognize to be dysfunctional and unhealthy.

Questions for Discussion by Faculty and Administrators:

1. Are there any children of adoption or foster care in your classroom? What are the special needs of adoptive children, and how do we help these children deal with their questions, should they arise?
2. Are we equipped, as a school, to handle the variety of family styles, and are we open to working with the care-givers of our students, no matter what family configuration they live with?
3. Do we, as teachers and administrators, feel comfortable enough to invite our students and parents of our students to be open about the difficulties they face in their familial lives? What are the challenges for us of listening to the difficulties which parents face as they try to meet the developmental and relational needs of their child?

Important Issues For Parents:

We should not forget that parents will need support for their concerns and worries, as Jeffry's parents in the above case indicate. Four major issues involve their own struggle with the adoption question:

1. Their own inability to have children, if such was the case, is an issue that may not have been settled by the adoption. Every time that adoptive parents face the confusion of their adoptive child or encounter a problematic situation that resulted directly from the fact of adoption, there may be a resurfacing of feelings around an inability to have children of "their own."

2. Should the couple or single-parent have biological children, these may feel the "intrusion" of the adoptive sibling. Such feelings are natural for all siblings, except that the adoptive child represents a choice to include another child in the family. The adoptive child's siblings may need to deal with their feelings about the adoption.

3. Parents need to deal with conscious and unconscious beliefs about what the child is supposed to do for the family into which the child is brought. For example, was the child "designed" to keep the marriage together? To give the parents a "son" or a "daughter?"

4. Finally, parents must learn to deal openly with the adoption and the loyalty issues which emerge in the child and are especially pertinent in adolescence. Boszormenyi-Nagy and Kasner believe that these loyalties can be denied, ignored, misused, or manipulated in a various ways. The adopted child may be vulnerable to divided or destructive loyalties. Parents who consciously or unconsciously treat the child's desire to learn more about the biological parents as a sign of ingratitude are misusing the child's loyalty. Yet, parents who do not assert, at appropriate times, that their investment in the child is proof of their respect and care for him or her may be tolerating a manipulation by the child that is equally unhealthy. The premise of these family theorists and therapists is that, in the healthy family, individuals can acknowledge that those who deserve one another's respect and loyalty are those who have invested in the child's welfare. Admittedly, the problem of divided loyalties has increased with the practice of giving teenagers who have been adopted the opportunity to contact their biological mothers through an intermediary. Many teenagers or older children may feel compelled to do so when they would have ordinarily preferred to leave such prospects unchecked.

The Role Schools Can Play

There are several things which educators can do to help adoptive families. First of all, an awareness of the psychological tasks and issues faced by both parents and children of this family form will aid in any informal or formal counseling that may occur. Parents need to be encouraged to let teachers know if a child is being told that he or she is adopted. And if a child has had some

References and Resource Reading

Boszormenyi-Nagy, I. and Krasner, B. R. (1986). *Between Give and Take: A Clinical Guide to Contextual Therapy.* N.Y.: Brumer/Mazel.

Butler, I. (1989). "Adopted Children, Adoptive Families: Psychological Differences." In L. Combrink-Graham (Ed.), *Children in Family Contexts*, New York: Guildford.

Clothier, F. (1943). "The Psychology of the Adopted Child." *Mental Hygiene,* 27, pp. 222-230.

Gossett, J., Lewis, J., Bernhart, F. (1983). *To Find a Way: The of Hospital Treatment of Disturbed Adolescents.* New York: Brunner/Mazel.

Kennell, M. and Kennell, J. (1982). *Parent-Infant Bonding.* St. Louis: C.V. Mosby.

Kim, P. (1985). Adoption. In Kaplan, H. I. and Sadock, B. J. (Eds.), *Comprehensive Textbook of Psychiatry*, Vol. 4, pp. 1829-32). Baltimore, MD: Williams and Wilkins.

National Committee on Adoption (1985). *Adoption Fact Book.* Washington, D.C.: Author.

Paul, N. (1967). "The Role of Mourning and Empathy in Conjoint Marital Therapy." In G. Zuk and I. Boszormenyi-Nagy, (Eds.), *Family Therapy and Disturbed Families*, pp. 186-205, Palo Alto, CA: Science and Behavior Books.

Reese, J. and Lipsett, L. (1970). *Experimental Child Psychology.* New York, Academic Press.

Schwam, J. and Tuscan, M. (1978). "Adopted Child: Part C, Varieties of Family Structure." In J. Noshpitz (Ed.), *Basic Handbook of Child Psychiatry,* Vol.1, pp. 243-248. New York: Basic Books.

Wieder, H. (1977). "On Being Told of Adoption." *Psychoanalytic Quarterly,* 46, pp. 1-22.

PART II:

The Dysfunctional Child in School and The Variety of Dysfunctional Family Styles

INTRODUCTION TO PART II

The Varieties of Dysfunctional Styles: Family-School Dynamics

In the previous chapters, we examined the relational and developmental functions of family life. We explored the needs of children for a sound and stable home which functions as a secure base. We also examined the unique laws of family systems and saw that these function to provide stability. Some systems, though, become stuck and perpetuate less than desirable behavior patterns. We saw in case examples how a child seeks to find adults who are better able to address his or her needs and how the school system and classroom environment might function as the locus of acting-out behavior, the child's unconscious cry for intervention. We turn now to a more careful look at the meaning and purpose of dysfunctional behavior and the family systems which create it.

We also examined several different family styles, or ways of being a family. We saw that no single style can be, in and of itself, more or less healthy, for each style can potentially meet the basic needs of the child. Within each family style, then, there are advantages and disadvantages, challenges and great potential for building the secure base which children require. Because school is a "second home" for children, and because it can and does function as a substitute family for those whose families are less than ideal places in which to grow, school and family systems interact continuously. When they are in accord, that is, when they function cooperatively, the child benefits from the concerted attention of several adults at once. When the family and school cannot cooperate for whatever reason, the child is obviously the loser. It is important that educators learn to identify and intervene to change those dysfunctional patterns which the child brings into the school. We look first at the nature of feelings transferred into the relationship with the teacher or administrator, and see how our responses can mimic those of the dysfunctional home.

Five Dysfunctional Family Styles

Following an examination of the feelings which children transfer into the relationship with an educator, we will examine the varieties of dysfunctional family styles. What makes a family dysfunctional? As stressed earlier, a family becomes dysfunctional when those adults responsible for meeting the relational and developmental needs of children abandon the task, for whatever reason. The fact that it may be temporarily difficult to meet these relational and developmental needs does not constitute a dysfunctional family. Even the family which cannot meet the child's basic needs for food and shelter, such as a homeless family, is not dysfunctional as long as an adult has refused to give up the struggle to provide some form of shelter and to see that the child is clothed, fed, and educated. We call families "dysfunctional" when something has derailed the family from meeting its obligations to attempt to provide for its children. At such times intervention is called for. It may be oriented toward providing social services, psychotherapy, or legal redress, or some combination of the three.

School-Family Interactions

As we will see, families which are dysfunctional present themselves in the school system, to individual teachers and to groups of faculty and administrators through a variety of entry points. Because the child is a member of both home and school systems, he or she is most often the "point of contact" for meeting the dysfunctional family. And, as we see in the discussions of transference and countertransference, the way the child forges a link between the two systems is through behavior which demands intervention. The decision to call a student's parents, to arrange for a parent-teacher conference or to raise a difficult issue with a child's parent at a normally scheduled conference can be thought of as being "initiated by" the child who employs an unconscious strategy for getting help. Teachers and administrators who meet with parents often discover rather quickly that something is amiss in either the school or the home setting. Viewing our involvement in this light, we avoid seeing the child as the source of the problem, and ask if the cause might be a fault in either the home or school, i.e., we want to know which system, or combination of the two, is unable to respond appropriately to the child's relational and/or developmental needs. By careful examination of how the child is affecting the school system (what feelings, emotions and reactions is the child evoking from us, and how are we responding?), we, as school personnel, can learn something about what it is like to be the child in the family and/or school system. It is through this examination that the critical elements of an effective intervention strategy can be discovered.

Unique Dysfunctional Styles

Not all family dysfunction is the same. On the other hand, there are some common types of dysfunction associated with certain home conditions. For example, children from homes where an adult is alcoholic experience the effects of substance abuse in unique ways. At the same time there are some common elements which can be anticipated when substance abuse is at the heart of a dysfunctional family system. By the same token, a family experiencing a difficult divorce with child custody problems will be dysfunctional for the child in ways which differ greatly from those occurring in the family of substance abuse.

Five different dysfunctional styles are treated in this section: (1) families with chronic illness, (2) families of divorce and difficult child custody battles, (3) substance abuse in families, (4) enmeshment in families with difficulty accepting boundaries, and (5) families where psychological, physical or sexual abuse is occurring.

All dysfunctional families have some common features. They are disruptive of normal development for the child because of neglect or pathological styles of meeting relational and developmental needs. First, the child is, developmentally speaking, "on hold," or regressing. Second, the child is forced to "act out" in order to secure some intervention. The child is often labeled dysfunctional, problematic or even mentally disturbed when, in fact, it is the child's family and sometimes the child's school which has failed to intervene on his behalf. The child is the scapegoat, in other words, for the failed family and school system. Third, the family's embarrassment and sense of failure often leads to secrecy and attempts to hide the problem from school personnel. In such cases, the more secretive the family, the more dysfunctional it is likely to be.

Three Key Features of This Typology

As the reader moves from Chapter 11 to Chapter 15 in this section, it will be helpful to keep the following in mind:

1. The following families are more difficult to deal with as we move down the list. In other words, families which are more resistant to treatment and least likely to form a working alliance with the school to meet the needs of the child are in the later chapters. Families of divorce are potentially more difficult than those with chronic illness and substance abuse is trickier to deal with than divorce, generally speaking.

2. Dysfunctional families within each type might be said to fall on a continuum of "mildly dysfunctional" to "extremely dysfunctional." The degree of the dysfunction is difficult to determine, but school personnel will get some notion of how dysfunctional a family might be by the level of disturbance within the child and the degree of disturbance which the child brings into the

school system. One measure, but by no means a fool-proof one, is the capacity of the parents for cooperation, that is, for entering into a "working alliance" with school personnel. One caution, however: extremely disturbed adults might be able to deceive school personnel by appearing to cooperate when in fact they are protecting their family secret.

3. Dysfunctional family styles can also be of mixed variety. For example, a child who is torn by her parent's divorce and contentious relationship might also be dealing with the alcoholism of one or both parents. It might be the case that the alcoholism led to the divorce and feeds the custody arguments. Or a parent for whom the divorce has been a serious psychological or financial blow might become more prone to the abuse of a substance.

Another example might be a family with chronic illness which has become enmeshed, i.e., inappropriately involved in one another's lives. Substance-abusive families might be physically abusive with children. A general rule of thumb, however, is that intervention strategies in these cases must address the reality of both family dysfunctional styles, but progress will probably be made first in the area of family interaction which is less seriously disturbed. While dealing with chronic illness is often easier than dealing with divorce problems, and custody battles are less resistant to settlement than substance-abuse problems, many additional factors figure in these cases. Resistance to intervention, family beliefs about getting help, as well as comfort with and the availability of social and psychological services are a few of the significant variables affecting success in dealing with dysfunctional families.

The following chapters, then, discuss the way school personnel become involved in family dysfunction, the nature of the dysfunctional style, specific characteristics of families with the dysfunction, research data which help us understand the dynamics of those families, and the way these dynamics are manifested in the behavior of children in school. Again, case illustrations are provided for the concepts of transference and countertransference and for each dysfunctional family style.

CHAPTER NINE

DEALING WITH TRANSFERENCE AND COUNTERTRANSFERENCE: WHY DO SOME STUDENTS AFFECT US AS THEY DO?

Introduction

We turn now to the nature of the transferred feelings of students, that is, feelings from the home, which impact the student-teacher relationship. The transference phenomenon operates on both a conscious and an unconscious level. It is commonly defined as those feelings which are appropriate to previous or other significant persons, especially parents or previous teachers. These feelings get transferred to the classroom teacher, administrator or counselor and may be either positive or negative in tone. When we naively become involved in responding as though we were the direct objects of those feelings, complications ensue.

Countertransference, on the other hand, refers to feelings (both positive and negative) which we as teachers and helpers have toward our students. These may include feelings of being strongly attracted or unattracted, feeling delighted or annoyed, feeling happy or angry, and so on. These feelings say something about both ourselves and about the students before us, i.e., the source of such feelings may be a combination of what the student is transferring (his or her reactions to us) and what we bring to the relationship from our own lives. Having reactions, even strong ones, is not a difficulty. What becomes problematic is not paying attention to them and considering their possible source. How do we appreciate what is happening within us and why? We must cultivate a

habit of listening, weighing, scrutinizing ourselves, and avoiding responses which arise from an unconsidered or unreflected emotional response. We will examine this subject more closely in the next chapter.

Thus, most of the feelings for a teacher that a student brings to the classroom are not within the student's conscious awareness. Rather, the student operates out of beliefs and attitudes toward a particular teacher, toward teachers in general, toward any authority figure which may be productive or nonproductive in their relationship. What determines the way the relationship unfolds? A great deal depends on the needs of the student for an interactive relationship, and often that relationship is designed, unconsciously, to fulfill a need or to correct a problem. In this and the following chapter which deals with the nature of the teacher's feelings toward these students, we will be exploring the nature and use of this interpersonal communication. It can be a very useful tool in determining appropriate interventions on behalf of a child who is acting out.

Transference in the Classroom

A student's attitudes, beliefs and feelings for a teacher have a variety of sources. They certainly come from direct observation and dealing with the teacher. They also come from the student's expectations based on previous experience with other teachers. They may be colored by what other students think and feel regarding the particular teacher, and what the student's parent's feel regarding a particular teacher or teachers in general. Some of the feelings, then, which are brought to the relationship are the direct result of the interaction of the teacher with the student, or they may have their origin in other sources. Anyone who has taught for even the shortest time has experienced this phenomenon. Students can have "re-formed" opinions, feelings and expectations even before the teacher has begun to speak. And, by the end of the first day, opinions and expectations may be locked in place.

Freud's Theory of Templates

As we saw in our exploration of relational theory, early relationships create templates or models of what to expect from individuals who play important, early roles in our lives. It follows from this that we expect relationships to repeat patterns which we have already learned from earlier caregivers. (Freud, 1912) Because of the important role played by teachers as the child's first parent substitutes, they are especially susceptible to these templates. A child who has a warm and supportive relationship with a mother might transfer positive attitudes to all "maternal" figures. If, on the other hand, a child has found that she must compete with siblings for a share of the affection and attention in the household, she may come to see all peers as competitors for scarce resources, and caregivers as unable to meet everyone's needs.

The tendency to approach relationships from the experience of the past

is not surprising to us. It is an important way in which individuals protect themselves from expecting too much or too little, and it is the way in which we learn to conform our behavior to that of others.

The second theory, already alluded to, is what Freud called the repetition compulsion. (Freud, 1920) This refers to the need to create those occasions whereby we re-experience, in both relationships and situations, those events which were particularly troubling or difficult. For example, we have all seen the student who goes to extraordinary lengths to recreate situations whereby rejection, punishment, or disappointment is the sure by-product. We are also familiar with people who have a penchant for forming relationships that result in disappointment. The following case will help illustrate how transference and the repetition compulsion operate in the school setting.

The Case of Bena

Bena was referred to the school psychologist, a male, by her seventh grade teacher, a female. From a conversation with the referring teacher, the counselor learned that Bena's mother was uninvolved in Bena's life but that her father came to school on a regular basis to check on difficulties which Bena's teachers have had with her. The counselor also learned that Bena idealized her father. Soon after counseling began, Bena transferred this positive attitude and opinion onto the counselor. This made the counseling relationship a positive one from the start. Bena cooperated in every way she could, even when disheartened or defeated. Still, she was not able to utilize counseling to her advantage immediately.

In order to demonstrate the extent and nature of her difficulties, Bena needed to show the counselor the more complete template, that is, the expectations which she carried with her stemming from her relationship with the other significant relationship with her mother. This difficult and disappointing relationship was repeated in Bena's dealings with at least two female teachers. Both were women whom Bena perceived as cold, unempathetic and demanding. She refused to work for these two teachers and it was not until the seventh grade social studies teacher decided that things were deteriorating that Bena was referred to counseling.

Bena did not fight with all teachers. In fact, those teachers who initially showed some leniency and understanding received more cooperation. But the two with whom she tangled were unimpressed with Bena's regular excuses for incomplete assignments. Ironically, those who were less demanding and easier to please did not elicit Bena's best work. Her work was more likely to be on time but of inferior quality when compared with her work for her two more demanding teachers.

Tension between Bena and the two teachers mounted, arguments increased and became, in fact, a replication of her situation with her mother. Since

Bena's mother remained busy and involved in her own projects, keeping Bena out of her life, the situation with the two teachers actually became the arena in which Bena could actively resist cooperation as a way of retaliating against her mother. Being unavailable and uninvolved in Bena's life was an option not open to the two teachers.

The school psychologist became convinced that, on an unconscious level, Bena expect d that both of these teachers would give up on her. Why would Bena attempt to recreate such a painful domestic situation at school? Several possibilities suggest themselves for this apparently irrational course of action.

First, by recreating the relationships and condition within the school setting which exactly mirrored those with her mother, Bena hoped to gain some understanding of why she had been pushed out of her mother's life. Through the recreation, Bena proved that her mother had some valid reason for rejecting her. As an irresponsible, uncooperative, and unlikable student, she had some tangible evidence of why she had failed as a "daughter" by failing also as a "student." Her defiance of her teachers and her academic failure established in her mind the "reasonableness" of her mother's behavior.

Second, by repeating the situation with her teachers, Bena was attempting to control her pain over the perceived rejection by her mother. By transferring feelings from the home front into the school situation, to both the teachers and the school counselor, Bena was able to recreate her domestic problems in the unconscious hope that she could figure out the solution. And, since she was powerless to understand the causes of her mother's rejection and powerless to change the situation at home, her only recourse was to repeat them with those who have been able to do something about them. That is, by repeating the situation Bena created the possibility that things might not turn out the same.

To the school psychologist, Bena's dilemma had fixated and stalled her own development at a crucial time in relationship to her psychosocial development. Negotiating the difficult passage from childhood to adolescence with the demands which were being placed on her by peers and school was becoming more difficult and potentially disastrous without her mother's interest and guidance. By transferring feelings for her parents into the school personnel, the family drama was able to move forward toward a climax.

Determined that Bena needed to deal with her attitude toward school work and that the absence of her mother in her life played a significant role in the difficulties she was having at school, the counselor set out on a double course of action. Bena was asked to negotiate a contract with each of the two teachers with whom she was having difficulty. With her father's help, Bena was able to assuage the two teachers and convinced them that she was indeed serious about the class work. After progress had been solidified, the psychologist asked for a meeting with Bena's mother. At first Bena objected. After discussing the possibility of bringing her mother into the counseling setting, Bena opted not to be present for the meeting with the psychologist. The psychologist agreed.

When her mother arrived, it became clear that Bena did not look like her mother's daughter. Bena's mother was well-dressed, slender, attractive. Bena had her father's physical characteristics, tall and big-boned. The mother was defensive at first. She complained that her daughter did not care about her appearance, was sloppy at home, and was rude and uncooperative. In time, the mother complained that she had felt a failure with her daughter and that she preferred to devote her attention to her career since Bena did not need her.

The psychologist assured her that her daughter did need her, and that she had been making progress at school. Due to her growing success in school, Bena's attitude toward her teachers had become less belligerent. She was getting along better with her peers as well. With her permission, the psychologist arranged for meetings with the two teachers who were able to report improvement in Bena's work and attitude. It was shortly after the sessions with these two teachers, that Bena's mother began to show direct interest once again in Bena's scholastic performance.

Successful Intervention: A Two-Step Process

What led to and contributed to the successful turnabout in this case? Several elements are worth noting. First, the positive transference of Bena toward a male psychologist was an unforeseen advantage. Because of this, a working alliance between Bena and the counselor was created which gave the psychologist the opportunity to negotiate with her and with her teachers. The cooperation of at least one parent helped facilitate the successful resolution of the case. Dad's interest and concern were instrumental in helping insure that Bena kept her agreements with those teachers on whom she had transferred her negative feelings toward her mother. Individual cases are more difficult when neither parent is willing or able to join a working alliance.

Once the counselor understood the way the transference was working, he was able to explain to the teachers involved that Bena's relationship with her mother was a truly problematic one and, no doubt, the source of her negative attitudes in school. The frustration these teachers were feeling was not a result of something they were doing in school, but rather was related to something in Bena's home.

It was also important that the initial efforts of the psychologist aimed at achieving success in school. That is, Bena needed to find that she could change situations, that she had power to redirect a negative course of action into a positive one, before attempts were made by school personnel to involve her mother.

There are some important reasons for this. First, the arena of school was one in which Bena did have control. It was also the arena in which the psychologist and teachers could be effective. Doing her work, Bena could experience progress and the positive rewards which come from achievement.

The relationship with her mother, on the other hand, was not completely in her control. If the psychologist had attempted to involve Bena's mother in the counseling situation from the start, he would have run the risk that Bena's school situation would continue to deteriorate as she and her mother fought over her attitude and habits at home.

With the consolidated achievement in one area, the psychologist was in a better position to move into the home arena. And he could do so with a counselee who was less intimidated at what might happen. If Bena's mother remained incapable or unwilling to re-enter her daughter's life, Bena would certainly have felt both powerless and hopeless because of her failure to succeed in either place. Acting-out behavior requires a two-tiered intervention strategy: first stabilize the child in the school situation where she can experience some success and thus hope; second, attempt to deal with the family situation which may prove more resistent to treatment or intervention. Failure to do so can lead to double failure and disastrous consequences for the student. (Aldrich, C., 1987)

Transference, then, is a term which refers broadly to the phenomenon of bringing past experiences into the present. Perceptions, provocation and responses are repeated in new relationships which are more properly the province of old or original relationships. In their roles as both caregivers and authority figures, educators are the recipients of transference reactions. Naturally, positive transference causes us few problems, for teachers appreciate being admired and respected. It is the negative transference, however, that causes problems. How is it that we usually meet the negative transference? It is most often in behavior which we label as "acting out," as opposed to "acting-up" behavior.

Acting Out vs. Acting Up

All children act up. Whenever a child "tests" the rule or the authority of an adult, that child may be said to be acting up. This type of behavior looks like age-appropriate misbehavior. Children who fight occasionally, who attempt to copy another student's homework at the last minute to avoid having to do it themselves, or to avoid getting into trouble for not having done their homework, are acting up. Children who talk out in class to gain the attention or to try the patience of a teacher or substitute, are also acting up. (Aldrich, 1987)

Typically, when acting-up behavior is dealt with in a direct fashion, it recedes and the child feels appropriately embarrassed and contrite. For example, a child who attempts to look at another student's answers during a test, when caught, will feel humiliated and will expect to be punished appropriately. If the child is given a zero for the test, he may say nothing about the grade, or may attempt to bargain, saying it was all a mistake. Perhaps the child will promise that this inappropriate behavior will not happen again, or offer a variety

of common responses for the misdeed that are already familiar to most teachers.

Acting-out behavior, however, refers to a child's use of behavior rather than verbal expression to communicate inner conflicts. The behavior, in other words, points to an unconscious conflict, a deeply felt pain, or a disturbance in the child. It constitutes a way of expressing something more than simply a testing of the system and controls put in place by adults.

Whereas acting-up behavior can be explained by poor impulse control, acting-out behavior is almost always caused by deeper conflicts which the child is unable to manage. The particular manifestation and the way the child expresses the pain from another situation or source can be labeled as symptomatic, i.e., the behavior is indicative of a deeper problem which the child is unable to manage or confront.

For example, most children know that stealing is wrong, but many will, at some time, give in to the impulse. For some, the urge to steal on occasion cannot be completely controlled. Angry children who feel that life has cheated them, because of a divorce or an alcoholic parent, may steal, knowing that it is wrong but feeling little remorse when caught. Indeed some children who act out in such a way, are not even sure about why they steal, or why it is wrong, but they admit that the stealing brought more pain than it was worth.

Johnson and Szurek (1952) postulated a superego lacuna, literally, a "hole in the conscience," to explain the phenomena of children who act out their unconscious guilt-ridden wishes through symbolic antisocial behaviors.

When problems and injustices at home compound to make a child unhappy, the child has two strategies for dealing with the problems: by demonstrating antisocial behaviors or by internalizing the conflict through depression, anxiety or phobia. In the first instance, the child lashes out for the injustice, and in the second, he or she internalizes and is more self-destructive. Antisocial behavior may actually be a sign of poor health in most instances, since it is a way of asking other adults to uncover the problem, become entangled with it, and perhaps even help solve it.

Behavior-modification techniques are most often the recommended methods for dealing with the misbehavior of children. Countless books and articles are available for parents and educators on reinforcement strategies, techniques for environmental manipulation such as classroom time-out corners, and modeling strategies whereby better-behaved students and adult models help a child see the benefits of changes in his behavior. As every teacher knows, these techniques work in some instances but not in others. The strategies are effective with acting-up behavior, although in most instances they are not productive with acting out. Why is this?

Children such as Bena experience an unconscious inner conflict, and so cannot afford to simply "stop" their acting-out. They stoutly resist behavior-modification techniques, as every teacher knows, and they are very difficult and

upsetting students. Such children might be in trouble day after day, throughout the day. Often, too, contracts and even conferences with teachers and parents have little effect. In all actuality, the unconscious goal of the child is to enlist the teacher to investigate, expose, and help rectify the issue or problem which is, as yet, unaddressed. The child's strategy may appear to be self-defeating because it alienates others and makes it more difficult for them to be of help. Only when educators fail to intervene on behalf of the child or are resisted by the child's parents is the behavior indeed self-destructive.

The Next Best Arena

Because the child cannot express the difficulties she is experiencing at home, exposing problems to those outside the family system is a reasonable alternative. Things might become more complex before they can be rectified as in cases when acting out involves antisocial behavior and conduct disorders. In such instances, dealing with the child's parents can uncover a more or less unconscious sanction of the negative behavior, such as fire-setting, fighting, stealing, or cheating. (Blos, 1963)

The school serves, in these cases, as the "next-best-place" to address a problem which parents have failed to deal with. In the event that the school, teacher or administration, is able and willing to address the problem and thus discover the causes, the child's strategy has succeeded. Increased negative behavior simply draws further attention and, while it exacerbates the family's failure to meet developmental or relational needs, it increases the chances that the dysfunction will be exposed and corrected by firm advice and intervention. (Winnicott, 1984)

Should the school fail, what then would the child's options be? In such cases where educators cannot or will not become involved, the child's alternatives are to take the problem to the medical establishment, via a health problem, or the judicial/legal system by acting out on the streets. Children who "internalize" problems can become physically sick in such ways as developing allergies, asthma, or an eating disorder. Children for whom the adult world has failed to provide consistent attention and support or intervention turn to juvenile or state officials, drawing the attention of the police and courts. It is as if the child has said, "If my teachers won't or cannot address this problem with my parents, then the doctor or the police might."

Helping students deal with their own negative transference, what therapists call "working through," means helping them gain some measure of insight into the sources of their feelings. But this cannot be done outside of a relationship which is supportive and understanding, one which tolerates negative feelings and incorrect perceptions. Here the two issues come together. Insight is needed, but cannot be useful unless an empathic relationship exists which tolerates the transference. Admittedly, this can be a very complex and difficult

process. Not only insight, then, but empathic appreciation of the student's difficulties, are necessary. For it is unlikely that insight will develop unless the student or parent believes that the educator is truly able to see the world from his or her perspective. This issue of empathic responding will be taken up in greater detail in the next chapter.

Projection of Negative Feelings

Projecting unpleasant feelings is a way of denying that these feelings exist inside oneself. As they attack, annoy, insult, disagree, become defiant, these individuals are seeking encouragement and understanding. One way of interpreting the dynamic here is as follows: negative feelings are projected onto authority figures and caregivers in a new situation in an unconscious attempt to see how they might be handled by persons perceived as stronger and better able to deal with the world. (Tansey and Burke, 1989) This does not mean that these difficult individuals ought to be allowed to display their negative behavior without consequence. On the contrary, the discipline, reprimand, and limit-setting which are called for are necessary and will be the vehicles wherein care, support and understanding are shown. But it matters a great deal how these vehicles are delivered. The following case is an example.

The Case of Alan

A secondary school assistant principal in charge of discipline was asked by one of his teachers to speak to Alan, a freshman. The teacher complained that Alan was alternately attentive and cooperative in history class, then sometimes moody and uncooperative. One day, Alan would be a model student and on other days he came late, sulked, refused to open a book, and was disrespectful. Attempts at being understanding and tolerant were no more effective than attempts at being stern. His pouting and defiance were as unpredictable as his good manners and cooperation.

The assistant for discipline asked Alan about this behavior, and Alan denied that there was any particular cause except that on occasion the teacher's demands were unreasonable. He admitted, however, that he was occasionally very moody. As the semester progressed, Alan was referred to the office of the disciplinarian for disrespectful behavior on two or three more occasions. The assistant principal found his attitude different each time, cooperative and apologetic on occasion and then, defiant and moody. The assistant ruled out drinking or drugs and asked about Alan's sleep habits and medical check-ups. No possible causes emerged.

In a discussion with Alan's mother, the assistant learned that Alan's father had left the family when Alan was in the fourth grade. He simply walked out and maintained only sporadic contact with his son. Alan's mother said that he was often moody at home.

In the assistant principal's mind, the information shed light on Alan's behavior. Somehow, he thought, the moody behavior was understandable, even if still intolerable. On one occasion, when Alan had been sent to the office because of a disrespectful response to a teacher's request, the assistant put Alan to work setting up chairs for an assembly. As the two worked alongside each other, the assistant asked Alan if he ever thought about his father. Alan was a bit taken aback by the question, but answered that he did, at least on one occasion. "It must be confusing when someone just leaves like that," was the assistant's only comment. Alan said nothing.

As the months progressed, the assistant reported that the relationship between them became more positive. He and Alan had a talk about the mood swings and about his feelings regarding the desertion of his father. His mood swings and depression about his father were never formally linked in their discussions, but the assistant was aware that they were indeed related. He was also aware that his own ability to tolerate the terse responses from Alan when he was in trouble became easier. With time, Alan gained more control over his feelings and opened up with the assistant when he felt that his negative attitude might get him into trouble. The incidents with teachers ceased altogether.

Analyzing the Two Cases: Correcting Old Patterns or Templates

Heinz Kohut, who worked with extremely taxing and difficult clients in his psychotherapy practice, believed that a relationship can be "corrective" if the person needing help is met with genuine empathy. He defined it as "the capacity to think and feel oneself into the inner life of another person. It is our lifelong ability to experience what another experiences, though usually...to an attenuated degree." (Kohut, 1984, p. 82)

In Alan's case, as in the case of Bena, an adult in a helping role needed to "feel" his way into the child's dilemma. Both professionals were puzzled by the behavior confronting them. The counselor was frustrated by Bena's poor motivation, as was the assistant principal frustrated by the disrespectful responses of Alan. And, in time, both were pleased by each child's capacity to respond and willingness to take small steps in the right direction. A key element in both cases was the willingness of the counselor and assistant principal to tolerate their own feelings of discomfort and to appreciate how the world looked from the young persons' perspectives.

The family history in both cases was quite instructive. The job of both counselor and assistant principal was to appreciate how conflicting emotions could exist simultaneously and how these might be directed toward other adults, such as teachers. In neither case was the adult available who might have been the direct target of the child's anger. By patient, yet firm interactions, the counselor was able to change Bena's behavior, just as the assistant principal was able to bring Alan to a greater awareness of control over his responses.

It is, then, the relationship with the school counselor that is the source of healing and growth. Insight may have played a role in the cases cited, but neither that nor any other particular technique helped settle them. This is what Kohut meant by the "corrective relationship."

Kohut's interest in this issue, he realized, stemmed from a conviction that the client's own sense of self-worth lies at the core of most interpersonal problems. The development of the self —that integrating, coordinating center of the person—has a particular history and is traceable to early primary relationships, as we saw in Chapter Eight. In Kohut's view, three important needs must be met for the self to proceed in a healthy manner. What is transferred, then, depends on what the child needs from an adult, what was missing from the primary relationship. The following three aspects of the parent-child relationship constitute the three kinds of transference feelings projected into the relationships with important adult helpers: the need to be told we are good and pleasing, the need to have someone to look up to, the need to know that we are like everyone else.

Mirroring Needs of Children

The first of these is the need to be mirrored. By this, Kohut meant that the child needs to look into the parent's eyes and know that the parent is happy, delighted, content with him or her. In this way, the child comes to realize that he or she is a good, acceptable, healthy person. In other words, the mirroring need is the need to be seen as special, wonderful and welcome. Empathic relationships help give individuals the courage to change or cease negative behaviors because they communicate a positive acceptance: you are important in my eyes. Failure to be positively mirrored by a loving caregiver leads to negative self-image: I am not worthwhile to this or to any other person. Out of the negative self-image, a depleted self develops. An excessive need for attention, for being treated as special, arrogant and demanding behavior can be covers for a poor self-concept. (Kohut, 1971)

In time, a positively mirrored person takes over the function and can adequately and realistically soothe his or her own need for appreciation and admiration when these are in short supply. The capacity of the child to take over the mirroring function, for at least a brief time, changes something basic in sense of the self. Over time, as the child learns to support, love, and encourage the self, when others who had done so have failed, he/she builds a strong and cohesive self. Grandiose and exhibitionistic needs are tamed. There is less need to be the only person mommy or daddy loves, or the center of attention at all times. Children have a more certain knowledge that they are attractive and likeable, and feel secure in this, despite messages from the outside world.

One can imagine how difficult this would be for a child whose parents

were themselves disturbed, or negligent, or abusive in some way. Without consistent feedback as to how delighted parents are to have such a child, the child's own need to be the center of the world for someone, remains unmet. He or she fails to learn how to supply positive support for herself or himself when love and attention are not forthcoming. Such an individual can build a strong defensive system to keep others from becoming close, from reaching the hurt self. Such a child or adult may appear "normal" in a variety of ways, may hold down jobs, may even marry and have children, but will remain an emotional cripple, an infant with cravings for acceptance and unconditional love. Since love in adulthood is contingent on mature behavior and on mutuality, relationships with important people may be difficult and painful.

Idealizing Needs of Children

The second need of a child is the need to idealize, to find a hero in the caregiver. The complete term used by Kohut for this is "the need for an idealized parent imago." By this he means that the child needs to believe that at least one parent is powerful and all-knowing. With at least one parent who is capable of dealing with the world in all of its complexity and confusion, the child is soothed in his/her anxiety when events and challenges produce chaos and fright. The child comes to identify with this source of power and knowledge, even boasting about a parent's abilities as if they somehow extend to their offspring. Without the opportunity to look up to someone, to see someone as the rescuer and the protector, the child is left to fend for him or herself. Again, a false self grows up in individuals who feel betrayed or abandoned by someone who is powerful and strong. A lack of confidence can be camouflaged by bravado and toughness. (Kohut, 1971)

Healthy self-confidence is extremely important and indispensable for life and for maturation. It is the repository of ideals which guide the child through a sometimes disappointing external world. It helps the child exercise control over impulses, for he or she learns to utilize talent instead of giving into whim and fancy. Moreover, in times of stress the child learns to soothe the bruised ego, relishing the knowledge that she or he is protected.

For Kohut, the aspects of the personality which are the fullest and most important elements of human life and civilization—the capacity for humor, for creativity, for empathy, for wisdom and religion—all come from a successful internalizing experience of an idealized parental imago. We might say that the capacity for reverence and respect of another person (or endeavor, or place, etc.) is born in the capacity for idealizing one's parent.

As is the case with parental mirroring, there will surely be failures. Since no parent is omnipotent, a child will eventually discover that dad does not know the answer, that mom forgets, that parents sometimes wrongly interpret and even punish unjustly. If the child cannot idealize either parent, there are serious

problems ahead. Persons without joy, without the capacity to be inspired, with little access to vitality are probably victims of parents who were not candidates for idealization.

Twinship/Alter-Ego Needs of Children

The third need of the child is the need to be like others. (Kohut, 1974) Kohut wrote of a need for twinship or alter-ego needs. By this he meant that a child wants to be different but also wants to know that he or she is not too different from others. Knowing that one shares many things in common with others, that one's feelings are not unusual, that one's talents are similar to those of others, that one's failures are also like those of others, gives the child a sense of commonality, of belonging. The capacity for community, for participation in groups and for friendship, grows from this appreciation of one's normality.

Children who are deprived of opportunities to see how alike they are to others, how they share common characteristics and traits with parents, relatives, and friends, may fail to appreciate that they are similar to everyone else in important ways. Not only does this thwart the need to balance feelings of specialness with feelings of sharing traits with the rest of humanity; it also thwarts the capacity to share deeply and intimately, since such a capacity relies on the ability to appreciate that one will be understood and can understand the plight and the hopes and fears of another. Children with an imaginary playmate are showing the first signs of a desire for some other person who completely appreciates and understands, who is capable of sharing totally in a world of experience. A "best friend" experience a little later on in childhood is further evidence of the development of this need and the development of the capacity for intimacy which is its fruit.

The need to be mirrored, the need to idealize someone and the need to find someone to be like—or to punish a caregiver for not providing for these needs—are the three sources of transference feelings. Thus, becoming a better person requires a relationship with someone who can help meet these needs, especially when there has been a failure to do so on the part of parents. When these three needs are adequately met, the child's sense of self is well-grounded and on his way to mature development. The child is then self-confident, has ideals and values, and is capable of developing talents and social skills within a community of other children. When these are not met, the child must find an adult who will help provide them. In the positive transference situation, the educator enjoys being sought after for these. After all, being admired by one's students is one of the rewarding aspects of the profession. The negative transference, however, as in the cases above, is unpleasant and disconcerting. Our own insecurities are tapped. We want counselors, assistant principals, disciplinary boards, and others to handle the problem for us and to give us the child without a need to "punish."

Kohut believed that by meeting just one of the three basic needs—mirroring, idealizing, or alter-ego—the parents would prevent the child from developing serious problems in relating to others. The guidance provided by teachers and school counselors supports the efforts of parents to meet these needs, supports the child who must deal with less than perfect parents, and occasionally halts a serious deteriorization in the parent-child relationship. This is especially true when acting-out behavior forces the school administrator or teacher to enter the lives of the family members with some intervention calling for empathic atunement. Teachers often discover, as did Kohut, that once a student feels he or she has found someone willing to listen empathetically, the old unmet needs awaken. Here, at least, is someone who can be a parental substitute.

Summary

In summary, the negative transference is the difficult, taxing experience with a student who is asking for more than the educator feels ready to give or ought to give because the teacher is set up, in a sense, as the object for punishment, as the vehicle for working through a difficult unresolved need. It is also difficult because the child is operating out of a belief that she or he is unlovable (in the case of a failure to adequately mirror the child), or a belief that adults cannot be trusted to provide safety and comfort (as in the case of a failure to provide the child with an idealized parental imago), or a belief that the child is unlike everyone else, that she or he is too different and too strange to be liked or acceptable (as in the case of a failure to help the child's need for an alter-ego). We might say, then, that it is an unconscious request of the child that the teacher help provide the empathy and understanding, as well as model a capacity to withstand being dominated by anger and disappointment.

It is often the case, moreover, that a teacher will find himself involved, entangled, even embroiled with a student who has managed to cause a reaction, or to become the focus of attention, positive or negative, before he can consciously choose to become involved. Such a teacher has been "caught" by the student whose need to transfer primitive feelings has been taken into the school setting. When the home has failed to provide for such needs, the school is the next logical place for finding avenues and persons to meet them. If they are positive, then few of us mind the request. When they are negative, however, most faculty resent being placed in such a role. The question then shifts to one of professional responsibility. The extent to which we feel it is our duty to become engaged with these difficult students may depend on the resources of the school, on our personal resources, and certainly on our own understanding of the obligations of the profession.

How does one handle negative transference from students? How does one cope with managing strong negative feelings which are being displaced into the

school setting, especially when such feelings are left over from disappointments and hurts stemming from failures of parents and the home environment? The answer to this common dilemma takes us to the issue of countertransference, that is, how to assess and handle the feelings which are placed in us by others or which are evoked by them. We will see in the next chapter that a teacher's own feelings are the best measure of what is happening in the child, and in the relationship, and they are a guide to proceeding into the future. Instead of being feared or treated as "unprofessional," feelings which are evoked in us by students can be seen as windows into the child's experience and thus an aid in understanding difficult-to-manage students.

The last issue dealt with in this section was the way acting-out behavior, as a cry for help, involves a projection of unwanted feelings on the part of the student into the school system, that is, into the faculty and students in this case, as a way of seeing how these individuals would handle this behavior. Alan unconsciously thinks: "Am I really as worthless or as sneaky and therefore unlovable as I believe I am? When this dynamic is appreciated by someone stronger, more capable of operating in the world than I, or my parents, then I will discover in that person the way out of this dilemma." Alan will begin to experience himself as capable, as able to make and keep friends, as wanting to do the right thing, for the right reasons.

In the next chapter we examine the dynamics of these school cases by considering some additional concepts for family systems and related theories.

Questions for Discussion by Faculty and Administrators

1. Why do children affect us differently? Why are some children harder to handle and more perplexing than others?
2. List some typical acting-up behaviors. Describe your usual reactions to such behaviors by individuals and by groups of students.
3. How can we, as teachers, help one another identify negative countertransference feelings when these are blinding us in our work?4. How has the school functioned as a better and safer arena for some students than their homes? Has their acting-out behavior been a call for attention which is easily heard?

References and Resource Reading

Aldrich, C. (1987). "Acting-Out Vs. Acting-Up: Superego Lacuna Revisited." *American Journal of Orthopsychiatry*, 57(3), pp.402-406.

Aldrich, C. (1974). "Youth's Fulfillment of Adult's Prophesies. *Australian, New Zealand Journal of Psychiatry*. 9(2), pp.127-129.

Blos, P. (1963). "The Concept of Acting-Out in Relation to the Adolescent Process." *Journal of the American Academy of Child Psychiatry*, 2(1), pp.

118-136.

Freud, S. (1912). "The Dynamics of Transference,' In *The Standard Edition of the Complete Works of Sigmund Freud* Vol.12, pp. 97-108. London: Hogarth.

Freud, (1920). "Beyond the Pleasure Principle." In *Standard Edition* Vol. 18, p. 64. London: Hogarth.

Gill, M. M. (1982). *Analysis of Transference*, Vol. 1.

Johnson, A. M. (1949). "Sanctions for Superego Lacunae ofAdolescents," In Eissler, K. R. (Ed.), *Search Light on Delinquency*. N.Y.: International U. Press.

Johnson, A. M. and Szurek, S. A. (1952). "The Genesis of Anti-social Acting Out in Children and Adults." *Psychoanalytic Quarterly*, 21(3), pp. 323-343.

Kahn, M. (1991). *Between Therapist and Client: The New Relationship*. New York: W. H. Freeman.

Kohut, H. (1971). *The Analysis of the Self*. New York:International U. Press.

Kohut, H. (1984). *How Does Analysis Cure?* Chicago: U. of Chicago Press.

Leowald, H. (1971). "Some Considerations of Repetition and Repetition Compulsion," *International Journal of Psychoanalysis*, 52(1), pp. 59-66.

Racker, H. (1969). *Transference and Countertransference*. NewYork: International U. Press.

Tansey, M. J., and Burke, W. F. (1989). *Understanding Countertransference*. Hillsdale, NJ: Analytic Press.

Winnicott, D.W. (C. Winnicott, et al., editors) (1984).*Deprivation and Delinquency*. London: Tavistock Publications.

CHAPTER TEN

PROJECTION AND PARALLEL PROCESSES IN THE CLASSROOM:

Why We React as We Do

On occasion many educators find themselves lost in their dealings with a student or the student's family members, as if they are in the middle of alien, unchartered waters. They are uncertain about where they stand, what the nearest opportunity will be for some clarity or breakthrough to take bearing, and how long they ought to tolerate being adrift. They long for a compass they can read. Frequently, this state is accompanied by rising confusion and frustration, and sometimes anger and resentment. Just as the captain of a vessel who has lost his way takes time to study the position of the stars, to read maps or to call for guidance on a ship's radio, it is possible for educators to pause to read the signals that are present in a relationship with a student or parents, to assess the effect of these dealings on themselves, and to find relief from the stress that such encounters bring.

How does a teacher or administrator begin to interpret signals which are sent in confusing and frustrating encounters? How do we avoid becoming discouraged and angry at students and/or their parents, or even with ourselves and our feelings of powerlessness? Loss of self-confidence makes the educational enterprise very enervating, and the effort to reach out to troubled young people makes it very draining. When techniques and strategies which proved successful with other students and families fail, the teacher or administrator can feel that conflicting emotional forces are getting the better of him or her.

The biggest danger is probably acting precipitously out of these feelings. Teachers and administrators may blunder badly under the stress of the moment, pulling and pushing at the actors in the drama without a real plan of action or

without the realization that they can be contributing to the problem, actually making it worse instead of better. It is also possible that we sometimes do the right thing without realizing why our strategy was successful. The danger is that an erroneous interpretation of why an intervention was successful may contribute to problems later when we feel adrift once more.

Dealing with difficult student and parent problems requires concerted action and a respect for the messages and feelings which the student sends or places within us. Clearing up our confusion and overcoming our frustration necessitates a willingness to work sensitively to understand what is taking place within us and within others who deal with the child. This requires an ability and desire to listen with a "third ear." By this, we mean that when a student or parent is confusing us or leaving us feeling dismayed, we need to ask: What is happening inside me? What is this student or this situation doing to me, and why am I reacting as I am? We need to listen in such circumstances, not just to what others are saying, but to what they are causing us to say to ourselves.

Educators who want to "read" the situation correctly cannot do so simply by gathering facts about the child or family. They cannot comprehend what is happening to a child simply by knowing something about the child's history and the "facts" of the case. By listening to the words of the child and reports about the child, one does not learn the complete story. Educators who want to assess the student and family situation correctly must listen to the reverberations of the student and family which are flowing through their own personalities. The ability to listen thus, or to listen to one's own language of feelings regarding the case, enables an educator to put the relationship into perspective and protects him or her from inaccurate interpretation, or inappropriate reactions to difficult situations. In his book, *Becoming a Counselor,* Eugene Kennedy compared this process to staying in someone's room overnight, feeling the person's presence in an array of inanimate objects, with the absent person speaking to us in a special language that is completely silent but very powerful in its significance and impact. (Kennedy, 1977)

When carefully done, recognizing and accepting these "messages" from the student and family require no torturous introspection or self-consciousness. Rather, we feel liberated from these feelings because we can identify communications from the child or his parents, as well as what is going on inside us. This identification relieves our stress, increases our understanding, and allows us to see our own judgment as trustworthy. It also gives an enormous amount of patience and a capacity to attempt strategies which might otherwise be emotionally draining or impossible to consider because we feel so defeated or confused. The following examples might be useful.

We Feel Helpless

A student has had a terrible time trying to adjust to her changing schedule.

Her mother has custody of her on Monday, Tuesday, and Wednesday. Her father has custody on the other three days of the week, and both parents share her on Sundays. She arrives at school each Monday and Thursday tired. Often she is unable to produce her homework. Her teacher complains to the parents, each of whom complain that the other parent is not sensitive to the needs of the child. Both parents appear to cooperate, but the situation does not improve. As the child continues to have Mondays and Thursdays which are nearly a waste of the school day, the teacher feels helpless about how to intervene on the child's behalf, or how to help the child prepare for Monday and Thursday work through clear and precise instructions, extra help and additional time, all of which are a bit draining.

The question which the teacher needs to ask is: Am I frustrated with this child, his parents, or with myself? Who can solve this problem, and whom am I blaming for the child's regular weekday failures? Are my feelings the result of something communicated by the child whom I am trying to help? Is she giving me a first-hand experience of what it is like to be this student? Is it possible that now I know what it means to live half the week with one parent and half with the other, how the shift in domiciles and routines is part of the problem with the bigger problem being the obstinancy of the adults involved? In other words, now I know what it feels like to be "helpless."

We Feel Angry and Manipulated

The parent of a child wants to become more involved in the child's life and in his school work than he should be. The parent is constantly inquiring about the assigned work, activities planned for the class, and events and incidents which involve his child and the others in the class. This parent intrudes through unsolicited advice, suggestions on how to better manage or handle a situation, and counsel on how to discipline or teach. But criticisms of our actions come back to us in a round- about manner. Others seem to know of the advice, and our successes or failures in following this advice. Before long, we find ourselves second-guessing what the parent would say or do, and how we might be set-up for criticism whether or not we follow his particular line of advice. We feel more and more constricted by our own thought processes and second-guessing. We find ourselves angry at the child, the child's parent, ourselves, as well as feeling manipulated in our feelings and reactions.

The teacher who finds herself in such a situation needs to ask: What is causing me to feel this way? Since strong negative reactions do not happen with regularity, why am I feeling this way about this student and this parent? Whatever this parent is doing to me, he must also be doing to his child. If I feel this way, how much more manipulation does the child feel? The frustration which builds inside me might be the best indication that such a parent is in fact passive-aggressive, angry, and unable to find direct and healthy ways of gaining

appropriate access or power in situations which truly merit them. When the teacher realizes the dynamics of the situation, she can feel relief that the feelings of anger and manipulation are not signals that she is unprofessional or somehow weak. She can also realize that the student feels this way constantly simply by having a parent whose intrusions are inappropriate, manipulative, and overpowering.

Parallel Processes

Negative feelings which are generated in the course of our dealing with students and parents spill over into relationships with faculty and administrators around us. Feeling depressed, angry, frightened, manipulated, or exhausted, for example, can lead us into a tailspin of self-doubt, self-reproach and helplessness. These feelings can lead us to take actions which we later regret. For many students whose family life is toxic and unhealthy, the school is the only recourse for healthy and strong intervention which will lead to professional counseling for a family member or the whole family. In other words, it is often the case that students who need help will interject their negative feelings into the school setting with the hope that those concerned respond with much-needed patience, advice, and helpful strategies. Because some situations are very toxic, the full extent of the problems in the home is not revealed by simply exhibiting a feeling or set of feelings to the teacher or administrator. A more complex and more complete revelation is available to educators by watching and listening to what is happening within our school system. A dysfunctional family system might replicate not just the feelings, but some of the actual behaviors, within the school system. The family system's defects and problems infect the school system in a parallel fashion.

What, then, are parallel processes and how do they manifest themselves? The term refers to the child's creation of some family system dynamics within the dynamics of the school setting. The child's behavior, and often that of the parents, create actions or reactions in school which parallel those of the family. For example, the family that is overwhelmed by an inability to solve problems emerging from the sudden disability of one of its members becomes stuck in finding ways of dealing creatively with the change in circumstances. Depressed and feeling that things will not improve, family members of this type of situation divert attention from children, but shower it on the sick adult. In dealing with the child who is acting out with such a delimma in school, the teacher and administration find themselves spending a lot of time with the child's mother, who comes to school to air her complaints and frustrations with the child. Educators hesitate to ask the mother to do more than she is already doing, because she is overwhelmed. They seek to help ameliorate the bad situation as best they can, fully sympathizing with the mother in her situation. Mother and teachers or principal spend more time on her needs than on the child's

problems. In short, the family has unwittingly recreated the problem situation, this time in the school.

The teacher and principal, without realizing it, feel like the child: frustrated, but too guilty to press for the needs of the child in light of the seriousness of the dilemma faced by the child's overwhelmed parent. Over time, the school winds up doing the same thing that the family is doing: skirting or neglecting the needs of the child and focusing on the needs of an adult. In the school's case, the mother is the focal point, while in the home, it is the father who commands center stage.

Projective Identification

The process by which the child places us in a position to understand what she is experiencing has a purpose. Its design is to solicit our aid by involving us in the child's life for corrective purposes. (Ogden, 1982) The child's unconscious intention is to have us feel and react as he or she does and then to watch us deal with those negative and unproductive feelings and behaviors in ways that can serve as a model for avoiding them in the future. How would you handle this dilemma? What do you do when you feel this way? As part of an unhealthy system, the child cannot help but repeat self-defeating behaviors. The goal in projective identification is to find someone who will not allow the behavior to continue to be self-defeating. Unfortunately, adults respond negatively to such behavior and the child's purpose is defeated. The process may be described as follows. It may appear abstract at first, but will become clear in the case illustration which follows.

Step One: The child disowns her negative feelings. The child cannot handle the unwanted and negative feelings which the unhealthy family system places inside him- or herself. For example, the child feels neglected because all attention is focused on a sick parent, but the child also feels guilty about wanting attention when someone else clearly requires and deserves the family's love and care.

Step Two: The child projects these feelings onto the teacher by behavior designed to make the teacher feel as angry and upset as the child feels. For example, the child neglects work and causes disturbances in class. The teacher feels angry and upset, but guilty, when she learns of the child's predicament, for feeling that the classroom work is more important and deserves attention on the part of this child.

Step Three: The child and teacher become emotionally linked. They struggle regularly and this worries the teacher. The classroom of this

particular teacher becomes a place where the child is especially likely to act out negative behaviors. For example, it might be that the child does some work, and may manage to get by or pay enough attention in other classes or activities to avoid scrutiny or the involvement of other teachers. In any event, one or more adults outside the family become emotionally enmeshed, intertwined in the boy's and the family's dilemma.

Step Four: The child manages to get the teacher to feel the feelings and react as he wants her to react. When he cannot afford to complain or demand action from the home, the teacher feels the need to demand that his parents pay closer attention to the needs of their child. But the "guilt" of being demanding thwarts the teacher. The attempts to find ways around the problem produce frustration and exhaustion. The teacher begins to feel stuck and depressed.

Step Five: The child then uses the reaction and feelings of the teacher to prove that the only logical or natural feeling possible in such a situation is hopelessness. The child unconsciously, then, creates the same feeling of frustration and exhaustion in order to watch the actions of the teacher to determine if it is not true that she is the hopeless one. The child is the one who is giving up. "Even the teacher is unable to redirect attention to my needs."

Step Six: The child has produced a situation which confirms his worst fears, that is, that the situation is, in fact, hopeless, that his father deserves all the attention, that he is too needy and an unworthy son because of his excessive demands.

This is, of course, what happens when adults behave as they sometimes do. When and if the teacher in the above example recognizes that the feelings she is having and the situation in school parallel the feelings and the situation of the family of her student, she would be in a position to take a different approach. She might, for example, decide that she will fight her own feelings of exhaustion or frustration, that she will speak candidly and openly about the needs of the woman's son, and point out that attention to his problems needs to be the focus of their sessions. Despite her desire to understand and appreciate the difficulties this mother is having with a sick husband, the teacher recognizes that she is doing the same thing the family is doing, so she works to fight it.

The teacher's appreciation of the process and what it is doing to her actually helps her to diagnose the difficulties she is having with the student and

to understand the processes which are occurring in her classroom and in the school conferences with the student's mother. This understanding and appreciation give her the courage to confront the problems and be patient with the family members. (Ogden, 1982)

In the projective identification process and in the phenomenon of parallel processes within the school, the child and family create on the outside what is happening on the inside. That is, they create behaviorally what it is they are feeling and even recreate how it is they are interacting. The child's motive, once again, is to find justification for his feelings, but, instead, he often ends up with adults who continue to feel that the child is purposely "doing" the negative things, and that their feelings indicate that the child is the problem, and that he is "making" the rest of us feel badly about our own reaction. When adults like the teacher do not achieve an insight into what is happening and why, they act out of the feelings placed there by the child, as if these feelings were their own. The unfortunate result is to reinforce in the child the same negative messages and feelings which are placed there by the toxic family system. The case which follows later in the chapter might help to illustrate this process.

Countertransference In The Classroom

In dealing with students who bring to the classroom their unmet emotional, affective needs, teachers have at their disposal the same tools and techniques as counselors have to aid in the healing process. The first of these is the teacher's own humanity. Coldness and distance, justified by some as "professionally" necessary, place the teacher in a position of reinforcing old wounds and rekindling old hurts. An aloof and unempathic response to a student says, once more, that she or he is unworthy of deeper concern and support.

The second important tool is an attitude of non- defensiveness. When under attack, the first rule is not to fight back. To punish, reprimand, seek the removal of a student from a classroom or school situation, may be warranted, but it should be a last resort. It is chosen as a strategy to keep the student safe and help the student from further damaging relationships. Whenever possible, openness and curiosity are the best stance: What is this student telling me, and why am I feeling as I am about what is happening?

As we can see, countertransference feelings are difficult to assess, but potentially very helpful in knowing what is happening within the student—in other words, not simply what is happening within oneself. One question is: What is the student telling me by her behavior? But, more importantly, what is the student telling me by the feelings he or she is putting into me?

The answer to these two questions may not be very obvious. Consider the example of a student who has just begun a fight. We might be furious because we realize that this student is tormenting someone else. Perhaps we

are angry because the fight has interrupted the class or flow of activity. We are upset because the class has been distracted and upset. Perhaps all the above are operating in our response. In addition, we reason, we are responsible for the safety of these students and need to stop this behavior. Our credibility with the administration and students is also on the line. This student may be a threat to our personal safety, the students, and our sense of competence as a professional.

In such a situation, the educator's duty is to put an end to the behavior, secure the safety of the others, and restore an atmosphere where students can learn. Removing the student from the situation and determining any other appropriate consequences should occupy the teacher's attention initially. The more decisively the educator acts, the better.

But there will be dealings with this student which go beyond settling the dispute and determining an appropriate reprimand. Indeed, how the dispute is settled, and how the student feels about the fairness of the settlement will, to a large extent, determine the future conduct and attitude of the student. It is precisely those students who defy or who cannot comply with reprimands and consequences, that is, those who "come back for more" by repeatedly getting themselves into trouble, who worry us. These students tax our energies. They drain our motivation to help them. They challenge our belief that we can deal with any situation, or that we can like any student. In short, they conjure up in us a host of feelings and reactions, not only about themselves, but about ourselves, too.

Countertransference Feelings

The feelings and issues which students raise in us are signals from different sources, (Tansey and Burke, 1989), that is, what they transfer onto us produces feelings which arise from several different parts of our lives. First, there is our own history of dealings with persons who look or act like these students. Some teachers, for example, are less tolerant of fighting than others. They may have grown up in an environment where this was rather common, and have decided that it is to be avoided at all costs. There may be as many strong reasons for positions such as this as there are teachers who hold a specific point of view.

Perhaps the opposite is true, i.e., a teacher may feel that a good fight, for whatever reason, can be a way of settling things among students. It may be against the rules, which the educator may enforce, but without feeling offended by belligerent behavior. In any event, our own past has molded our feelings and beliefs regarding the various behaviors and attitudes we encounter, as well as our reactions to them.

Countertransference feelings, as we have noted, come also from the student himself, i.e., the student who has begun a fight is also placing these feelings in us to give us a clue, a sense, or a notion of what it is like to be him or her.

The anger or fear we feel at the time of the fight and afterward, as we talk with this student, demands an explanation, and it is also the same anger or fear he or she is feeling. A student who makes us feel confused and uncertain, as well as helpless and hopeless, may be doing so with an important purpose that is unconsciously held, but nonetheless real, that we share the same feelings. It is as if the student is saying: Now you know how I feel.

To be helpful, to listen empathically and non-defensively in this situation, means to allow oneself the freedom to feel what the student is feeling. It is also to be aware of those aspects of the situation which we are predisposed to treat in a particular manner, regardless of the circumstances or the needs of the student which may be calling for a different response. (Kahn, 1991)

An awareness of countertransference feelings is difficult and complex because one must be conscious of one's reactions, feelings, and beliefs, as they are happening. It means knowing oneself well and knowing the ways one can be easily affected. Reactions appear to be universally understandable: Doesn't everyone feel this way? Or: Wouldn't everyone react this way? But we have seen the reaction of others with whom we work, whose responses differed greatly from our own. They may have examined the same student or the same situation and amazed us that they could react so differently.

Why is it that some teachers remain calm in the face of what we see as unbridled injustice, flagrant violation of conduct rules, or gross infractions? Or, why do some become upset over what appears to us as a simple mistake, or an understandable lapse of good manners? Why does their patience wear out more quickly? And, why do we seem capable of tolerating certain behaviors which others have a real need to stop? These are countertransference issues and our own feelings and beliefs constitute the base from which these feelings arise. Again, our own history and needs color our reactions and perceptions. So, too, might the particular student. More than likely, each situation which captures our interest and attention will be a mix of the several different sources of countertransference feelings. The following case illustrates these points. It also demonstrates the different reactions of teachers to the same student.

The Case of Richard, The Computer Hacker

Richard, 16, was overweight and of average height for his class. He was in the tenth grade in a junior high school. Recently Richard was charged by school authorities with tampering with and destroying eight weeks of school work done by his fellow students. It seems that Richard had gained access to the computer codes in the computer lab used by his fellow sophomores. In what he claimed was an accident, he wiped away the semester's work of the entire class and cost the school several hundred dollars. Richard said that the real fault of the crash was due to the inadequate and easy-to-crack system in use by the school. A conference of Richard's teachers was called to determine how to proceed with disciplinary action against him.

The computer instructor responded first. She explained that when the erasure came to light, students immediately pointed to Richard as the culprit. She supported their contention wholeheartedly because she had discovered that Richard had been looking through computer files in the computer lab the previous day, and she told him to leave the room and return to the cafeteria where he should have been. She said that she had been having difficulty with him all semester. She claimed that he was uninterested in doing course assignments, had not turned in any work, taunted other students during class time. His attitude about being in the class was completely negative. She admitted that Richard was far superior to other students in his knowledge of computers but that he refused to cooperate with her in doing advanced work. Richard's response to being asked to do advanced work was: "Why should I do work which is harder than what the others are doing if I am not going to get credit for it? I already know this stuff."

Richard's literature teacher claimed that Richard was lazy and unmotivated. He was not a bother to other students but simply uninterested in doing the work. He had failed this course previously with another teacher and was repeating it. The literature teacher claimed: As far as I can see, he will probably fail again. I have no particular problem with him. However, he is just vegetating in class."

Richard's homeroom teacher had met with his father. She knew a little about the boy's background because she had to communicate the concerns of other teachers in the previous semester. Richard was failing his classes then, also. He was placed on probation for failing grades in literature, social studies, a history class, and band. He managed to get by in all but literature and band. The band instructor refused to allow Richard back into the program because of his attitude and his refusal to cooperate in class.

Richard's father, the homeroom teacher explained, was proud of Richard's computer abilities. He told her, in fact, that Richard was a "computer hacker." He also stated: "The living room is full of computers and Richard is part of a network which attempts to find their way into computer systems. They have cracked banks and businesses. I told them not to get into trouble and he assured me they don't mess with the systems they are able to crack. They just like getting into them, to see if it can be done."

According to the teacher, Richard's father told her that he was a radio ham operator, that he didn't think the boy needed a lot of schooling, and that he wasn't concerned about Richard's social life because he had so many friends in his hacking network. He did say he was sorry about the damage to the school program but thought that his son did them a favor by showing them a potential problem. As for the poor academic performance of his son, Richard's father said that he thought some teachers did not like his son and that this contributed to his son's poor attitude, even if it wasn't the entire problem.

Richard's mother had not attended a teacher-parent conference and, when asked by the homeroom teacher if she could meet her, Richard's father said, "She doesn't get involved much in school affairs because she works a great deal and has sort of given up on Richard." The homeroom teacher ended her remarks by saying she felt sorry for Richard but wasn't sure why.

Richard's algebra teacher found in this last remark an opportunity to speak up. He liked Richard, and he said, "It is true that he is a difficult student to manage, but it can be done." Apparently, this was the only class that Richard was passing, that he managed to turn work in, paid attention, and cooperated. The teacher explained that he had noticed that Richard was a loner, that he often got into verbal fights with other students who tormented him and teased him because of his weight and his attitude toward them. The algebra teacher stated: "He is defensive because of the way they treat him and I don't blame him for his attitude. All I know is that he works for me."

The Assistant Principal, who was conducting the meeting, asked for comments and suggestions on how they might proceed with Richard. These ranged from having Richard charged with a misdemeanor, to suspending him, to having a discipline hearing before a faculty committee, to a suggestion that he be referred for counseling, along with his mother and father. The Assistant Principal said that her first inclination was to insist on counseling for motivation and peer problems, but she realized that some repercussion for the incident was in order. What she did not say was that she felt hampered by the fact that only one of Richard's teachers seemed to have a favorable attitude toward him, and that left her with few options on how to get the situation turned around. She ended by asking if any teacher would be willing to work with Richard on improving his school work. Her one volunteer was the algebra teacher.

Discussion of the Case

This case raises many questions and contains several different elements worth noting. First, there was the problem of how to deal with the alleged infraction. How much evidence exists? How circumstantial is it? Even if the evidence was only circumstantial and there was not enough to punish Richard, there was still the problem of Richard's relationships with his teachers and his fellow students.

Another feature of the case was the home situation. Richard's father appeared to be reacting defensively to the accusations against his son. He may have sincerely believed that his son was doing nothing harmful. Was this a defense? Was it in fact an unconscious permission for Richard to act out in ways which he himself would have wanted to act? We saw in the previous chapter that parents can sometimes be the source of unconscious permissions to act out, forming what we called superego lacunae, or holes in the conscience. The father's under-reaction was one possible clue that he did not see the real harm and was vicariously enjoying Richard's antics.

Superego lacunae have four characteristics. (Aldrich, 1987) First, an unconscious permission is given to act out from a parent who cannot afford to act out him- or herself. There are, socially and psychologically, too many reasons why the parent cannot appear to sanction the antisocial behavior outright. Second, an unresolved conflict with the parent is the source of the tacit permission. The parent has his or her own unconscious desire to do the same. Third, the child becomes the scapegoat, that is, becomes the one who takes the punishment for the acting- out behavior. This protects the parent from being penalized directly. And finally, those who deal with the acting-out behavior, or the system which metes out the consequences is blamed for somehow allowing or necessitating the antisocial behavior.

As we look at this case, how should we interpret the absence of the mother? Her psychological abandonment of the boy may have been due to the way father and son had marginalized her. The triangulation of the relationship helped maintain things as they were, in a dysfunctional state. Richard's behavior, however, had infected the school setting. The family system and the school system were clearly interacting here.

Richard's actions over the course of the year had evoked many different feelings in this faculty and also in his fellow students. The negative nature of these countertransference feelings had seriously jeopardized his chances of fitting into the school community. They had also revealed the different ways in which people cope with the demanding behavior of this student, and also the different ways in which Richard affected them.

What Richard evoked in different teachers was determined by at least four factors. Put another way, there are four aspects or elements to the countertransference feelings in this case: the objective responses to behavior, regardless of who was doing what, such as a teacher's annoyance at the loss of the eight weeks of work; the reactions of the faculty which were colored by a history of dealings with this particular person and situations in which he had been involved; their reaction to the parent's responses, to one another's reports of Richard's behavior in class, and to the students who were upset; and finally, the faculty's reaction out of their own perception of how all this challenged their image and view of their role and their abilities as capable and caring adults. How might we understand the purpose of these feelings?

All of the countertransference reactions to Richard were instructive because all of them were, at various times, Richard's own reaction and feelings regarding his dilemma. He felt anger, rejection, sympathy and sorrow. He felt at times like lashing out against those who had not accepted him, and he felt like rejecting those who had a need to be admired and accepted. His own needs for mirroring and for idealizing, or admiring some adult figure had gone unmet for so long that his negative transference into the school setting allowed us to see his rage and disappointment.

Still, his need to connect, to feel like an ordinary human being, to be accepted, was projected into his class with his algebra teacher. This teacher alone had been able to appreciate the boy's talent and so Richard cooperated. And, also on the positive side, Richard's homeroom teacher was able to sympathize with Richard's predicament because she sensed that his father was not an adequate support and his mother had psychologically abandoned him.

As a group, then, the teachers were experiencing what Richard experienced and feeling what he felt. Their countertransference feelings were actually placed there in the school setting. But why would Richard do this? Was it to torment the school's staff the way he had been tormented? Was it to disappoint and frustrate them as a way of getting even with his parents? To understand why Richard brought his problems to the school setting, we need to understand how the defensive strategy of projective identification works.

In simple projection, an aspect of the self, for example, an unwanted feeling like anger or hatred or jealousy, is expelled and disavowed, or disowned, and attributed to another person. Thus, Richard may have been angry at his fellow students for rejecting him and so he may have responded by saying that they were angry with him and thus were accusing him of something which he did not do.

In projective identification, on the other hand, the projector subjectively experiences the same feelings with those who are the intended recipients. In other words, the projector puts the negative feelings into the other and experiences their experience of them. By virtue of an unconscious bond with the "enemy," the projector feels his own feelings through seeing the enemy feel them. Richard's self-hatred, anger, vindictiveness, hopelessness, and frustration—all the different things felt by the various players in this drama—were put there by Richard. But he, in turn, was able to see and experience their handling of these feelings. Richard then received confirmation that these feelings were justified. He thinks: After all, many other individuals feel these about me. The strategy is both a defense against the feelings—the projective part—and, ironically, a way of confirming, and justifying the feelings. But the confirmation appears to be very self-defeating, does it not?

Projective identification can also be a way of finding hope. One interpretation of the use of projective identification is that by placing the negative and unwanted feelings into others, one might learn how to handle them and one just might be disconfirmed. In this case, if a faculty member or the assistant principal was able to see that Richard did not want to be discarded, did not want to be thought of as aloof and uncaring, and began acting in ways that disprove Richard's own feelings about himself, then Richard would have been confronted with a contradictory image of himself.

Projective identification is also the way that Richard introduced into the school system a parallel process, that is, some taste of what it was like to be in

his family. Here we see the student making the school system feel and act as he and his family acted. The feelings which Richard placed in the faculty and students were the same which Richard felt within the family system. In light of the family dynamics, he felt used, neglected, angry, ignored, and cheated. By examining the feelings put into the school setting, by stepping back and looking at what was happening within the school as a system, an administrator or a teacher would be able to say: "This is what it must be like to be Richard." This insight, that is, the realization of the dynamic of projective identification wherein Richard placed his feelings into those around him, allowed the faculty to become more objective, less reactive, and thus more deliberate in the strategy they devised for dealing with him.

As we discussed in the last chapter, a two-tiered strategy should be employed, the first being to deal with Richard at school. Richard needed some successes in the system over which he had some control. The next step was to deal with Richard and his family. His family did need help, but that may have been a longer and more difficult process and certainly one which the school officials could not influence. By taking care of the immediate issues facing Richard and by dealing directly with the behavior which put him at risk, the faculty dealt with problems which were potentially within Richard's grasp and ability to manage. Success in school and in making friends gave him the ego strength, the self-security and self-assurance that he needed for facing the truth of his family situation. If Richard got in touch with his deepest hurts first, he may have become depressed, or even suicidal. Such new feelings stemming from an awareness of the enormity and depth of the problem, could have potentially caused him to feel hopeless. In such a case, his worst fear would appear to be true: "I deserve what I get from both systems."

With these key concepts in mind, we now turn to the types of dysfunctional families which are most common and most challenging. Each type creates different transference and countertransference feelings and each sets up a unique parallel process in classroom and school.

Questions for Discussion by Faculty and Administrators

1. Can you identify and describe a student in the past whose behavior, and the school's response, in retrospect, paralleled what was happening in his or her home? (We almost never realize how much this is the case until we have the advantage of distance and time!)
2. Can you follow the six steps in the projective identification process using as an example a student with whom you had an intensely negative or positive relationship?
3. How should the school have handled Richard, whose case was discussed in this chapter? What transference an counter transference feelings can be identified in this case vignette?

References and Resource Reading

Aldrich, C. (1987). *Acting-Out Vs. Acting-Up: Superego Lacuna Revisited.* 57(3), pp. 402-406.

Brandell, J. (1992). "Countertransference Phenomena in the Psychotherapy of Children and Adolescents." In J. Brandell (Ed.), *Countertransference in Psychotherapy with Children and Adolescents.* N.Y.: Jason Aronson.

Freud, S. (1912). "The Dynamics of Transference," In *The Standard Edition of the Complete Works of Sigmund Freud*, vol. 12, pp. 97-108. London: Hogarth.

Gill, M. M. (1982). *Analysis of Transference*, Vol. 1.

Grindberg, L. (1979). "Projective Counteridentification and Countertransference." In L. Epstein and A. Feinert (Eds.), *Countertransference.* N.Y.: Jason-Aronson.

Johnson, A. M. (1949). "Sanctions for Superego Lacunae of Adolescents," In Eissler, K. R. (Ed.), *Search Light on Delinquency.* N.Y.: International U. Press.

Johnson, A. M. and Szurek, S. A. (1952). "The Genesis of Antisocial Acting Out in Children and Adults." *Psychoanalytic Quarterly*, 21(3), pp. 323-343.

Kahn, M. (1991). *Between Therapist and Client: The New Relationship.* New York: W. H. Freeman.

Kohut, H. (1971). *The Analysis of the Self.* New York: International U. Press.

Leowald, H. (1971). "Some Considerations of Repetition and Repetition Compulsion," *International Journal of Psychoanalysis*, 52(1), pp. 59-66.

Ogden, T. (1982). *Projective Identification and Psychotherapeutic Techniques.* N.Y.: Jason-Aronson.

Racker, H. (1969). *Transference and Countertransference.* New York: International U. Press.

Tansey, M. J., and Burke, W. F. (1989). *Understanding Countertransference.* Hillsdale, NJ: Analytic Press.

167

CHAPTER ELEVEN

CHRONIC ILLNESS AND THE STUCK CHILD

General Description and Conditions Faced by Children

Nearly 1.5 million children will experience the death of a parent by the age of 15. (Kilman, 1979) Cancer, cardiovascular diseases, auto accidents, and a host of other tragedies strike the lives of children, producing significant stressors and disrupting their lives. The systemic factors which impact the way a family copes with serious illness and death indicate the level of organization within the family and the significance and role of the chronically ill or deceased person. In other words, families who continue to meet the developmental needs of children, despite the disruption and inconvenience of chronic illness, and those where the relational-emotional needs of children are attended to by other care givers experience less turmoil and less dysfunction than families lacking such coping ability.

Some physical illnesses are short-term and families are quickly restored to their previous level of functioning. Others are more lasting or progressive and place more of a strain on individual family members. When parents are the victims of injury or illness, the child may be more seriously impacted than when a sibling or another relative is the victim. These are just a few of the factors which can impact a child's academic and social life.

Other psychological conditions may impact a child's life without the child or the adult care givers being aware of them. Children who have learning disabilities, for example, are seriously affected by their disability. Their academic performance will greatly color their feelings about themselves and, therefore, about their place socially within the classroom. If the disability has not been diagnosed properly and if strategies for intervention have not been devel-

oped to ameliorate the effects of the disability, the child and his or her parents will be under enormous stress to find an explanation and a remedy for the child's poor performance.

This chapter deals with the effects of chronic illness on the family and its impact on children. Our case studies demonstrate the sometimes devastating impact of chronic illness on the child and how it may impact the school setting. As the child projects negative, unwanted feelings into the classroom situation and as these are felt by school personnel, the beginning of a diagnosis and, therefore, a strategy emerge for dealing with families under similar stress. Three case examples follow. Each describes a family laboring under a chronic physical condition which has the effect of thwarting the child's developmental or relational needs. The negative dynamics introduced into the school setting recreate in the educator feelings similar to those of the child and his or her family.

The Case of Michael, 9:

Michael, in fourth grade, was average in height and build for his age group. At first appearance, he seemed to be disheveled and unorganized. His hair was usually messed in front and his shirt- tail was often out of his pants. His teacher complained that he arrived late or was late getting started for almost every class activity. Standard test scores showed him to be of average intelligence, but one to two years behind in reading.

Michael was easily distracted by his surroundings. He either fidgeted in his seat or worked on something of interest to him without paying attention to what was happening around him. It was as if he were in his own world. When he was in such a state, the teacher preferred not to bother him because he was difficult to deal with when agitated. If he was singled out or corrected, told to pay attention, or asked to get on task, Michael denied that he had caused any problem or that he was not paying attention. His protestations could take on dramatic proportions that included stomping his feet and raising his voice in defiance of the teacher. Later, when questioned about his behavior, he denied that he had been rude or had upset anyone.

A string of aggressive incidents on the playground and unfinished homework have resulted in meetings with the parents and the school principal. The parents, who had been involved with the PTA, had been cooperative with teachers in the past.

Michael had a sister in the seventh grade. Laura was a good student. Her grades were above average and she was popular. Her friends were interested in boys and the intrigues of going steady. She had never caused any discipline problems in her seven years in the school.

The conference with Michael's parents involved Michael, the fourth grade teacher, and the principal. The concerns of the school centered on Michael's lack of progress in his studies, his unfinished homework, and his classroom

behavior, as well as his aggression on the playground. Michael's claims that he did his homework were not substantiated by the teacher's records. Parents agreed to check to see that homework was completed each evening. The parents then explained that things at home had been unsettling. Both parents were under great stress over the extended commitments to Michael's scout troop where his father was the troop leader. In addition, Michael's soccer team, where his father was one of the two coaches, practiced two weekday evenings. Besides these time-consuming commitments, paternal grandparents were demanding more time and attention. Michael's grandfather had recently become ill with a heart ailment.

When asked if any of these commitments could be given up, Michael's parents admitted they had discussed this issue on several occasions. The problem was that if his father withdrew from either the soccer or the scouting activities, the other boys would be affected because the activity would have to fold. No other parent had come forward to take some responsibility for these activities. As a painter, Michael's father was one of the few in the neighborhood who could be home on a regular basis for the late afternoon and early evening activities required of both the boy scout and soccer organizations.

Michael's parents also explained that his grandparents were becoming more dependent on them for assistance. Both had crippling arthritis and needed help in taking care of themselves. To cut down on the two or three daily trips to their home, the family was considering a move into the grandparent's house, located several miles away. The conference ended with the principal and teacher feeling that these two parents were doing as much as they could, while being heavily over-committed. The principal and teacher both believed that the parents would cooperate with a program to improve Michael's behavior and academic performance.

As time progressed, Michael's behavior and homework improved slightly and then deteriorated. In another conference, the parents explained that they had recently moved to the grandparents' spacious home and that their schedule improved as a result of the move. They felt frustrated with Michael, who did not seem to cooperate with the family during these difficult times. The principal suggested that Michael work with a school counselor on adjusting to the fourth grade and the new situation at home.

Again, Michael did well for a time, but then got into trouble for fighting on the playground and for being uncooperative in class. His mother was coming each day to get his books because she did not trust that he would know what to bring home. Michael and his mother quarreled over the homework each evening. Sometimes his mother was able to get her son to do all his work. More often, however, she was unsuccessful.

The counselor suggested that Michael might be inclined to cooperate if he had less pressure after school with scouting or soccer. His parents explained

once again that withdrawing from either activity would hurt the other children. Michael's father admitted that he had been forced to discipline his son at the soccer practices. On a recent overnight scouting event, Michael has disobeyed him, and then refused to take his punishment along with some others who had been involved in the incident.

As things in school grew worse for Michael, his grandfather was hospitalized. His parents continued to be apologetic and cooperative about their son's behavior. The school recommended family therapy to them.

After listening to the number of activities, the commitments, and the behavior Michael exhibited in school, the therapist was not sure that recommending a specific course of action would be successful. The parents thought changing schools might be a good idea. Since the second semester was approaching, a transition to a school in the new neighborhood might give Michael a chance to start over with a new teacher. His fourth grade teacher had given up on him and on complaining to Michael's parents. Because of his behavior on the playground, many restrictions had been placed on Michael in the classroom. The principal agreed that it would be a good idea to change schools.

By the end of the second semester in the new school, Michael recovered little of what he missed at his previous school. He was in less trouble on the playground and was less pressured to turn in work under a new teacher, who ran her class differently from his former teacher. His current fourth grade teacher recommended that he repeat the grade.

In the spring, Michael missed a few days of school when his grandfather died. Over the summer, his grandmother had to be placed in a nursing home because of the level of care she required. Michael's next year was smooth and without incident.

The Case of Alexis, 13:

Alexis, a freshman, attended a large, urban school of middle class students from several working class neighborhoods. She was bright and energetic. Although she had not been involved in sports or activities previously, she went out for the girls' basketball team and made second string.

Alexis' family suffered a tragedy during the holidays. Her father, a grocery store manager, was shot during a hold up of the store. He reached below the counter when the robbers demanded money from the register. The gesture was interpreted as reaching for a gun or an alarm and he was shot. The bullet severed his spine, leaving him paraplegic.

Alexis' father recovered from the wound in remarkably swift time, thanks in large part to the support of his family. Her two older brothers, her mother, and she became model care-givers. The hospital and rehabilitation unit even took pictures of the family for use in a brochure about the level of care given at the hospital.

In therapy, the family explained how they had rearranged the home so that their father would be able to have his own room, how they would take turns cooking and cleaning, as well as feeding him and keeping him company. Because the mother needed to return to her job and worked until 5:30 each evening, Alexis had to quit the basketball team in order to cook dinner for the family.

When asked how they had rearranged the home, the mother explained that Alexis had to move into the bedroom with her, the two boys now shared a bedroom, and her husband's sister had moved in to care for him during the day while everyone was away at school or work. When asked how they liked this arrangement, the children were silent. Their mother explained that this was what had become necessary for the family to get by. When pressed about the presence of the aunt in the home and how that may have changed things, no one seemed to want to discuss the matter.

In time, Alexis' older brothers began to experience problems. The eldest was having problems with his diabetes, which had been under control until recently. The younger brother was failing his seventh grade year. Alexis complained constantly that she was not able to socialize or play basketball. Family therapy sessions were unsuccessful in getting the family to face these issues.

Pressure on the mother increased when school officials called her in to tell her that her son was not likely to pass the seventh grade. During the spring, the mother decided she needed a vacation. She took Alexis' brother out of the classroom to visit her family home in the South. While she was away, Alexis' father became angry and refused to eat. He developed bedsores and was re-hospitalized. Within two weeks of their return from the vacation, Alexis' father died from pneumonia.

The following year the elder brother took over his father's position as manager of the grocery store. Alexis returned to the basketball team and the seventh grade brother was passed on to the eighth grade. His grades improved and he graduated the following spring. The family stopped therapy about halfway through that year.

The Case of Beatrice, 10:

Beatrice, ten, was small for her age. She had blond hair, cut short at the sides and back, but with bangs long enough for her to chew on during the day. She attended special classes for those from grades two through four who needed assistance with their school work. During the mornings, she was in a regular classroom for third graders.

Beatrice's teachers complained that she was not able to articulate clearly enough for them to understand her. They said the other children made fun of her throughout her first and second grades. The issue of her speech problem

was not as noticeable during the first grade, when a friend of Beatrice's interpreted for her and played with her during the recess and lunch periods.

The report from the learning specialist in the district indicates that Beatrice was below normal in intelligence, according to standardized tests. She experienced a definite speech problem with multiple sound substitutions. In one-on-one situations, the language problem and lisp were less noticeable. Beatrice's particular problems involved following directions, staying on task, and completing a project. Her present work was two grades below her age level.

Efforts to improve speech, handwriting and attention to detail were slowly beginning to pay off, which had not been the case prior to the diagnosis of her learning disability.

Beatrice attended a day care and preschool until she was five, when her mother put her in a kindergarten in another district. She came to her present school in the first grade when she was seven. Her previous school felt she needed an extra year in kindergarten "to mature," as they put it. Teachers there felt her language and speech difficulties as well as her social awkwardness were indications of immaturity.

In the first grade in her new school, Beatrice made one friend who helped her a great deal, but she still refused to cooperate in any group activities. She did so poorly on her classroom assignments that her mother was called in for a conference. Beatrice was given a structure and her mother implemented a plan to help her daughter complete unfinished work at home.

Beatrice and her mother fought over the schoolwork, and over almost every other task. Toys were taken away, privileges lost. A system of rewards was designed, but that did little to improve Beatrice's behavior or school performance. She began annoying others in the class, after both the teacher and mother agreed that Beatrice's friend should be placed in another part of the room to force Beatrice to do her own work and speak up for herself.

Because of her age, it became more and more difficult to consider keeping her back for another year in the first grade, so she was passed on to the second. Again, her improvement was minimal. Socially she became more ostracized. On the playground, she hit those who taunted her and seemed to lose control of herself. The teacher on yard duty reported several times that Beatrice engaged in a repetitious behavior pattern which looked as if she was trying to brush away a fly or insect from her ear.

At the end of the year, the teacher ordered an evaluation of Beatrice from the district educational assessment center. The report indicated speech and language difficulties that lead to a reading problem. In addition, the learning specialist asked for a hearing test. At the office of the ENT specialist, Beatrice's mother reported that the delivery of her daughter was normal and that there were no complications during the pregnancy. There was, however, a series of ear infections as well as upper respiratory infections during Beatrice's infancy.

At the age of three, Beatrice had rheumatic fever. When she was tested by the specialist, a hearing loss was discovered, theoretically traceable to the rheumatic fever. The specialist felt that this loss may have accounted for the speech problem and the subsequent learning difficulties.

Once this was known, Beatrice was given a hearing aid and placed in special classes in the afternoon. Improvement was slow but steady. Her biggest problem was adjusting to the fact that she would need to wear the hearing device indefinitely. Her social problems subsided a great deal and the ritualized or rote behavior patterns ceased. Social problems as well as academic problems were often traceable to those days when Beatrice would forget to bring her hearing device to school with her.

Discussion of the Three Cases

The three cases described in the preceding paragraphs highlight several key problems of families with a member who is chronically ill. It is not uncommon for such families to have children who act out and are not able consciously to appreciate what is happening to them. In each case, what they are experiencing is an inability to consider realistic alternatives. The children and their families are unable to get on with the business of growing up, of learning, and of concentrating on their academic work because of a chronic problem. The problem may be within the children or the family. If it is, in fact, within the children, they may be unable to identify the source of their problem. Families with a chronic problem, like those in the above cases, often cooperate with school officials. Mother and father attend parent-teacher conferences. They consider suggestions made by educators and doctors with a sincere interest in doing whatever they can to help change the behavior of their demoralized child or children. Often such parents are overwhelmed by the demands of the problem. In the case of Michael and his family, the parents, although pressed from many sides, became over-involved with their son. Family concerns and crises lead over and over to broken promises, botched chances for improvement and missed opportunities to regain momentum.

It is easy to be suspicious of parents and of what might be feigned cooperation and involvement. School personnel may wonder why the child is uncooperative. They may suspect that parents are hiding something from them. But parents may become exhausted by their attempts at taking care of a chronically ill family member or a chronically ill child. They may also feel guilty for harboring negative feelings for those whose disease or problems have become very taxing. Financial resources, as well as physical and social resources dry up, causing fears or even panic over an uncertain future.

In the beginning, suggestions for minimizing complications and simplifying daily activities may be welcome. In families with chronic illness or an undiscovered chronic problem, however, such as a learning disability or ADHD

(Attention Deficit Hyperactivity Disorder), attempts at simplifying or reducing stress often prove unsuccessful. It is not uncommon for persons in a state of tremendous anxiety to take advice or invent a plan which actually stresses rather than alleviates it.

Michael's family is a case in point. His father originally took on the job of coaching soccer for Michael's team because he thought it would be a way of spending time with his son since his own parents were demanding much of his time once he arrived home each day. Not only did the opportunity of coaching allow him time with Michael but it also gave him a break. This left his wife with the care of his aging parents during the day and gave him time to spend with them in the evenings. He fixed their dinner and helped get them into bed. The coaching and the scouting were, in his mind, perfect antidotes to the problem of spending too little time with his son.

Moving to the grandparents' home, changing schools, and scheduling homework were helpful ways of coping in the short run. Although these strategies provided some relief, Michael seemed to make sure that ultimately they did not work. While counselors and teachers offered suggestions for how to manage, few were made that the parents could not have come up with if left to their own devices. What was the benefit of all this advice from the counselors and the teachers?

The only real solution to the plight of a family with a chronically ill member is cessation of the illness, or at least bringing the illness under control and making it more manageable. In lieu of that, maintaining a concern that developmental and relational needs are being met is a parent's best and only strategy. In the case of Michael, it was not until his grandfather died and his grandmother was admitted to a nursing home that things actually got better.

Does this situation argue for removing those who are chronically ill? Does it suggest that chronic illness in families leads to dysfunction? For both questions the answer is no. It simply means that some children, like Michael, are more susceptible to a derailment within the home from being child- centered to one which is centered on the needs of others. Michael's sister, Laura, was not so affected. She seemed to be capable of moving on with her life and adjusted to each of the new situations created by either her grandparents or her brother. Despite the parents' attempts at making Michael the center of their lives, he remained unconvinced and dissatisfied. Small problems grew to be major. Developmental hurdles which he ordinarily would have managed with minor difficulty suddenly became impossible.

The same can be seen in the case of Alexis. While she was not the least fortunate one in her family, the illness of her father represents a "derailment of the family initiative" as David Reiss and associates have put it. (Reiss, 1986) According to their research on families with chronic illness, those who are most cohesive adjust the best and rally to the needs of the sick or injured person, may

be those first in line for problems, especially when children or adolescents are involved. Families with children and adolescents demand that the center of focus be the child's needs and development. An illness or injury can mean that developmental needs are placed on hold. When children perceive that they are out of step with their peers, trouble sets in. Often unable to directly criticize the chronically ill family member, the child will act out issues and problems until someone is able to focus attention on the significant dynamics and source of the family problem.

In an important piece of research, Reiss and his colleagues (Reiss, 1986) studied families with tragic injuries and discovered something quite interesting. In those families with a significant capacity for success in the outside world, which he referred to "as a capacity for status," the chronically ill person would arrange to die within 36 months of becoming seriously incapacitated. In those families where cohesion was greatest at the initial stages of the injury, the chronically ill person arranged to die within 36 months. And in those families with the greatest access to family services and resources, the chronically ill person arranged to die within 36 months. This finding proved true, despite the severity of the illness, age of the patient, or type of incapacitation. Reiss's conclusion: the more the illness or injury arrests a family in its normal course and the more those family members are capable of doing well in the outside world, the more likely the chronically ill person will arrange to permit others to get on with their lives. The derailment of the family from seeing to the normal development of children and adolescents constitutes a significant upset for which the chronically ill person may feel responsible.

The problems which developed in Alexis' family, especially with her two brothers, were at first camouflaged by the family's apparent cohesion and willingness to redirect their lives in order to care for their father. In time, the cost appeared to be so great that the mother rebelled by taking a vacation. Next, the father counter-rebelled by refusing to eat, leading to his demise and eventual death. Alexis was willing to give up basketball but complained to her friends and her mother about it. Her brother, who allowed his diabetes to flare up, took his problem to the medical community, who simply treated the disease. Her other brother, who began failing in school, was probably showing in a rather healthy way his inability to continue rearranging his life around his father. He took his problem to school, or we might say, his acting out was school-based and thus more likely to achieve results. It is not surprising that the three children returned to the pursuit of their normal interests once their father died. Efforts to rearrange the family, to call attention to the plight of the children, or to focus on feelings in the therapy session, proved to be minimally useful to this family. Permission to take the vacation which Alexis' mother felt she needed proved to be the beginning of the unraveling of the family problems. Had the father been able to discuss his feelings, and had the children been able to discuss

their needs in front of both parents, possible accommodations could have been considered. The rigid allegiance to meeting one person's needs proved to be this family's real tragedy.

The case of Beatrice shows some similarities with the previous two examples, although they do not appear so at first. The problems of this child stemmed from a chronic condition, but in this case, one less obvious. Various teachers during Beatrice's first years of schooling were concerned about her behavior and academic progress but were hesitant to alarm her parents. Many problems which appear in four and five year-olds are simply the result of late maturation. A one- to-two-year difference in social or academic skills within children of this level is common. Beatrice was passed along, then held back a year.

Not until a teacher recommended an educational assessment did Beatrice's problems come to light. When she was examined by a hearing specialist, the source of her learning disability was finally revealed. This girl's unhappiness and anger at the schoolmates who teased her is understandable, even if the behavior could not be tolerated. With many children who have undiagnosed learning disabilities or undiagnosed chronic conditions, such as Attention Deficit Hyperactivity Disorder (ADHD), poor social skills and poor frustration tolerance contribute to their poor self-perception. Embarrassment, feeling different, concern over their future difficulties, and anger at their predicament may complicate their development.

Characteristics of the Stuck Family

We can summarize the above discussion by listing the chief characteristics of those families which become "stuck" due to a chronic physical illness in one of its members. First, the illness becomes, knowingly or unknowingly, the central organizing principle for life within the family. There is, secondly, a constriction of affect within the family as each member feels that the illness or the ill person has usurped time, energy and financial resources which would otherwise be distributed more evenly. Third, the developmental and relational needs of children are not met; at least, there is the perception that these needs are not met within those children who are not"ill."

In these homes, one parent commonly assumes responsibilities or becomes overly involved with the acting-out child—who may or may not be the person with the chronic illness, as our case examples demonstrate. As this happens, the family dilemma becomes stuck. Options are felt to be limited; alternatives are felt to be impossible.

Transference and Countertransference Issues

In the classroom, such "stuck" children will repeat their predicament. Unaware of the causes or extent of their problem, they plant confusion in the

minds of their teachers. They may be frustrating, annoying, and tiring. Also, working with their parents may produce a similar set of feelings. In general, educators will experience a wide variety of feelings but they will sense the willingness of parents to cooperate despite the difficulties in discussing possible causes. The predominant feeling of all adults dealing with this child will be frustration. Attempts to offer suggestions, examine solutions, or alternatives will often leave the educator feeling stuck, just as the child is stuck, until the problem is correctly diagnosed and a realistic treatment strategy put into place.

While the child and his or her family feel frustrated and stuck—and so we feel the same—the only helpful response will be: How can we model consistent attention, and how do we model hope? What these families lack is a belief that things will improve. What they usually find most difficult because of the despair and futility of their previous actions and reactions, is consistent attention to problems. That lack of consistency in the past has sent mixed signals to the child or children and it has become characteristic of their disrupted world. Modelling consistency and hope is not easy but it is easier once we realize that our own feelings of helplessness and frustration are not our own but theirs, that is, the family's. But consistency must never be an excuse for rigidity, nor must hope be simply a way of avoiding the reality of a situation. Whenever possible, such families can and will profit from regular opportunities to discuss what is happening to them as they attempt to stay "on course" for the children, even as a chronic disease or other family problem must be given time to run its course.

In the rest of this chapter, the following questions will be examined: What do educators need to know about children with chronic illness? What are the differences between families where an adult is chronically ill and those where the ill person is a child? What role can schools play in facilitating the healthy development and academic growth of children from such homes?

Research on Families with Chronic Illness

There has been a tremendous increase in our knowledge of the effects of chronic illness on children who are themselves chronically ill. Less is known, however, about the effects of chronic illness on children when an adult in the family is suffering a debilitating condition or when the chronically ill person is a sibling. In fact, the research has only begun emphasizing what might be called a more positive perspective on the problem, i.e., past research has emphasized deficits in a child's life due to an incapacitating illness as opposed to those capacities and characteristics which have enhanced coping skills and individual competence. (Allen and Zigler, 1986)

Past research has noted that there are increased problems for children in families with chronic illness. (Burr, 1986) For one thing, these families can become isolated. The amount of energy and psychological interest needed to

care for the chronically ill can force the family into a situation which limits the time children and adults will have to share with others beyond the home. (McKeever, 1984).

In some families, there may be an over-involvement of one parent with the child. (Penn, 1983 and Walker, 1983) This often happens when the child is the chronically ill person, but it may be true even when the child is not the one who is ill. In our preceding case example of Michael, his parents were certainly over-involved with his life. The time left for his sister was minimal.

Maternal depression is common. Depression may be either chronic illness which causes a family to become stuck or it may be the result of some other chronic physical and/or psychological illness. For example, some mothers become exhausted by the amount of care and attention a chronically ill person consumes in the family. A mother may feel that something she has done or not done is responsible for the problem. Guilt is certainly an underlying issue in our case studies above. (Drotar, Crawford, et al., 1984). And there is also the need to mourn the loss of the healthy family or child, i.e., a parent imagines a child who is healthy and capable of prospering. A disabled child is not the child of one's dreams. Giving up aspects of the dream can be wrenching.

Finally, there are usually sibling problems. This is especially the case when a child is chronically ill. From a systems perspective, we would expect that one way for a sibling to gain the attention needed from parents and others is to act out the family problem in the home or school setting (Spinette, Deasy-Spinetta, 1981).

Missing are solid studies which tell us what family strengths help individuals cope, or what strategies these families use to keep the needs of individual members from being submerged beneath mounds of daily routine. How do families keep crises at a minimum? It would also be helpful to know more about what aspects of the medical and health professions enhance a family's capacity to respond realistically and adjust to changes in the status of the illness.

Factors Affecting the Course of the Problem

As mentioned previously, it makes a difference who is ill. A bread-winner's illness may have more ramifications than that of a child. A chronic mental disability such as a learning disorder may have less immediate and physical ramifications but it may still impact parents' feelings about one another and about the future of their child. The impact may be more subtle, and there may still be a financial and psychological drain. Again, the relevant factors seem to be (1) how well the family can regroup, and (2) continue to meet the developmental needs of individuals, especially the needs of children who are on a stricter timetable for accomplishing developmental tasks than are adults. If communication remains open, and if the developmental and relational needs of children are met within the family structure, development can proceed without serious delays.

Other important dimensions concern the illness itself. Was the onset gradual or acute? There may be more time to think through family needs and issues if the onset is gradual. The course of the illness is also important. If progressive, stressors may mount to inhibit family cohesion and capacity for responding adequately to individual and group needs. If the course of the illness is constant or relapsing, different kinds of stress will affect the family, especially those in the executive function.

The eventual and likely outcome of the chronic problem will be another important factor. If the illness or disability is fatal, members will need to prepare for a conclusion to the situation and to the changes that will result after a death in the family. Ironically, this may be much easier on family life and developmental issues than those situations wherein the chronic problem is non-fatal and continuous or relapsing in nature. The degree of incapacitation is also an issue.

The three case examples described in this chapter demonstrate the variety of issues and factors which contribute to family stress when chronic illness inflicts a family system. In Michael's case, the chronic illness which affected his family's ability to meet his developmental needs was the progressive, fatal and nearly incapacitating illnesses of his grandparents. Alexis was affected by her father's paralysis which resulted in death although the illness was not thought to be fatal when it first occurred. Beatrice's difficulties in school were no doubt caused by her learning disabilities and loss of hearing, which may have been the real culprit. Her situation was not less problematic for the school, but was actually the easiest to remedy.

Additional Problems in Families with Chronic Illness

Research on those families with poor coping abilities has shown some common patterns in families leading to acting-out behavior in children. Educators who work with such families need to be aware of some pitfalls. First, families with rigid, stereotypical sex roles often fail to respond to the crisis of chronic illness because a member or members are unwilling to share responsibilities. Men who will not help with domestic chores or women who will not find employment outside the home are the chief examples. A parent who will not become involved with a child's evaluation and school progress, preferring to leave such responsibilities in the hands of the other parent, exacerbates the child's and the family's dilemma. (Kazak, 1989)

Dysfunctional homes are also characterized by disorganization and by an abduction of responsibility for scheduling and for other household responsibilities left to no one in particular. Overwhelmed mothers and adults who turn to substances to help them through the day are examples of isolated and inefficient parents who seem to abdicate the important function of providing an organized and well-run household. Such homes produce children who will act out in settings such as the school. (Burr, 1985)

To put the matter more positively, successful families seem to be characterized by strong executive leadership which meets the ego needs of the child or children, while not ignoring the particular needs of individuals. In these families, flexibility in roles is standard. Sons who clean and babysit and daughters who can cut the grass and run errands are a boon to such families. Such behavior has usually been modeled by adults who themselves provide a variety of roles. (Hobbs and Perrin, 1985)

Families who cope successfully with chronic illness possess something of a "live for today" philosophy. Their attitude is that today's problems will be tackled today. There is no need to plan excessively or worry about problems that have not yet occurred. This philosophy implies an ability to shift perspectives, change goals, and adjust sights, something especially needed when a child himself is the chronically ill family member.

A related factor contributing to the ability to cope is the faith dimension. Families with strongly held religious belief systems seem to fare better with chronic illness than those without them. The support of a belief system grounds the family's struggle and gives meaning to the suffering which all experience when one individual becomes ill or is in some way incapacitated.

Children with Chronic Conditions

The preponderance of research shows that children with chronic diseases are more likely than healthy children to show maladjustment, especially in the school setting. (Eiser, 1990) Risks increase for those with problems involving physical disabilities and damage to the central nervous system. Besides these problems, an important factor is parental perception of the severity of the child's predicament, i.e, the way the parents perceive the illness is more likely to be related to the child's overall adjustment to social and academic challenges than a physician's judgment of severity. Still, a sizable majority of children with chronic disease copes effectively with both the disease and the demands of treatment, according to experts like Eiser. (Eiser, 1990)

Some difficulties which seem particular to certain chronic problems can be summarized as follows: Asthmatic children must cope with three characteristics of the disease. It is usually intermittent, variable in severity, and potentially reversible. Objective variables for the assessment of the severity of asthma are as yet undetermined. (Renne and Creer, 1985) Parental perception of the severity is especially important in determining vulnerability to maladjustment. (Perrin, MacLean an Perrin, 1989)

The psychological adjustment of children with cancer has received significant attention. Some have reported higher incidences of learning, depression, and behavior problems. Older children are more affected than younger children. Functional impairment, not cosmetic impairment increases the risk of academic and social problems. Children from single-parent homes were found

to have a more difficult time than those from two- parent households. (Mulhern, et al., 1989)

Diabetic children are presented with a series of challenges. Those from homes that have no unrealistic expectations that these children could control glycemic levels on their own showed better adjustment in school than those with excessively high expectations. (Johnson, 1988)

The risk of maladjustment increased for children with sickle-cell anemia depending upon the age and sex of the child. The older the child, the more likely that problems in both school and social life will occur. Also, boys seemed to have more problems than girls in this area. (Hurtig and White, 1986)

For children with end-stage renal disease, physical impairment seems to be the chief factor predicting dysfunctional behavior. Again, a parent's adjustment to the problem and its severity are key factors in the child's adjustment. (Beck, et al., 1986)

How Schools Can Help

Teachers and school officials can help families with chronic illness by being sensitive to the stressors a chronic condition can place on a family. Helping parents to monitor their involvement with the child, especially attending to signs of over-protection, can increase the parent's capacity to be objective about the needs and problems facing the child. This strategy will also provide parents the opportunity to attend to the needs of siblings which are often overlooked at moments of crisis and prolonged stress.

Encouraging parents to become organized and efficient in their household and supervisory responsibilities can greatly aid families by providing a structure for children in what might be an unpredictable and often unmanageable situation. A coherent, organized, and predictable environment for these children at school can also facilitate adjustment to the academic world. The classroom does not revolve around the needs of one child, and this can be a relief as well as a lesson which is most needed, even if unappreciated by these children.

Giving children the opportunity, when appropriate, to talk about their condition with classmates and facilitating the need for information and understanding on the part of other students can be an enormous benefit to children with chronic problems. As children become older, teachers can provide opportunities for them to understand, as a class, what it means to have cancer, to have sickle-cell anemia, or to have a learning disability. Children are rarely given the chance to learn about these things. What better teacher could there be than a fellow-student? This technique also encourages children with problems to learn about their disability. Children who have chronic illnesses or who are in families with chronic illness are particularly prone to denial, depression, and dependency. Mastery of the disease or disability begins with increased understanding.

Questions for Discussion by Faculty and Administrators

1. Are there any families in your class with chronically-ill family members? How have you felt stuck in your dealings with them?
2. If the family with chronic illness in it cooperates with your suggestions, how has this affected you?
3. If the family with chronic illness has been unable to utilize your advice or help, how have you felt?

References and Reading Resources

Allen, L. and Zigler, E. (1986). "Psychological Adjustment of Seriously Ill Children." *Journal of the American Academy of Child and Adolescent Psychiatry*, 25, pp. 708-712.

Beck, A., Nethercut, G., Crittenden, M. and Hewins, J. (1986). "Visibility of Handicap, Self-Concept, and Social Maturity among Adult Survivors of End-Stage Renal Disease." *Developmental and Behavioral Pediatrics*, 7, pp. 93-96.

Burr, C. (1985). "Impact on the Family of a Chronically Ill Child," In Hobbs, and J. M. Perrin (Eds.) *Issues in the Care of Children with Chronic Illnesses*.. pp. 24-40. S.F.: Jossey-Bass.

Cohen, S., and Willis, T. (1985). "Stress, Social Support and the Buffering Process." *Psychological Bulletin*, 98, pp. 310-357.

Costa, P. and VandenBos, G. (Eds.) (1990). *Psychological Aspects of Serious Illness: Chronic Conditions, Fatal Diseases and Clinical Care*. Washington, D.C.: American Psychological Association.

Drotar, D. and Crawford P. (1985). "Psychological Adaptation of Siblings of Chronically Ill Children: Research and Practical Implications." *Developmental and Behavioral Pediatrics*, 6, pp. 355-362.

Eiser, C. (1985). *The Psychology of Childhood Illness*. N.Y.: Springer.

Eiser, C. (1990). "Psychological Effects of Chronic Disease." *Journal of Child Psychology and Psychiatry*, 31, pp. 85-98.

Gustafsson, P. A., Kjellman, N., Ludvigsson, J. and Cederbald, M. (1987). "Asthma and Family Interaction." *Archives of Disease of Childhood*, 62, pp. 258-263.

Hobbs, N. and Perrin, J. (Eds.) (1985). *Issues in the Care of Children with Chronic Illness*. S.F.: Jossey-Bass.

Kazak, A. (1989). "Families of Chronically Ill Children: a Systems and Social-Ecological Model of Adaptation and Challenge. " *Journal of Consulting and Clinical Psychology*, 57, pp. 25-30.

Kilman, G. (1970). "Childhood Mourning: A Taboo within a Taboo." In I. Gerber, A. Weiner, A. Kutscher, D. Battin, A. Arkin, and I. Goldberg (Eds.). *Perspectives on Bereavement*. N.Y.: Arno.

McGrath, P., Unruh, A. (1987). *Pain in children and adolescents.* Amsterdam: Elsevier.

Morgan, S. A., and Johnson, J. (1986). "Psychological and Social Concommitants of Sickle Cell Anemia." *Journal of Pediatric Psychology*, 11, pp. 429-440.

Mrazek, D. (1986). "Childhood Asthma; Two Central Questions for Child Psychiatry." *Journal of Child Psychiatry and Psychology*, 27, pp. 1-5.

Mulhern, R., Wasserman, A., Friedman, A. and Fairclough, D. (1989). "Social Competence and Behavioral Adjustment of Children Who are Long-Term Survivors of Cancer." *Pediatrics*, 83, pp. 18-25.

Perrin, J. and MacLean, W. (1988). "Children with Chronic Illness: The Prevention of Dysfunction." *Pediatric Clinics of North America*, 35, pp. 1325-1337.

Perrin, J. MacLean, W., and Perrin, E. (1989). "Parental Perceptions of Health Status and Psychological Adjustment of Children with Asthma." *Pediatrics*, 83, pp. 26-30.

Reene, C. M. and Creer, T. (1985). "Asthmatic Children and their Families." In *Advances in Developmental and Behavioral Pediatrics*, (Vol. 6). Greenwich, CT.: JAI Press.

Reiss, D. (1986). "Family Systems: Understanding the family through its Responses to Chronic Illness." In M. Yogman and T. Brazelton (Eds.) *In Support of Families*. Cambridge, MA: Harvard U. Press.

Spirito, A., Strak, L., and Tyc, V. (1989). "Common Coping Strategies Employed by Children with Chronic Illness." *Newsletter of the Society of Pediatric Psychology*, 13, pp. 3-7.

Starfield, B. (1985). "The State of Research on Chronically Ill Children." In Hobbs and Perrin (Eds.) *Issues in the Care of Children with Chronic Illness* pp. 109-132. S.F.: Jossey-Bass.

Wertleib, D., Hauser, S., and Jacobson, A. (1986). "Adaptation to Diabetes: Behavior Symptoms and Family Context." *Journal of Pediatric Psychology*, 11, pp. 463-480.

Worchel, F., Nolar, B., Wilson, V., Purser, J., Copeland, D., and Pfefferbaum, B (1988). "Assessment of Depression in Children with Cancer." *Journal of Pediatric Psychology*, 13, pp. 101-112.

Author's Notes

Overview of 5 Dysfunctional-Family Styles

1. Chronic Illness: The Stuck Family
   A. General Condition-Description:
      -Children with depressed (clinically) parents
      -Children with LD's
      -ADHD children
      -Asthmatic/Diabetic/chronic physical diseases
      -Parents with chronic physical conditions
      -Families with members who are MR, or who have members who demand attention, special treatment, etc.
   B. Characteristics of Dysfur.ctional Families with the above:
      -Illness becomes central organizing principle.
      -Constriction of affect within family
      -Neglect of developmental needs of children, or perception of neglect
      -One parent assumes responsibility and/or one parent becomes overly concerned with acting-out child.
      -Thinking about problem becomes STUCK
      -Options are always to be limited, unworkable.
   C. Transference & Countertransference Issues:
      We feel/they feel...
      -frustration and exhaustion
      -resentment of the chronically ill person and guilt-struck
   D. Helpful Approach or Response:
      -How do we model consistent attention? How do we model hope?

CHAPTER TWELVE

DIVORCE AND THE SPLIT CHILD

"I do not know, however, when my mother and father began their long dispiriting war against each other: Most of their skirmishes were like games of ringolev, with the souls of their children serving as the ruined captured flags in their campaigns of attrition. Neither considered the potential for damage when struggling over something fragile and unformed as a child's life."

— Pat Conroy, *The Prince of Tides*

General Description of the Split Family

Divorce represents both the end of a marriage and the necessity of change for a family. Families can survive a divorce, even though the marriage failed, but in order to do so, adults as well as children must deal with the stressors connected with the disruption and emotional tension in the home which a divorce inevitably entails.

Any marriage represents a series of compromises in child rearing. Two adults attempt to provide for the developmental and relational needs of a child out of their individual experiences of being raised in a home with a unique set of structures and rules, and an emotional network of support all its own. When the marriage ends in divorce, or when the two adults cannot agree on how to provide for the developmental and emotional needs but carry on with an "official" divorce, tension and frustration mount in the lives of children. The long- and short-term results of the stress produced by such intense marital discord have been studied for some time now.

When children are caught in the middle of a difficult divorce or when their

parents continue to disagree about how to provide for their needs, they will inevitably suffer. If separation and divorce result, the world as it was once known has crumbled, and the family which they once knew may appear to have dissolved altogether. Obviously this brings disappointment and hurt, or in Judith Wallerstein's words, "wounds that won't heal."

In a general way, then, such homes are often characterized by the following. First, hostility between adults can be the ambience of a tension-filled household. Second, parents involved in skirmishes and a persistent inability to get along are distracted from their duties as parents, that is, from focusing their attention on the developmental and emotional needs of children. They are, at least, distracted from their parenting functions, if not emotionally absent.

Third, when divorce does occur, there is constriction not only of affect but of other family resources. With this comes the prospect of an uncertain future, and with the child sensing that she cannot count on the parent's presence or the financial resources which until now were a normal part of life. Children find themselves worrying not only about themselves, but also about their parents' welfare. Fourth, this is coupled by anger and resentment that due to an inability of the adults in their lives to get along, the "idealized" home which each child conceives and nurtures in the imagination has been toppled.

In this chapter we will review the dynamics of difficult divorce and custody situations, the effects of marital disruption on children, and the way that disruption and change process might be felt in the school. Children who are "split" in loyalty and affection for two different parents can find themselves torn by the circumstances of adjusting to two distinct households, each with its own particular way of meeting developmental and relational needs. The two cases which follow illustrate the impact this adjustment process can have on children and how it may be projected into the classroom.

Two Case Illustrations: Julie, 13 and Jason, 5

The Case of Julie

Julie was a 13-year-old in the eighth grade. She was tall and thin and had brown hair which she kept stylishly cut. Most of the time her hair fell to one side, slightly covering her face. She was usually neatly dressed, but liked keeping her shoe laces untied and her blouse out of her skirt. Most of Julie's exchanges with faculty members, especially her homeroom teacher, revolved around typical adolescent authority problems such as: "Julie, please pay attention," or "Julie, tie those shoe laces before you trip." She had a few "run-ins," as she called them, with the homeroom teacher and several other female teachers. In taking a student's side or in defending herself, Julie was known to be a bit over-zealous and sarcastic. Several teachers found her to be sullen and disrespectful. "That girl has a chip on her shoulder," claimed Mrs. Rothman, the homeroom teacher.

Julie was popular with a group of girls who were into socializing with the boys. She was the center of attention and often instigated arguments with her freely delivered opinions. Her peers were either fiercely loyal or strong rivals.

Julie was above average in intelligence. In the years after her parents' divorce, however, she did not work to her potential. Her grades were often C's with an occasional B. She was an excellent basketball player and team co-captain. She worked to keep her grades in the C range. Otherwise, she would be disqualified from athletics.

Julie became the center of a controversy in the spring of her eighth grade year. The incident occurred during a class field trip which was a reward for the class's work in sponsoring a school-wide fund raiser for a local pediatric clinic. The reward was a day donated by an amusement park for the class. Julie arranged to meet her boyfriend, a freshman in high school, at the park and spent the day with him. Her friends were told to "cover her," should any adult question her whereabouts.

When it came time to leave, Julie was to be on the bus with her friends. She was not present when roll was taken. Her friends said she was in one of the cars with a parent chaperon. The eighth grade homeroom teacher told the girls that this better be the case since several cars had left and there would be no way to find out until all arrived back at the school. When everyone did arrive, Julie was not among them, and so both of her parents were called.

Meanwhile, when Julie discovered she had missed the bus, she and her boyfriend called his brother, who drove to the park to pick them up. Julie was dropped off at the school, hoping that somehow the mix-up had not been noticed.

Upon her arrival, Julie saw that both her parents' cars were parked in front of the school. She told her boyfriend and his brother to drive off, because Julie's mother disliked the boyfriend. Her welcoming committee consisted of the principal, the eighth grade homeroom teacher, and her two parents, who greeted her in the hallway with these words: "You have some explaining to do, young lady."

Immediately, Julie became defensive and bit rude: "I knew everyone would overreact." Julie's father and mother then began arguing about Julie's attitude; her father attributed Julie's behavior to poor discipline and guidance by the mother. Julie's mother, on the other hand, claimed that the father's absence, lack of interest, and inability to talk with her only made matters worse.

The principal decided that nothing would be accomplished under the present circumstances. She said that she would arrange for a conference with each individual the next morning.

The Case of Jason

Jason, kindergartner, was a talkative, energetic child, who, at five, was not ready

for group play. He did not have the self- control needed to attend to most activities without upsetting someone. Jason always insisted on being the center of attention. He often quarreled with the other children and with the two kindergarten teachers over objects or over his decision to do what he wanted to do when he wanted to do it. His play was mostly parallel play; that is, he could play alongside others, but could not join into play with someone else.

Mondays were hard on Jason and the staff. as well as the other children. He was argumentative and whined when he was told to do something, put something away, or behave himself. When tired, he tended to cry more easily and then sulked for the rest of the day. After his nap, he was hard to wake up and usually crabby. This behavior was more evident at the beginning of the week than at the end. Before holidays, he was often unmanageable. His mother, who worked as a receptionist, was asked to come and pick him up from school on several occasions when he became embroiled in fights where he hurt another child. The teachers felt that he needed more than simply a time-out. In fact, Jason had been dubbed the "Time-Out King" by his fellow kindergartners.

Jason's teachers came to know both parents. His mother and father divorced when he was three and had difficulty agreeing on custody arrangements and rules for Jason. His mother was busy during the day and his father worked at night as the owner and manager of his own tavern. Jason was delivered to school each day by his mother. He spent weekdays with her and weekends with his father. After school he was picked up by his father or by his father's girlfriend, someone whom Jason liked. Jason's mother disliked the fact that his father sent his girlfriend and once insisted that Jason not be allowed to leave with her. Since the parents had joint custody, Jason's teachers explained that they could not stop this arrangement if Jason's father had requested that this woman be allowed to pick him up. Jason's mother felt that it was wrong for Jason to be exposed to this arrangement with his father's live-in girlfriend. She said that she wanted to file an objection with the court but claimed that she did not have the money to pursue this matter legally.

Jason's father had several talks with his teachers. He felt that the mother was too strict with him, and that was why he had trouble adjusting to her regimentation when he returned to her on Sunday afternoons. Jason's mother felt that the lax atmosphere, late-night hours, and frequent sitters at the home of her former husband were responsible for the child's exhaustion at the end of each weekend visit.

The teachers were unable to help these parents come to an agreement on either a consistent schedule or a set of rules and consequences for Jason's misbehavior. Talks with Jason's mother left them feeling that she was a consistent parent who was able to be firm with her son. Conversation with Jason's father left them feeling that he was a hard-working man who loved his son a great deal and who felt that a five-year-old boy who is a little aggressive is not

a bad son. In the meantime, Jason was not adjusting well to school and would be asked to repeat the year if things did not improve. Jason's mother had recently taken him to a therapist, where she and her son were working on improving his behavior, but there had been little to show for it after two months. Jason's father did not believe that he needed a "shrink," as he put it.

Discussion of the Two Cases

These two cases have a great deal in common. Both involve parents who are split over how to raise a child. Both involve children who are split over their love and loyalty to their own parents, and both involve school personnel who are split in their feelings about how best to intervene on behalf of a needy child who is acting out in the school setting.

Let us examine the case of Julie first. At the conclusion of this case discussion, the principal sent home all parties involved in the recent caper. As a result, the principal had a series of problems with which to deal the very next morning. First of all, she had to deal with Julie, who would probably be sullen and uncooperative. Her defensive strategy could be to trivialize the events of the previous day or say that her friends misunderstood her, and she did not expect them to lie regarding her whereabouts. One thing the principal knew for certain. Julie would be most concerned about the consequences of her behavior. What she feared most was not punishment at home, or even a suspension, but the loss of the chance to play basketball, and to be co-captain on the team.

The principal was also concerned with how to handle these parents. Should she call them in together? They would surely argue, and besides, they would be more concerned about what the other was saying to the principal than either would be about what the principal said to them. And what if they disagreed about the adequacy of a punishment? School rule allowed for either a warning, an in-school suspension or an out-of-school suspension, depending on the principal's interpretation of the gravity of the matter.

What was needed, the principal might decide, was family therapy. Calling them in separately would not necessarily lead to an admission that family therapy was needed, however. Getting them to admit to their need for counseling may have been better accomplished if they were in the room together. But how prepared was this principal for handling the likely confrontational situation?

Next, there was the group of eighth grade girls, who in one sense, caused the problem. How should they be treated? They needed to know that their behavior was dishonest and possibly dangerous to Julie, even though they thought they were supporting her. How likely would a group of adolescents at this age appreciate this point? Julie had power over the group, and they may have already been convinced that they did the right thing, no matter what the principal said.

Finally, there was the eighth grade teacher. She may have been apologetic and felt that the problem was her fault. On the other hand, she may have been defensive and felt Julie was to blame. She may have also blamed the girls who supported Julie and lied about her whereabouts. How much blame ought to be put on the teacher for what happened? Surely, she knew why the word of these girls should not have been honored in such a serious matter. But she and other faculty members have felt that Julie was responsible for a great deal of division and dissension in the class. They may have felt that Julie ought to be dealt with rather harshly, yet making an example of her could backfire. If Julie was perceived to be mistreated, she could become a heroine to the group. Were the faculty prepared for this reaction?

The concept of projective identification helps to explain this situation. What happens in the school system directly parallels the home situation. Julie had managed to put into her fellow students the variety of feelings and the predominant affective experience which she was forced to deal with every day in the home situation. When teachers felt betrayed or manipulated by Julie or by her fellow students, they had a taste of what it felt like to Julie to have been betrayed and manipulated by her parents. The intense loyalty felt by the students and their own divisions and manipulations also coincided with Julie's internal state with her parents. The confusion, anger, resentment, and the taking of sides on all parts— students, faculty, and principal—reflected the domestic situation which Julie faced each day.

It was as if Julie had arranged to have her feelings at home placed into the school setting to see how they could be handled there. No single feeling adequately described or reflected what she felt since she was torn in many directions. When reflecting on the dilemma faced by the principal, by Julie, or by her homeroom teacher, one commonly reacted by vacillating from anger to sympathy, and from indignation to hesitation. Everyone felt split, just as Julie and her parents were split.

The same conclusion is true for Jason. His teachers had their hands full on most days, but on some occasions, he was almost impossible to manage. Even though a pattern had been established and brought to the attention of parents, and even though both parents appeared to love their child a great deal, each had a very different philosophy of how the child ought to be raised. Each was invested in seeing that the child did not become like the other parent.

Throughout their dealings with these two involved parents, Jason's teachers were torn between encouraging certain behaviors while discouraging either harshness or leniency. Wanting the child to have access to both parents, the teachers were careful not to imply that either parent handled something poorly in the company of the other. What had been said in past parent-teacher conferences usually came back to the teachers as misrepresentation. In order to cut down on one avenue of possible confusion and splitting, both teachers

learned to speak with each parent together rather than separately, even if the parents could not be dealt with together. In such cases, it is easy to feel that one parent has deliberately misled or distorted, until one has a conversation with the accused parent. Often enough, one parent will project blame for hostilities on the other with little insight as to his or her own contribution to the problem.

In both cases, the loser seems to be the child. How should those responsible for education and the promotion of sound development deal with such split children? What should educators know about the effects of divorce on children and their families? What role can the school play in supporting children and families who are split? The issue of child and adolescent depression will be examined in this section because it can be commonly associated with children of divorce.

Understanding the Child in the Split Family

Not all children from families of divorce are split in an unhealthy way. Many parents learn to deal successfully with their children, despite the fact that the original home is no longer intact. The extent to which a child must deal with parents who cannot put their disagreements behind them causes the child to feel split. Children who actively encourage disagreement and who foster conflict between parents, who may or may not be divorced in an official sense, are children who feel the split between parents. In their anxiety, confusion and pain force parents to actively deal with one another.

From a family systems perspective, the child of a split family has the function of keeping the former married couple in dialogue. Communication may be painful, distorted, or punitive for the child, but it is, nevertheless, communication. The fact that parents must deal with each other provides a kind of predictable pattern of interaction and maintains at least the illusion of family for the child who has lost what is felt as the real family.

In split families, feelings and values regarding proper child-rearing and other aspects of family life are frozen in the minds of each parent and rigidly maintained in the face of the disillusionment and negative behavior of the child. The result is a split in the child between love for and disappointment with each parent, even though one parent may be perceived as more to blame than the other. In these cases, the child may be further split by the parent who seeks to foster a collusion in the child against the other parent. Children at certain ages are especially susceptible to this kind of splitting.

When parents split, whether the divorce is formal or they simply go their separate ways in terms of responsibilities for the home and refuse to compromise their views and perspectives, a child is left with an interesting dilemma: Do I take responsibility for my own life or do I remain trapped in my disappointment and seek to punish my parents for stalling my life? In essence, the dilemma comes down to accepting the divorce and the inability of the parents to maintain

a marriage and family intact, or remaining torn and refusing to acknowledge the rupture as permanent.

Whichever conclusion is reached is not entirely up to the child. Often, children who want to move on with their lives are unable to do so by feuding parents who entrap them in the continuous struggle for revenge or superiority, or whatever issues lie at the heart of the marital disruption.

Findings from the Research on Divorce

According to the most recent statistical data, between 40 and 50 percent of American children will experience living in a single-parent home for approximately four to five years before they are eighteen. Divorce has become common in the lives of children; it is hardly possible to make it to the second grade without knowing other children who are experiencing their parents' divorce. Yet it is still a major disappointment to children. Judith Wallerstein's data from her research at the Center for the Study of the Family in Transition (Wallerstein, 1980) indicates that children carry the wound of divorce with them throughout their childhood and into adulthood. Her longitudinal study of the progress of 60 families involved in divorce began in the early 1970's and continues today.

According to Wallerstein and Kelly, several years after a divorce, as many as 38-40 percent of children are still on a downward course.

> We found family after family still in crisis, their wounds wide open. Turmoil and distress had not noticeably subsided. Five years after the divorce, a follow-up study found that half of the men and two-thirds of the women reported that they felt their lives were better off than before the divorce. Only 34% of the children were clearly doing well. Another 37% were depressed, could not concentrate in school, had trouble making friends and suffered a wide range of other behavioral problems. (Wallerstein, 1989; Kelly, J. and Wallerstein, J., 1976)

The most salient feature of the Wallerstein study indicates that children tended to do well if their mothers and fathers, whether or not they remarried, resumed parenting roles, managed to put their differences aside, and allowed the children a continuing relationship with both parents. Only a handful of children had all these advantages. (Wallerstein, 1989)

In a ten-year follow-up reported in her book, *Second Chances*, 45 percent of children in the original study group were doing well, as indicated by a wide variety of measures of psychological health. These adolescents and even young adults were competent, compassionate, and courageous people, as she put it. But 41 percent were not doing as well. These young men and women were worried, self-deprecating, underachieving, and sometimes angry. The rest were unevenly adjusting to adolescence and young adulthood. (Wallerstein, 1989)

Wallerstein and others speak of two phenomena, or what we might call the "psychological residue of the homes of divorce." The first is the overburdened child syndrome. This term, according to child developmentalists, refers

to the tendency within homes where divorce has occurred, and the child has assumed adult roles in an effort to support a parent who is overwhelmed by the loss of a marital partner. Children take on duties far beyond those which would normally be expected of children their age. They might worry about financial matters, seek to comfort a distraught parent, become a confidant of one or both parents, or in general, feel responsible for the parent's misery and trouble.

The temptation to share details of one's life with a child when there is no other adult present is not an uncommon one. Parents who find themselves isolated, over-worked, and without a social life, might come to value a child's presence and comfort far beyond what would otherwise be the case. Children will speak of being drawn into the details of the parent's life, such as learning what happened at work, how a date went, or what financial considerations must go into the family budget for the week.

The second phenomenon is called the "sleeper effect." This term is used by Wallerstein and Kelly to signify that children who manage to put the divorce behind them, or learn to adjust to the demands divorce places in the physical operations of the family, may not have adequately dealt with the potential meaning of the trauma of their parents' divorce. Years later, they are confronted with the hurts and pains that had been pushed aside. Steeling one's emotions, and learning to tune out the fights and emotional pushes and pulls in a post-divorce relationship may come to haunt some children, who eventually face the demands of commitment and the tolerance of ambiguous emotions in their own relationships. As children, some are able to live without the love and the attention they crave. But as adolescents and young adults, the unfinished business and the old needs begin to resurface. (Wallerstein and Kelly, 1980)

Educators, then, need to be aware that some children may be acting out as they attempt to adjust to the disruption a recent divorce brings into their lives. Others may be attempting to deal with issues which have been placed on hold since the divorce. Children may deal with issues between themselves and their parents five, ten, and even fifteen years after the marital rupture. Adolescents whose parents divorced years ago may be acting out to force parents to deal with their previous role as a couple. Adolescents may also attempt to force one or both parents to deal with the "unfinished business," that is, with relational or developmental issues which have not been adequately resolved, as when a child engages a parent to set limits on her social life, or needs practice in communicating about feelings and emotions.

Divorce as Process and Age-Specific Findings

Divorce is not an event in the child's life. Rather, it is a series of events better described as a process which might occupy a considerable portion of the child's life. The pre- divorce phase is characterized by contention within the marriage, sometimes by brief separations, and often by heated arguments. It

might continue for months and even years, or it might be intermittent over the course of several years.

The acute phase is that period in which a couple decides to seek a divorce to end their dissatisfaction with the marriage. Since many parents argue about such things as finances and the management of children, some children will assume that they had a role in the marital dissolution. Some parents, on the other hand, assure their children that this is not so.

The acute phase often includes a trial separation, filing for divorce, and then the long period of legal procedures. It can last for one-to-two years, especially if there is contention over custody or financial arrangements. A battle over the fitness of one parent to share custody is an obvious sign of the splitting occurring in the children.

Beginning in the acute phase and certainly through the post- divorce period, children are faced with adjusting to a variety of changes and stressors. In most divorces, there is a diminution of financial resources and economic stability for the custodial parent; children must adjust to new homes, new schools, and a loss of access to activities which may have been common while the family was intact. This process of readjustment and realignment of activities to match a realistic income can run anywhere from two-to-six years.

The post-divorce phase also includes adjustment to visitation on the part of the children, the custodial parent and the non-custodial parent. Research has focused significant attention on the visitation issue, and clearly, its success can contribute to the healthy readjustment of the child. Visitation, however, in most families is anything but smooth.

Fathers report difficulties in seeing their children whose sadness and stress they sense with each visit. They report their frustration with the child's mother, who may be angry and vindictive. Holidays, weekends, overnight schedules, and social activities become more complicated as the children grow. Remarriage may stabilize a former parent's life, but may complicate the visitations if other children are involved, or if the new or former spouse has difficulty accepting the situation.

Children report resignation and even acceptance of the divorce in two cases: (1) when they have witnessed marital violence or, (2) when one parent is clearly psychologically disturbed. In such situations, children find relief in the separation from a disturbed parent or volatile home.

Parents and educators can expect most children to react to the divorce of parents with some level of emotional distress. Estimates indicate that as high as 80% of children of divorced parents experience initial problems adjusting to new circumstances brought on by changes in home life. Boys seem to act out more aggressively. Boys, in contrast to girls, show higher rates of behavior problems in school and at home, and experience interpersonal difficulties following divorce. (Porter and O'Leary, 1980; Rutter, 1980, 1987) Hetherington

reports that boys are more likely to show their feelings through fighting and arguing with their moms and in school situations. Children of all ages seem to slip in their academic performance, at least for a time. Girls, however, adjust to the marital situation about as well as their mothers do. That is, a mother who learns to cope with the demands of a post-divorce household provides a model of adjustment which her daughter soon follows.

Hetherington emphasizes the problem of cumulative stress in post-divorce and remarried homes. "When parents divorce," she writes, "children are frequently exposed to parental conflict and must adjust not only to the absence of the noncustodial parent, but also to depressed economic resources, changes in the custodial parent's availability, overall parenting style, and more chaotic household routines." (Hetherington, 1989)

Hetherington's research notes the great likelihood of problems for temperamentally difficult children as well as the inconsistencies in the research on whether younger or older children have more difficulties. She also discusses the general waning of pain and anger over time. Her work tends to confirm that children of different age groups experience the marital rupture in slightly different form. Children in the pre- and early school age can be quite anxious, preoccupied with fears of abandonment and concern for the absent parent. Children in the early and mid-grades, ages seven to nine, may develop phobias, act out aggressively, and need greater time in mastering skills in school. A child who responds thus is often called the "fearful child." (Hetherington, et. al., 1989)

Children in the mid- and late grades through junior high can be quite susceptible to manipulation by parents who feel angry or who seek revenge for the failure of the marriage. They are normally moralistic and seek to find the source of problems and to lay blame where it is due. It is easy for parents who are feeling hurt to find a sympathetic ear in the "moralistic child" of this age group.

As with younger children, regression in previously acquired developmental skills and difficulty with new social problems are not uncommon to children in the mid- and late-grades through junior high. Disengagement from the marital problems is difficult-to-impossible for many children between the ages of nine to fourteen. (Hetherington, et. al., 1989)

Developmental tasks facing early adolescents may make them particularly vulnerable to the stresses of divorce and remarriage. (Brand, et. al, 1988; Hetherington, 1988). Because they have more social competence and the resources for fighting back, they may question some aspects of family roles which younger children do not. Confronted with changing perceptions of their parents and a fragile self-identify, the young adolescent can become quite confused about his or her needs for parental control, for establishing autonomy, and for gaining respect and power in decision-making. (Steinberg, 1985)

Some evidence exists that school-age children and adolescents adjust better in the custody of parents of the same sex. (Camara and Resnick, 1988; Zill, 1988) Boys, for example, were found to be more mature, social, and independent when living with their fathers. They were less demanding and had higher self-esteem as well.

In an attempt to examine why this might be so, several researchers have noted evidence that boys who externalize stress and become noncompliant and antisocial in their behavior need more consistent discipline. In homes where mothers had custodial responsibility, they were found to be more erratic, inconsistent, preemptory and punitive. In times of stress, boys are less likely to show their feelings and solicit support than are girls, who frequently feel more comfortable in seeking the support of peers, parents and teachers.

One finding in gender-related research on divorce, however, points to some serious problems for girls. Emery, O'Leary (1982) and Wallerstein and Blakeslee (1989) have found that for girls, marital discord is associated with anxiety and depression. While a boy experiences more pervasive problems in post-divorce adjustment, a girl may have more difficulty with adjusting to remarriage and may carry the fear of an unsuccessful marriage herself as she enters adulthood.

The Psychological Tasks of the Child of Divorce

Children who experience marital rupture have additional developmental tasks, which need to be handled during the divorce and usually remarriage—since 75 to 80 percent of parents remarry. First, children must come to accept the reality of the loss of the intact marriage. Those who seek to keep parents in constant communication through acting out behavior or through somatic complaints are evidencing difficulty in this area.

Next, children need to extricate themselves from the parents' attempts to negotiate reasonable visitation and custody. This process may take up to a year and is one in which the child naturally has a stake. Still, how the parents solve these issues is more related to their comfort in dealing with one another than with the child.

The child must resume normal activities at school and with peers. Proceeding with the business of working on the many difficult and complex tasks confronting children is also necessary. Over time, this will become easier and the successes or failures of parents will no longer have a negative impact on the child's ability to construct a separate life away from home.

Finally, the child must achieve a realistic attitude toward change and the future. Since parents may remarry and have new children, step-siblings and new relatives may become a regular feature of the child's life. An attitude of openness and acceptance of the reality of impermanence may be necessary for healthy survival. With this change comes a realistic hope that success is achievable and

that feelings of fidelity and happiness in future relationships are indeed possible. Periodic mourning of the loss of the family as it was will be necessary. At key times, such as holidays and graduations, the child will be confronted with stressful events involving both parents or the absence of one. Letting go of the tendency to fantasize about the possible reunion of the original family in its original form will be important and never fully completed.

Implications for Educators

Because divorce threatens the latency-age child and the adolescent's striving toward independence, as well as the ability to take full advantage of the world of school and peers, it is important that educators do all in their power to support the welfare of both children and parents of divorce. Since the child and adolescent's attention becomes riveted on events occurring within the family, they can become neglectful of academic and social pursuits. The family structure no longer forms the secure base from which the child forays into the world. Psychologists have noted that the older child's greater ability to understand what is happening in the family is both an asset and a liability. Sustained support outside the family circle is hard to gain and sometimes impossible to obtain at all. School can be a real haven for these children.

Schools provide a safe place for discussing problems and experiences. Children will freely talk about their torn loyalty and their anger and resentment with what has happened to their families. They will need the school's safe environment, where one has a stake in what one says or how one feels, in order to explore issues and feelings about divorce and remarriage. The more a teacher can allow and even encourage such discussion, the better.

Permission for this type of release need not always be oral communications. Written assignments, such as journals and reports, and opportunities for therapeutic groups can also help these children express pent-up emotions. Anxiety and sorrow over the loss of a parent, usually the father, together with anger and feelings of fear for the mother, in addition to powerful fantasies of reconciliation, are common and should be expected.

Those working with adolescents can expect strong feelings of anger, and at times, an overwhelming sorrow and despair. Ideas of suicide are also common. Temporary or even permanent psychological derailment can be seen in many adolescents' attempts to work through issues of anger, guilt, shame, and feelings of betrayal. Rage, embarrassment, and moral indignation can also characterize the adolescent's behavior. Likewise, complicating the process of detachment from parents is the re- emergence of the notion of parents as sexual beings. This insight may provoke sexual acting-out behavior in adolescents whose sexual identity is fragile and less well-consolidated than it ought to be for sexual behavior.

Educators may want to know about custody arrangements and how those

should be perceived in terms of impact on the child. The custodial arrangement is most influenced by the following factors: 1) the psychological stability of one or both parents, for example, whether or not a parent is depressed; 2) the coping abilities of the parents after the divorce, especially financial management and the use of resources such as relatives; 3) the custodial arrangement itself, whether or not it is realistic or places excessive stress on the child with multiple changes within short periods of time; 4) the cooperation and participation of the non-custodial parent in the child-rearing project, with sensitivity to the strong beliefs of the custodial parent; 5) the number and nature of the inevitable changes caused in the child's life by custody arrangement; 6) the extent and type of disruption beyond the family in the child's life such as the loss of a familiar school or neighborhood; 7) the quality of the remarriage for either parent and the cohesion of the two households over time; and 8) the child's psychological health and adjustment to school and social pressures prior to the divorce.

Regardless of custody, however, those most at risk are those unable to maintain distance from their parent and those not attending schools which provide clear guidelines and a supportive environment for the experimental behavior of children and adolescents.

Helping parents understand the complications which a child or adolescent experiences can be a service to both parents and child. Helping them maintain firm control and an attentive ear to their children can greatly aid the child's struggle with the divorce and dissolution of the home. Workshops for single mothers and single fathers, on child development and normal, acceptable behavior, can be an enormous benefit to parents.

Educators can be models of communication for adults who must deal with children experiencing a need to express their frustration and anxiety. Simply by keeping in touch with one another, educators demonstrate how time spent in communication with the child and with others responsible for the care of the child can pay off in the long run. The patience and determination that educators display in dealing with developmental delays, anger, and sorrow model for parents the necessary care they can themselves provide. At times, educators will, in fact, be parental substitutes and may be confronted with jealous parents. A parent's real or perceived inability to deal with the needs of a growing child may add to a feeling of guilt, which parents perceive when the divorce consumes a great deal of psychological energy.

Educators can support the involvement of both parents in the life of the child by offering appointments and assistance to both. Most educators find it easier to provide conferences when there is a need to talk calmly about a child's progress by having a separate conversation with each parent. Obviously, this means offering two time-periods for conferences concerning report cards or other evaluations. The pay-off, however, is that parent- teacher conferences will lessen tension, offer more frank discussion, and encourage other parents to remain invested in the child.

Hammond (1979) reported that 86% of the children experiencing divorce would have liked the school to ask them to talk about how they felt and to give them books about divorce. The children recognized that discussion would have helped them by providing opportunities for emotional clarification. They also felt that discussion could have helped to foster a climate of tolerance, social awareness and varying lifestyles in the classroom. In addition to helping children work through their feelings, the classroom setting can give them help with survival skills such as preparing food and first aid.

School policies need to be evaluated for their sensitivity to the issues of children from divorced and contentious homes. How often are school events structured so that attendance by both parents is less painful? Are options offered? Do both parents receive all relevant information from teachers and school officials?

Finally, school curricula need to be evaluated for sensitivity to how family life is presented and valued. Are there models of families which demonstrate the varieties of homes that children come from? Are words like "blended families, custodial parent, and single-parent" used instead of expressions like "fatherless, broken, disintegrated and divorced" homes. These latter expressions imply a judgment and can exacerbate a child's struggle with the family dilemma. Leahey (1984) writes: "To speak routinely of mother, father and child as definitive components of the family is to ignore a major social shift in family composition. Similarly, textbooks are in need of revision to eliminate stigmatization of the single-parent family."

Detecting Depression in Children and Adolescents

Children in any home, and especially in any of the dysfunctional homes which are being discussed under the headings of Stuck, Split, Chaotic, Fragile and Blaming Homes, can become depressed. Reactive depression has been used to describe that which has clear antecedent causes, such as the death of a parent, or a sibling, or severe loss, such as that experienced in divorce. Furthermore, McConville and Bruce (1985) have identified three child depressive typologies. The affective type is characterized by a depressed mood, with sadness and feelings of helplessness and hopelessness. The self-esteem type is displayed in manifestation of discouragement and poor self- esteem. The final type is characterized by a preponderance of guilt, displaying itself in self-deprecating remarks, suicidal ideation and self-destructive behavior. While all three can be seen in school settings, the third type is particularly difficult to handle in an educational setting and usually requires clinical treatment.

Because children are often unsure of their feelings and continually undergo changes in cognitive function, psychology, and linguistic skills, their ability to verbalize problems is limited. Even the ability to appreciate their own state of sustained unhappiness is often insufficient, making them poor judges of their

depression. When asked if he or she is depressed, a gloomy child may be confused and react with denial. A teacher or counselor, however, will be more often successful by asking, "Has something happened that is bothering you, or that has made you upset?" The latter approach has a better chance of eliciting a response because it externalizes the source of the problem and asks for a concrete reference outside the child rather than inquiring about an internal state.

Poor school achievement, refusal to attend school or school functions, school phobia, generally poor peer or psychosocial functioning, as well as boredom and general anxiety are some of the symptoms likely to show themselves when a child is depressed. (Kashani, et. al, 1981); Lesse, 1981; Ambrosini, 1983) Behavior problems, learning difficulties, plummeting grades, and general somatic complaints are also common in depression. (Bauer, 1987; Colebert, et. al, 1982) While there has been widespread agreement that more children are depressed today than ever before, there is no such agreement on childhood symptomatology for depression. Rather, most psychologists believe that children react differently when depressed, but that their symptoms mimic those of adults.

In school, educators are likely to see hopelessness, anxiety, and guilt manifested in cognitive impairment. Low self- esteem, a loss of interest in pleasurable activities (anhedonia), loss of energy, and constant complaining about stomach problems or headaches will manifest themselves during the school day. Loss of appetite or a change in appetite, sulkiness, irritability, psychomotor agitation, and complaints of sleep disturbance are also common symptoms. (DSM-II-R, 1988) Because these symptoms are likely to surface within the complex social and achievement milieu of the classroom, a teacher may be in the best position to spot symptoms linked to depression. Several authors have pointed out that school personnel may be in a better position than parents in this regard, since parents may be the source of the child's problems, and may deny that the child is experiencing difficulty. (Stout, 1987)

School personnel may wonder if the preceding set of symptoms means that a great many children experiencing school-related motivational or social problems are depressed. Certainly not, but one should always consider the possibility that depression underlies a child's problems, especially when there is evidence that a child or the child's parents have made some effort to identify and rectify problems. Learning difficulties are a common source of temporary depression as are what we call depressions reactive to specific life stress events.

The challenge for teachers and administrators is that depression manifests itself in many different ways. It is a complex phenomenon to assess and to treat, pervasive in its effects on the child. Poor social skills, low levels of motivation to success, or a difficult temperament in children may indicate that they are depressed, when, in actuality, their problems are of an entirely different nature. When detecting a dysphoric or depressed mood and at least four of the preced-

ing symptoms, with these symptoms having lasted for more than two weeks, one should seek professional diagnosis, assessment, and treatment for the child.

Causes of Depression in Children

Discussion of the etiology (causes) of depression has tended to follow theoretical lines. One school of thought sees a complex interplay between faulty thinking and self-defeating behaviors as the likely source. According to cognitive behaviorists, children often misinterpret events and features of their environment. Logic that is damaging to their ability to cope with changes or with aspects of the environment leads to behaviors that make the child less able to adapt. For example, children who believe that parents are divorcing because the children have been nagging and dependent, determine they must never ask for their help even though they find themselves hopelessly unable to take care of their own needs. (Kovacs and Beck, 1977)

Psychoanalytically-oriented psychologists tend to discount the possibility of depression occurring in children. However, they tend to see a harsh superego and excessive guilt as inherent components of childhood depression. There may be perceived or feared responsibility for disruptions in important bonds. The loss of care givers and the projection or internalization of anger are linked together in the depressions of children. When children have experienced the divorce of their parents, it is easy to postulate that they may have unconsciously presumed their own responsibility for the loss of a parent in their lives. (Cantwell, 1983)

A life-stress model attributes depression to overwhelming difficulties encountered in response to crises and challenges which accompany changes in a child's life. Typical stressors involved in a divorce situation, such as parental fighting, loss of income, and movement to a new neighborhood and school, can add up to more change than a child can handle. The sickness of a relative, parental alcoholism, and child abuse are typical stress-inducers and therefore, depression-inducing conditions in a child's environment. (Kashani, et. al, 1981)

Finally, there is the biological-biochemical position or school which attributes childhood depression to chemical, molecular, or physical/genetic irregularities. Hormonal abnormalities or deficiencies, or peculiar sensitivities to physical conditions in the environment, causing reactions such as severe allergies, for example, are the suspected culprits. (Puig-Antich, 1985) Medical doctors and psychiatrists prefer to use pharmacological treatment modalities if they have determined that the depression is biologically induced.

Transference and Countertransference Issues

This review of the research on divorce and suggestions for dealing with children of divorce, present us with a unique set of problems. There is a strong possibility that children experiencing divorce will manifest their disappointment

and even anger with other adults, such as their teachers. The extent to which the family becomes dysfunctional is the extent to which the child's acting-out behavior will negatively impact the student- teacher, or student-student relationships in school.

We may feel saddened and helpless with a depressed child or adolescent. The child is internalizing the family tragedy. Others externalize their anger. Teachers, then, are likely to feel torn between their feelings of anger and sympathy for the child. They may feel torn as well in their dealings with the child's parents, siding emotionally more with one parent, than with the other. Parents and their children may make us feel manipulated. We might feel, for example, the anger which the child feels for the behavior of the important adults in his or her life. And it is not uncommon for teachers to feel "parental." That is, we may find ourselves wanting to remove this child from the negative situation which the child's own parents have created by their bickering or negligence. This is a signal to the teacher that nurturance is missing in the child's life and a call for the teacher, not to become the "good" parent, but to help the child's real parents become more attuned to the needs and anxieties of their child. Feeling that we would like to replace the child's parents with ourselves can lead us to act not as the child's better parents, but as helpers to the parents so that they might become better parents themselves.

In the classroom, however, our duties remain that of an educator, not a therapist or parent. As was stressed in the discussion of treatment strategies in Chapter Nine, a two-tiered approach is always preferable when dealing with the depressed child. An effective method is one which concentrates on restoring the child's capacity for performing in school, both academically and socially, before attempting to explore the deeper causes and roots of the problem. The strong proviso in the case of serious childhood depression is that the child must first be helped enough to function in the school setting. Some depressed children will need to be removed from school for clinical intervention, and may be returned to the school setting when they have achieved sufficient progress.

Counselors and therapists who work with educators can achieve success in treating the child more quickly if they work with school personnel as a team. The interdisciplinary approach, involving nurses, doctors, on-staff educators, and play therapists, is well-used in clinical settings. Unfortunately, it is often abandoned when the child returns to school. This is a sad commentary on the way the psychological and medical professions have missed an opportunity to work with individuals who see the child more, in many cases, than parents do. A school staff would do well to model its own intervention strategies on the medical model by seeking to coordinate observations, provide strategies for intervention, and monitor successes and failures in consultations with parents and other professionals.

With the cost of psychological treatment rising and the number of children needing help for depression on the increase, school personnel can expect to see

more of these children in the classroom. Ignoring the problem will be costly for everyone. Teachers are drained, counselors overwhelmed, parents frustrated, and children lost. Detection of these children and strategies for helping them are best carried out in teams where many individuals share the responsibility and burdens. Attempting to help a depressed child alone can be both draining and unwise since it robs the child of other helpers and it robs other children in a classroom of the teacher's time, energy and enthusiasm.

Questions for Discussion by Faculty and Administrators

1. How many children in your school or class are from families of divorce? How many appear to have actively contentious parents, whether divorced, separated, or not?
2. What have been your experiences in parent-teacher conferences with situations involving divorce?
3. How have you seen the results of a child's split loyalty or anger when parents were separated, divorced or actively contentious?

References and Resource Reading

Allen, J. and Naire, J. (1989) *Class Discussions for Teachers and Counselors in Elementary School.* Toronto: OISE Press, University of Toronto.

American Psychiatric Association (1988). *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition-revised. Washington, DC.

Ambrosini, P. (1983). "Childhood Depression: Signs and Symptoms." *Early Years, December*, pp. 43-44.

Bauer, A. (1987). "A Teacher's Guide to Childhood Depression." *Clearing House*, 61, pp. 81-84.

Beck, A. (1981). *Cognitive Therapy of Depression.* NY: Guildford.

Clarizio, H. (1985). "Cognitive-Behavioral Treatment of Childhood Depression." *Psychology in the Schools*, 22, pp. 308-322.

Cantwell, D. (1983). "Overview of Etiological Factors". In D. Cantwell and G. Carlson (Eds.) *Affective Disorders in Childhood and Adolescence*, pp. 206-210. Jamaica, NY: Spectrum.

Colbert, P., Newman, B., Ney, P., Young, J. (19). "Learning Disabilities as a Symptom of Depression." *Journal of Learning Disabilities*, 15, pp. 333-336.

Downing, J. (1988). "Counseling Intervention with Depressed Children." *Elementary School Guidance and Counseling*, 22, pp. 231-240.

Emery, R. and O'Leary, K. (1982). "Children's Perceptions of Marital Discord and Behavioral Problems of Boys and Girls." *Journal of Abnormal Child Psychology*, 10, pp. 11-24.

Fry, P., and Grover, S. (1983). "An Exploration of a Child's Perspective: Children's Perceptions of Parental Treatment, Personal Anxiety and Attributions of Blame in Single-Parent Families." *Journal of Psychiatric Treatment and Evaluation*, 5, pp. 324-333.

Garmezy, N. (1983). "Stressors in childhood." In N. Garmezy and M. Rutter (Eds.) *Stress, Coping and Development in Children* pp. 43-84. N.Y.: MacGraw-Hill.

Hammond, J. (1979). "Children of Divorce: A Study of Self-Concept, Academic Achievement and Values." *Elementary School Journal*, 80, pp. 55-62.

Hetherington, E., and Arasteh (Eds.) (1988). Impact of Divorce, Remarriage, Step-Parenting on Children. Hillsdale, N.J.: Erlbaum. Hetherington, E. and Arasteh, (Eds.) (1988). "Families in Transition: the Process of Dissolution and Reconstitution." In R. Parke (Ed.), *Review of Child Development Research*, Vol. 3, pp. 398-439. Chicago: University of Chicago Press.

Hart, S. (1991). "Childhood depression: Implications and Options for School Counselors." *Elementary School Guidance and Counseling*, 25, pp. 277-289.

Hetherington, E., Stanley-Hagan, M., and Anderson, E. (1989). "Marital transition: A child's perspective." *American Psychologist*, 44, pp. 303-312.

Kashani, J., Husain, A., Shekim, W., Hodges, K., Cytryn, L., McKnew, D. (1981). "Current Perspectives in Childhood Depression: An Overview." *American Journal of Psychiatry*, 138, pp. 143-153.

Kaslow, N. and Wamboldt, F. (1985). "Childhood Depression: Current Directions and Future Perspectives." *Journal of Social and Clinical Psychology*, 3, pp. 416-424.

Kazdin, A. (1981). "Assessment Techniques for Childhood Depression: A Critical Appraisal." *Journal of the American Academic of Psychiatry*, 20, pp. 258-275.

Kelly, J. and Wallerstein, J. (1976). "The effects of Parental Divorce: Experiences of the Child in Early Latency." *American Journal of Orthopsychiatry*, 46, pp. 20-32.

Kovacs, M. (1985). "Natural History and the Course of Depressive Disorders in Childhood". *Psychiatric Annals*, 15, pp. 387- 389.

Kovaks, M. and Beck, A. (1977). "An Empirical-Clinical Approach Toward Definition of Childhood Depression." In J. G. Schulterbrandt and A. Raskin (Eds.) *Depression in Childhood: Diagnosis, Treatment and Conceptual Models*, pp. 1-25, N.Y.: Raven Press.

Lamb, M. (1977). "The Effects of Divorce on Children's Personality Development." *Journal of Divorce*, 1, pp. 163-174.

Lasko, C. (1986). "Childhood Depression: Questions and Answers." *Elementary School Guidance and Counseling*, 20, pp. 283-289.

Leahey, M. (1984). "Findings from the Research on Divorce: Implications for Professionals' Skills Development." *American Journal of Orthopsychiatry*, 54, pp. 298-317.

Lesse, S. (1981). "Hypochondriacal and Psychosomatic Disorders Masking Depression in Adolescence." *American Journal of Psychotherapy*, 35, pp. 356-367.

McConville, B., and Bruce, R. (1985). "Depressive Illness in Children and Adolescents: A Review of Current Concepts." *Canadian Journal of Psychiatry*, 30, pp. 119-129.

McKnew, D., Cytryn, L., and Yahraes, H. (1983). *Why Isn't Johnny Crying?*. N.Y.: Norton.

Newcomer, S., and Udry, J. (1987). "Parental Marital Status Effects on Adolescent Sexual Behavior." *Journal of Marriage and the Family*, 49, pp. 235-240.

Peterson, J. and Zill, N. (1986). "Marital Disruption, Parent-Child Relationship, and Behavior Problems in Children." *Journal of Marriage and the Family*, 48, pp. 295-307.

Porter, B. and O'Leary, K. (1980). "Marital Discord and Childhood Behavior Problems." *Journal of Abnormal Psychology*, 8, pp. 287-295.

Puig-Antich, J. (1985). "Biological Factors in Prepubertal Major Depression." *Psychiatric Annals*, 15, pp. 390-397.

Rutter, M. (1986). "Child Psychiatry: The interface between Clinical Knit Developmental Research." *Psychological Medicine*, 16, pp. 151-169.

Rutter, M. (1987). "Psychosocial Resilience and Protective Mechanisms." *American Journal of Orthopsychiatry*, 57, pp. 316-331.

Schloss, J. (1983). "Classroom-Based Intervention for Students Exhibiting Depressive Reaction." *Behavioral Disorders*, 8, pp. 231-236.

Stout, C. (1987). "Mental Illness, Dchools and Hospitals: What's Going on?" *Educational Horizons*, pp. 137-138.

Wallerstein, J. and Blakesless, S. (1989). *Second Chances: Men, Women and Children a Decade After Divorce*. N.Y.: Tuicknor and Fields.

Wallerstein, J. and Kelly, J. (1980). *Surviving The Breakup: How Children and Parents Cope With Divorce*. N.Y.: Basic ooks.

Worchel, F., Nolan, B., Wilson, V. (1987). New Perspectives in Child and Adolescent Depression. *Journal of School* Psychology, 25, pp. 411-414.

Author's Notes

II. Divorce and Contention Child Custody: The Split Family

A. General Condition/Description:
- -A history of hostility between the two adults
- -Parents have decreased capacity for carrying out parenting functions.
- -Constriction of family resources—social, financial, etc.
- -Uncertainty over Future Stability
- -Concern for welfare of both parents
- -Anger at the loss of the idealized home.

B. Characteristics of Dysfunctional families with the above.
- -Parentified child syndrome
- -Manipulation of adults
- -Acting-out behavior in boys, repression in girls
- -Anger directed toward the custodial parent
- -Uncertainty and instability of schedules and rules
- -Participation in moralism and identification with hurt parents

C. Transference and Countertransference issues:
We feel/they feel
- -Splitting in affect toward the child and parent
- -frustration over parental self-centeredness
- -Anger over the parentified child phenomena
- -Parental feelings toward the child

D. Helpful Approach/Response:
How do I recognize the child's manipulations of adults?
How do I manage this and insist on help in child-rearing?

CHAPTER THIRTEEN

SUBSTANCE ABUSE AND THE CHAOTIC FAMILY

One of the most common causes of family dysfunction is the abuse of substances such as alcohol or drugs. Sharon Wegscheider writes that "One does not become an alcoholic alone . . . one person's addiction affects the family coping mechanisms . . . and this influence can be either constructive through intervention and treatment, or destructive through the family's becoming enmeshed in the trap of the illness." (Wegscheider, 1980)

Chemical dependency, then, is a family disease and a primary factor in the way each member of the family handles stress and responds to demands within the family and the world outside. Over 12 million Americans are believed to be alcoholic and millions more are addicted to drugs. Given the fact that a significant percentage of these are parents with children, the abuse of a substance can have a devastating effect on their lives. Alcohol and drug use distort ego functioning and relational skills and so are bound to impact the way a family delivers the developmental and relational needs of children.

Chemical dependency alters the perceptions of adults who abuse substances and also the expectations of children affected by that abuse. Developmental needs for consistency in family life and a secure environment may be greatly damaged in some families due to the drain on family resources. Or relational- emotional needs for care and honesty may be altered by the need to avoid discussion of the substance abuse problem and by the impact of the substance itself on the capacity of adults to be forthcoming in their delivery of basic relational and emotional needs. As we will see, the chaos which is characteristic of such homes leaves individuals, especially children, uncertain of their own feelings and expectations of both themselves and others. There is, as can be expected, a spill-over into the classroom, as the child transfers to the teacher those demands and cravings for whatever the family has been unable to provide.

Complicating the educator's dilemma are the growing numbers of children and adolescents who themselves abuse alcohol and/or drugs. What can the school do when the child is him- or herself a significant contributor to the family and school chaos? A second complication is the range of opinions and attitudes about alcohol which may exist within a school's faculty and administration. How can we, as educators, deal more effectively with the chaotic dysfunction of substance-abusing families when some faculty are themselves products of these homes, or may themselves abuse alcohol or drugs? These challenges are significant. The first task will be to recognize and appreciate the way substance abuse makes its way into the student-teacher relationship and how the family which abuses substances may impact the school environment through projective identification. The following two case examples deal with such a situation.

Two Case Illustrations: David, 10 and Donna, 14

The Case of David, 10, and His Mother

David, ten years old, is in the fourth grade. He is a bit young for his class, of average height and build, perhaps a bit on the thin side. His red hair is cut short. He appears nervous and jittery, and has difficulty staying in his seat, especially in the afternoon. His previous school is not far away from his current one. The reason for the school transfer is a recent move to an apartment nearby. This new school is located in a crowded residential neighborhood; most children are able to walk to the building.

During the first week of school, David was taken to his class by his mother, who made sure that either she or a relative was there to take him back home after school. David's teacher suggested that his mother allow David to walk to school or return with the other children, since the neighborhood was safe. Other children were making fun of him because his mother was always there to pick him up.

Before deciding to let David walk alone, David's mother called the principal to ask if it was a wise decision to stop escorting David to school each day. The principal assured her that the neighborhood was safe, but she needed to decide this for herself. He added, however, that most of the children were, in fact, walking to and from school on their own by the third and fourth grade.

David's classroom behavior soon became problematic. He spoke out without permission and would embark on some activity without consideration of the class routine. Other impulsive behaviors began showing themselves in the cafeteria and on the playground. David's teacher mentioned these problems to his mother in a phone call. The teacher noted that David's mother seemed distracted over the phone, as if she had been caught at a bad time. The mother did not say that the call was coming at an unfortunate time, however, when questioned by the teacher. In completing the conversation, the teacher men-

tioned that she would be devising a reward system for David to promote his self-control. David's mother thought this was an excellent idea. Because of his impulsive behavior, David began having social problems. The other children did not appreciate his insistence that he have his way in a game, or his tendency to became aggressive when he became angry. A conference was called with David's mother and father. When she was told of David's behavior, his mother was incredulous. She said she had a hard time believing that David would do such things at school. She then explained that there had been a recent separation. David's father was living not far away and she would notify him of the meeting.

The day before the conference was to be held, David was reported to the principal by the fourth grade teacher for a disturbance in the boys' restroom. Apparently, David and another boy in his class forced a first grader to put his jacket in the urinal. David denied he had any part in the incident, but the accomplice admitted to their involvement.

David's father was not present for the conference that followed this incident, although his mother claimed that she told him of the meeting. During the meeting, David's mother remained stunned about the incident and claimed that David would not have done such a thing unless coerced. She did agree, however, to cooperate with any consequences the school felt her son deserved.

David was suspended for two days. During that time, the mother called the principal twice and continued to demand additional details about the incident. She also came to school each day to get his work for him so that he would not fall behind.

Upon his return, David seemed more cooperative and less impulsive. When his behavior began deteriorating again, the teacher called his mother and explained that some of the bad habits were resurfacing. A pattern developed. David would improve for a time and then become problematic again. When his mother was called, he would improve, but successes were not long- lasting.

Then David's mother became the center of a controversy involving other parents in David's class. According to a complaint filed with the principal, David's mother was accusing the father of one of David's classmates of being an alcoholic and abusive to his wife and children. The principal called David's mother for a report, and expressed his strong disapproval of spreading rumors which could so divide a community. David's mother insisted that she could see the pattern of abuse and alcoholism and felt it was her duty to speak up.

Shortly after this incident, David was caught throwing food in the cafeteria. When reprimanded by his fourth grade teacher who was on duty at the time, David accused her of lying and said that he had no respect for her.

Another conference with David's mother followed by the end of the day. The principal insisted that David's behavior was unacceptable and that consequences needed to be firmly spelled out for his misbehavior at home as well

as at school. The principal reported that David had told him and his teacher that he faced consequences only at school. Finally, the principal stated firmly that he believed the family was in need of counseling. David's mother was more compliant and said she would be more firm with David in the future. She agreed to begin to look for a counselor for herself and David. She explained that she had once seen a therapist to help her with a drinking problem. Although she was not a member of a local AA group at the present time, she said she had been involved in one before the move. The principal stressed the need for counseling and suggested that the poor adjustment to school during the past year was only one possible problem area and may be symptomatic of some deeper problem which she and David needed to address.

The Case of Donna, 14

The Assistant Principal for discipline at a junior high school offered the following report on one of her students. The Assistant was concerned that the teachers of a freshman, named Donna, needed advice and consultation in their efforts to deal with this student.

Donna was 14 years of age. She had blond hair which often appeared to be unwashed. Her clothes were usually unpressed and she often came to school unwashed. Donna was average in intelligence, and her grades were usually acceptable. Over the previous two years, however, her work deteriorated. At first, her absences were in the normal range but then she began missing school once or twice a week. Her mother had called in to say that Donna had the flu, or was experiencing cramps, or had some other excuse. Absences totaled about 15 days or half-days for the previous two quarters. These absences prompted her teachers to challenge her mother and father at the next parent-teacher conference. Neither parent showed up at the conference, however.

Donna began to have other problems in school. She would put her head on her desk to sleep in the middle of class. She began associating with a group of boys who smoked behind the gymnasium during the noon recess. Because smoking was against school policy, Donna and two other boys were given an in-school suspension. Parents were notified, but, once again, Donna's mother did not respond.

When Donna was caught smoking a second time, she became sarcastic with the teacher who reported her and her friends. Her parents were notified that a conference in the Assistant Principal's office would deal with the problem. Donna's mother did appear for this conference. Her reaction to her daughter's misbehavior was at first cooperative, but turned defensive when a teacher noted the excessive absences for what appeared to be poor reasons. The Assistant tried to smooth over the poor rapport between the parent and the teacher, but Donna's mother left the conference in anger over the teacher's remarks. The Assistant suspected the mother had been drinking, but did not share this

suspicion with the two teachers who participated in the conference.

Over the course of the semester, Donna became more involved with a group of boys who seemed to be trouble-makers. They would become sarcastic with those who participated in class discussion and teased those who seemed to enjoy school. Occasionally one or two of the boys in the group skipped a class, and when caught, would have to attend an after-school detention. Eventually, Donna was caught skipping class and was also given the after- school detention.

One day Donna's mother came to the school to look for her daughter. Donna had called her mother to inform her that she would not be returning home on the bus because she had after- school detention. Her mother came to school because she thought Donna might be lying to her. When she arrived at the school and discovered that Donna had been telling the truth, the mother was perfectly civil and cooperative. She waited patiently for Donna during the hour-long detention. Yet the Assistant could see the two of them arguing as they left together.

The Assistant soon received more complaints from Donna's teachers about her in-class behavior and attitude. When Donna was again caught smoking behind the gymnasium, the Assistant decided to have a long discussion with her.

The discussion was fairly one-sided at first. Donna was uncooperative and sullen. She stared at the wall while the Assistant asked questions or made statements in an effort to provoke a response. In time, Donna began rebutting some of the statements made by the Assistant, particularly statements about her choice of friends and her attitude in school. Eventually, the Assistant noted that Donna's mother did not appear to trust her. At these words, Donna launched into a vicious attack against her mother.

Donna's words about her mother were negative and harsh. When the Assistant commented on the amount of anger in their relationship, Donna insisted she wasn't angry. She said she simply felt sorry for "the lush," as she called her mother. The Assistant asked Donna how much her mother drank. Donna said she drank regularly.

Next, the Assistant asked about her father. Donna claimed that both her parents drank until her father left them. She said she rarely saw her father anymore, but she felt that was okay because she could not stand the constant fighting when her parents were still together.

The Assistant then asked Donna if she was drinking as well. Donna was hesitant to say she drank, but finally she admitted to having a beer every once in a while.

"Anything else?" the Assistant asked.

"Like is there anything else I want to add?" Donna responded looking straight at the Assistant Principal.

"No, I mean, do you take anything else on a regular basis?" the Assistant added.

"No" was Donna's reply, although she did not make eye contact with the Assistant this time.

"I have to warn you that it is against school policy to come to school intoxicated or to use any illegal substance during the school day," the principal told her. "But, I am more concerned about you and whether or not you have begun using some substance that will hurt you." She told Donna that she had several alternatives. She could seek counseling, attend a group for Children of Alcoholics, or find other resources outside of the school for help. The principal offered to help Donna with any of these choices. But Donna was hesitant to speak further or to comment on any of the services offered.

Discussion of the Two Cases

Both these cases illustrate one of the central facts about homes where substance abuse is a major problem: children will attempt to cope as best they can with their chaotic situation. Home is confusing because it is unpredictable and disappointing. No matter how hard the child tries to manage himself, the level of dysfunction is bound to impact the child's perception of reality and self.

Our first case involving David and his mother illustrates a series of challenges to David's teachers and other school personnel. David's mother at first seemed unsure of herself, and in need of guidance and encouragement, but the Principal was left feeling a bit curious about this woman calling him about the teacher's advice. Still, the incident was noted and dismissed from his mind.

Soon it became clear that David's adjustment to the new school was more problematic for him than it should have been. In such a situation, a natural tendency is to wonder what happened at the child's previous school. Why did this child's parent's transfer him? But in this case, information about David's previous school would not have been relevant. Without knowing it, the teachers and Principal were beginning to experience some of the chaos David felt. His own impulsivity was directly related to the home environment, where impulsive behavior was the norm. The only thing that could be counted on was that one cannot count on anything for sure.

The irresponsible behavior of David and his denial of responsibility, and then his mother's irresponsible behavior and her own denial that anything she had done was out of line are nearly parallel. One can almost say that the mother's behavior in relationship to the school was a direct result of her own alcoholism. She did not need to be actively drinking to display the chaotic, unusual, self-defensive style which becomes characteristic of such homes.

The same is true in the case of Donna and her family. Donna's relationship with her parents is not the same as that of a split child. She did not have access to her father and did not seek it. In fact, she claimed to be relieved that he and her mother were no longer fighting. There was a good chance, however, that she was using some substance to hide her anger and shame and that her behavior

at school was directly related to her alcoholic home.

The Assistant Principal for Discipline and Donna's teachers discovered that they were confused about what to expect from her. She had become difficult to manage, was hostile, and seemed to be self-destructive. The friends she kept were clearly a sign of rebellion and a search for being with those who are somehow kindred spirits. Those who are alienated in any school often share the same background of being first alienated from their families and then experiencing the same type of alienation from their peers and their school community. The more chaos Donna created in the school environment, the more she enabled the school personnel to see what it was like to be in her shoes, just as David did in our first case.

In sum, by acting out in the school setting, both David and Donna managed to bring their parents into the school situation where the family problem could be detected. In fact, in both cases, the alcoholism was eventually discovered, or revealed. In the first case, David's mother mentioned that she had been to Alcoholics Anonymous meetings in the past and in the second, Donna simply blurted out that her mother was a "lush." Children and adolescents from such homes experience a variety of feelings and may instill any one feeling at a given instance or in a given situation. The overall feeling of working with these individuals, however, and especially of working with their families is confusion, or chaos. This is what it is like to be in a substance-abusing home. This is what the child feels, and this is the contamination which such a family will bring into a school system, if given the opportunity. When school personnel feel confused and when they encounter irresponsible behavior on the part of a parent, it is helpful to look for signs of substance abuse.

What it is like to be in such homes will be further explored in future chapters, along with an explanation of the roles and function children play in these settings. Major problems and dynamics within children and adolescents who come from such homes will be discussed, as well as how children and adolescents need to be treated when they themselves begin to abuse substances. A major area that will be analyzed is what educators and a school system can do to help children from chaotic homes.

Substance Abuse and the Family Environment

Put in its most succinct form, the problem of substance abuse stems from a failure to control impulses. A family member in chaotic homes uses a substance to relieve tension and anxiety, or to alter an uncomfortable feeling such as depression, anger or frustration. Or the substance helps lower inhibitions. It helps the person find the "courage" to do or act in a way which would otherwise not seem possible. Over time, the alterations of mood, and the pleasures of relief which the substance brings are either psychologically or physically addicting, or both. There are many definitions of alcohol or substance

abuse, and the debate goes on, partly due to the search for clinically precise features to standardize diagnostic and assessment protocols, and partly due to the lack of social consensus on what constitutes abuse and dependency. Abusers and dependent individuals are often in such denial over their own dependency that they are not very helpful in the discussion.

A fully developed substance abuse problem has six essential features, according to Nace (1987): (1) a chemical or substance dependence, (2) craving for the substance, (3) a loss of control over the amount used to alter the mood or relieve the tension, (4) personality regression or fixation, (5) denial of the problem, and (6) conflicted behavior such as missed work or passing out or blackouts and memory losses. Nace also believes that there are several dimensions to the craving: (1) it is physiological in nature. (2) There is a compulsivity to the craving. (3) It affects both cognitive and affective aspects of the personality. Jellenik proposed a simpler sequence after a massive study of members of Alcoholics Anonymous. He suggested that a pre-alcohol stage consists of the use of alcohol for stress reduction. In the prodromal stage, there are blackouts and amnesia-like experiences due to the abuse of a substance. The crucial stage is one in which the abuser makes a physical demand, and rationalizes his behavior about the drinking without hiding it. Finally, in the chronic stage, the substance(s) dominate consciousness and a physiological craving occurs at least every four hours. (Jellenik, 1960)

Since 1982, Schuckit and others have pointed to the likelihood that, for at least some substance abusers, there may be genetically mediated biological factors which contribute to the craving process. (Schuckit, M., 1982; Schuckit, 1984; Searles, J., 1988; Wise, R., 1988) Regardless of how alcoholism and drug abuse develop, the facts that the substance impedes honest communication, that it puts the control of moods and feelings in a substance outside the person, that it casts a pall over family interactions, even those where the abuser is not directly involved, are not faced directly as family problems. With time, communication becomes distorted. If the substance abuse progresses, a logic known only to family members may ensue. But even then, since the rules are never stated, family members begin to guess at the meanings of communication to and from one another.

Roles for Coping

In order to survive in these homes, family members learn to cope by taking on roles. In the family with a chemically dependent member, each of the individuals develops a part or role which helps maintain balance, stability, even survival. Self- delusion, according to Wegscheider (1981), characterizes not only the chemically dependent person, but all family members who believe that the family can function only if such behaviors and patterns of interaction are maintained. A compulsive repression of feeling is necessary for survival, so each

member learns to do what is necessary.

Guilt, shame and fear grow as the disease progresses (Bradshaw, 1988). And as the family members learn to adjust to increases in these elements, their own feelings of guilt, shame and powerlessness must be hidden so that they and others beyond the family will believe that things are normal. There is, then, the depiction of control and order, but underneath chaos reigns. Wegscheider (1981) describes the typical roles which develop within families as follows.

The "Chief Enabler" is the person who is the closest and the most depended on by the dependent. He becomes involved in the mood swings of the chemically dependent person and works to keep things as "normal" as possible. Often, the spouse of the dependent person is the chief enabler. The enabler, ironically, may also became chemically dependent as a way of relieving tension, altering negative moods, and dealing with guilt, shame and fear.

A family "Hero" may also develop within such homes. This person may see and feel more responsible for the confusion, chaos and pain. By working hard to make things better for the family, the hero helps alleviate that pain. Heroes may devote considerable energy to success outside the family such as in academics or sports. They may bring honor to the family through hard work and the application of their talents to a variety of activities. If the enabler becomes overburdened, the hero may step in to help temporarily.

The "Scapegoat," from a systems perspective, is the identified patient, the I.P. This individual does not like what is happening, is confused by the chaos caused by the dependency, rejects the "lie" that the family is dealing effectively and "normally," and acts out in a setting such as the school. In time, the scapegoat can serve the family in its dysfunction by giving the family someone on whom to release their blame, their trouble and disappointment, and anger. As long as the scapegoat acts out in ways that bring trouble to him, the family secret is protected. If the acting-out behavior leads to a revelation of the family chaos, then the scapegoat may be rejected, or he or she may lead the family to health. From a systems point of view, the scapegoat represents the best sign of hope for the family, because this individual keeps the spotlight focused on the family dilemma.

Two other roles are identified by Wegscheider, that of the "Lost Child" and the "Mascot." The Lost Child suffers alone, that is, withdraws from the family chaos and from intimacy through fantasy and through a refusal to become too involved in the family's affairs and, consequently, in the activities of any other group, such as peers and in academics. The child who rarely speaks, has none or very few friends, and keeps entirely to him or herself, may be such a child. It is as if he or she has made a conscious decision to hide from the turbulence around him or her by becoming a non-person, or by fading into the scenery as much as possible.

The last role identified is the Mascots. These children have learned to gain the attention and affection they need by being cute, funny, and enjoyable to be around. They have developed the capacity to deal with chaos and frustration by the use of wit and charm. Humor becomes their greatest asset and a tool for masquerading as being happy, in control, and worry-free. Deep within these children, as in all the others identified here, there is hurt, shame and insecurity. The defensive strategies which they develop enable them to get by but the toll which the strategy takes can be enormous.

Additional Characteristics of Chaotic Families

Ironically, in some chaotic families, there is a great deal of activity and behavior which is highly predictable and rigidly controlled. In others, however, family functions might be completely unpredictable, and poorly controlled. In the former, an enabler attempts to make up for the psychological chaos through rigid management of the environment, such as by establishing strict eating schedules, household rules, and so on. In the latter, the enabler is often overwhelmed and unable to keep schedules, mealtimes, and responsibilities straight. This is more likely the case when the enabler also abuses a substance to relieve the stress and tension accompanying the chaos brought on by substance abuse.

No matter the appearance, the results are the same: neither the enabler, nor any other individual can control what happens. For example, if the head of a family drinks excessively before dinner on a regular basis, then the family meal will be either rigidly controlled by the enabler in order to minimize disruption and cut down on explosions of anger and frustration, or the enabler will have given up trying to do so and meals will be served without concern for order and conduct. The enabler's commands and demands for order are met, in time, with disbelief and disregard, sometimes overtly shown by the scapegoat. Why? Because the behavior of the dependent personality is essentially unpredictable and follows no particular logic.

Children, then, become confused as to the real intent and meaning behind commands and other communications. The "real purpose" is never totally clear and evident, since all behavior has the purpose of maintaining the peace that never seems to last. Confused and angry, the child comes to resent the substance which is abused, but copes through a strategy of internalizing such anger (and managing it inside) or externalizing the confusion and anger by displaying it in settings where it is tolerated.

Such families are highly invested in keeping the family "secret" hidden from outsiders. Children learn to avoid bringing peers home, just as they have learned to expect little from promises of adults, and to place little trust in their own intuition regarding the meaning and tone of certain situations. The more subtle and the more anxious the circumstances surrounding them, the less

comfortable these children feel with trusting their own perception of them. Silence, denial, rigidity (control), and isolation are then the dominant psychological features of these homes.

Adult Children from Substance-Abusive Homes

In recent years, the "adult child" syndrome has been identified and has helped many who grew up in chaotic homes to deal with their anger, shame and confusion. To have grown up in such a household is to be perpetually dealing with unresolved feelings of sadness and uncertainty. It is also to be dependent on a strategy for coping with the relational world and behavior in systems with a handicap.

Adult children of alcoholics, for example, will describe their own personal style in relationships as having the following characteristics: a constant feeling of isolation even while around people, a feeling of being different, a perception that the self is taken too seriously, and a difficulty or impossibility to relax or let go. Adult children feel that they are always being too responsible, that is, taking on the burden of responsibility even when others are clearly more in charge. A certain impulsivity characterizes their behavior in some area of life despite the strong desire for control. They are loyal long after they should have discarded an unhealthy relationship. They fear intimacy, yet long for it, seek approval, and feel that they are guessing at what behavior is expected or "normal" for some occasions. In other words, it is hard for adult children to be themselves, to be spontaneous, to be relaxed. The climate of the chaotic home has robbed them of this. In order to recover or uncover the ability to obtain these traits, children and adult children from substance abusive homes need stable environments which allow for flexibility but are still intolerant of destructive behavior. In time, the masks fall and the defensive strategies are given up.

Transference and Countertransference Issues

As we saw from our case examples, this type of family environment can be taxing. Its capacity for sustaining chaos through denial and miscommunication can be enormous. Since shame underlies the self-deprecation of each member of the family, individuals with whom we come into contact, either the students or the parents of these students, will transfer their need for someone who mirrors positive regard. They will want to be seen by us as capable, as essentially healthy and competent.

Enablers may have alter ego needs, that is, the need to feel accepted as an equal, as "normal." On the other hand, the scapegoat may have a need to idealize a teacher or administrator, that is, see in him or her the hero lacking in the family.

The scapegoat, however, will undoubtedly project into the school setting the chaos which he or she experiences in the home. From the vantage point

of a more informed perspective, it is evident that this is an attempt on the part of the child and/or parent to see how more capable adults will handle negative feelings. "Can someone model how anxiety and tension are to be handled in any way other than that which has been modeled in my home?" The educator who is able to feel the anger, confusion, and frustration of the child will be in a position to help the child, since this may be the first adult who can model authentic and healthy coping behavior. By honesty and directness, and by the refusal to become a part of the chaotic system, the educator offers a counter to the chaos which has been the child's daily experience.

Impact on School Personnel

The confusion which substance abuse creates in those who surround the dependent person spills into the school setting. Working with children whose parents abuse a substance can be frustrating because of the lack of clarity and certainty we experience. For example, agreements over how a situation will be handled with the child may not be followed, not because the parent did not agree to the procedure or rule, but because the parent is not capable of real follow-through. That is, the parent attempts to enter into an agreement but alcohol, for example, distorts the capacity for mature judgment and will. Under stress and resistance from the child, the parent may relent. Or to avoid confrontation and conflict within the home, the parent may compromise and thus sabotage a plan of action.

In extreme cases, educators will become fearful of the parent who is not in control of his or her own behavior. Fear and embarrassment for the child indicate the kind of feelings already in that child. He or she has managed unwittingly to place those same feelings inside the school personnel dealing with his or her parents.

Since it is often the case that school personnel work with the co-dependent, the enabling parent, the educator will want to be aware of characteristic responses from co-dependents. The co- dependent parent may have difficulty dealing with new information and may see in the child's acting-out behavior a challenge to the present order. Wegscheider-Cruse (1985) in her book, *Choicemaking*, identifies four stages of co-dependency: (1) depending-bonding, (2) fear, (3) emotional paralysis, and (4) behavioral rigidity. Depending on which stage the enabler is in, we might discover more or less willingness and capacity for accepting that substance abuse in the home is the direct cause of the child's acting-out behavior.

Chaotic families test our own feelings and perception of substance abuse. Our own biases for and against the use of mood- altering substances are an important ingredient in our handling of these cases. Amodeo and Drouilhet (1992) identify the four major sources of countertransferential responses.

1. The way the substance affects the ego and relational skills of the

dependent person, that is, their level of functioning, will impact the way we relate to them.

2. The context of our encounters will impact us. First of all, we are dealing with them regarding their child, and the context is spared by the fact that the family system is impacting the school as a system or institution with a child-nurturance mission.

3. There are attitudinal and emotional filters, or prisms, which we use to interpret the behavior of the child and the child's parents. Our personal, professional and societal experiences related to substance abusive individuals shape our view and attitudes toward those we are dealing with in the present.

4. Finally, our response will be shaped by the personality of the child, the parents and their own transferential needs. By this, we mean the unique qualities and relational needs which both child and parent bring to the relationship which develops with the educator.

There is little written on the countertransferential questions though it is of great concern to therapists. Educators will need to examine each of these sources in order to appreciate how the chaotic family and the child which represents them may be affecting their responses.

The School's Response

There is a host of concrete ways in which a school can respond to the problems of substance abuse in families. First of all, they can help students to learn about the use and abuse of alcohol. Curricula from the earliest grades through senior high are needed to deal with the various aspects of substance abuse in cognitively appropriate language and concepts.

Schools can help teachers and administrators deal with their own feelings about substance abuse. In cases where the abuse has been a part of an educator's background, programs which help professionals appreciate how substance abuse has affected their own perception and feelings can be helpful in expanding the professional competence of the staff.

Schools can help all students become aware of their own responses to alcohol and drugs. They can help build self-esteem and skills for dealing with peer pressure. They can also help children of alcoholics to identify their own problems with interpersonal skills, with self-control, and with developing an appropriate identity.

The educator who comes into contact with the student and family having alcohol or drug abuse problems can also help by providing good referrals. Schools can make sure that they are knowledgeable regarding clinics, therapeutic programs, and family counselors and therapists who specialize in the treatment of addiction and employ a family systems perspective. Again, the best response of the educator to the chaos of substance abuse and the dysfunction it produces are clarity in communication, honesty in response to undesirable

behavior, and firmness in the establishment of expectations for future interactions.

Questions for Discussion by Faculty and Administrators

1. How prevalent is substance abuse among the families of your students?
2. Has substance abuse impacted your school, or school functions, in any noticeable way? How open are the educators in your school to discussing this problem?
3. Can some or all students, who play obvious roles in your classroom, be helped by learning more about substance abuse and how it affects adult behavior and their relationships with these adults? Should there be a formal educational program on substance abuse awareness?

References and Recommended Reading

Abend, S. (1989). "Countertransference and Psychoanalytic Technique." *Psychoanalytic Quarterly*, 58, pp. 374-395.

Ackerman, R. (1987). *Children of Alcoholics: A Guidebook for Educators, Therapists, and Parents.* Holmes Beach, FL: Learning Publications.

Amodeo, M. and Drouilhet, A. (1992). "Substance-Abusing Adolescents." In J. Brandell (Ed.), *Countertransference in Psychotherapy with Children and Adolescents.* N.Y.: Jason Aronson.

Beattie, M. (1987). *Codependent No More.* San Francisco, CA: Harper and Row.

Black, C. (1982). *It Will Never Happen to Me.* Denver, CO: Mac Printing.

Bradshaw, J. (1988). *The Family.* Deerfield Beach, FL: Health Communications.

Bradshaw, J. (1990). *Healing the Shame that Binds You.* Deerfield, Beach, FL: Health Communications.

Cermak, T. (1986). *Diagnosing and Treating Codependency.* Minneapolis, MN: Johnson Institute.

Elkin, M. (1984). *Family under the Influence.* N.Y.: Norton.

Fossum, M. and Mason, M. (1986). *Facing shame.* N.Y.: Norton.

Larsen, E. (1985). *Stage II Recovery: Life beyond Ego Addiction.* Minneapolis, MN: Winston.

Russell, M. (1984). *Children of Alcoholics: A Review of the Literature.* N.Y.: Children of Alcoholics Foundation.

Schuckit, M. (1982). "A Prospective Study of Genetic Markers in Alcoholism." In I. Hanim and E. Usden (Eds.), *Biological Markers in Psychiatry an Neurology.* Oxford: Pergamon.

Schuckit, M. (1984). *Drugs and Alcohol Abuse.* N.Y.: Plenum.

Searles, J. (1988). "The Role of Genetics in the Pathogenesis of Alcoholism." *Journal of Abnormal Psychology*, 97, pp. 153- 176.

Author's Notes

III. Substance Abuse: The Chaotic Family

A. General Condition/Description:
   -An adult uses substance to alter mood, relieve tension, compensate for inferiority, handle stress
   -The family environment is unpredictable despite efforts at stability
   -Communications are unclear
   -Rules are not always enforced
   -Roles are adopted to cope with uncertainty (e.g. Enabler, Hero, Scapegoat, Mascot, Lost Child)
   -The family secret is preserved through silence and isolation

B. Characteristics of Dysfunctional families with the above:
   -Family activity is unpredictable or rigidly controlled
   -Child is confused and angry at unavailable parent
   -Signals and communications with school are unreliable or contradictory
   -The "secret" is never discussed openly, honestly (Denial)
   -Individuals feel isolated from one another
   -Child acts out in school but consistent parental involvement is difficult
   -Escalating acting-out behavior is common

C. Transference and Countertransference Issues:
   We feel/they feel...
   -Unsure of ourselves and uncertain of what has been agreed upon
   -Confused and angry over possible deception by child or adults
   -Fearful that we cannot control child or parent's behavior

D. Helpful approach/Response:
   -How do we make our communications and rules more clearly and consistently appreciated by child and family? How do we avoid overreacting to confusing chaotic messages?

Steinglass, P. (1987). *The Alcoholic Family*. N.Y.: Basic.

Subby, R. (1984). *Codependency, an Emerging Issue*. Deerfield Beach, FL: Health Communications.

Subby, R. (1987). *Lost in the Shuffle, the Codependent Reality*. Deerfield Beach, FL: Health Communications.

Wegscheider, S. (1981). *Another Chance: Hope and Health for the Alcoholic Family*. Palo Alto, CA: Science and Behavior Books.

Wegscheider-Cruse, S. (1985). *Choicemaking*. Deerfield Beach, FL: Health Communications.

Wegscheider-Cruse, S. (1980). *Family Freedom*. Crystal, MN: Nurturing Networks.

Werner, R. (1986). "Resilient Offspring of Alcoholics: A Longitudinal Study from Birth to 18." *Journal of the Study of Alcoholism*, 47, pp. 34-40.

Wilson-Schaef, A. (1986). *Codependence: Misunderstood-Mistreated*. San Francisco, CA: Harper and Row.

Wise, R. (1988). "The Neurobiology of Craving: Implications for Understanding and Treatment of Addictions." *Journal of Abnormal Psychology*, 97, pp. 118-132.

Woititz, J. (1979). *Marriage on the Rocks: Learning to Live with Yourself and an Alcoholic*. N.Y.: Delacort.

222

CHAPTER FOURTEEN

THE CHILD IN THE FRAGILE FAMILY

General Description and Characteristics of the Enmeshed Family

Every parent is concerned about the safety and well-being of his or her child. Parents naturally feel a tremendous responsibility for the action and the progress of their children. They know that support and encouragement are important, and that they ought to offer these to their children graciously. Children are easily seen as "extensions" of who and what their parents are; in fact, they may be said to reflect their parents and "represent" them in the world outside the family. Naturally, there is a sense of pride and a kind of ownership which comes with parenthood. But healthy parents also know that their children are not perfect, can be demanding and manipulative and sometimes "act up" to test boundary limits and the patience of adults.

Why, then, are some parents unable to relax and share their role as protector of their child, especially when he or she must face the hurdles and tasks of development? Why do some parents overcompensate, overindulge their children? Why are they unable to allow their children to be treated as all other children are? The function of schooling in our society is to help the child join the rest, that is, to become a member of a wider community in which he or she will be expected to carry his or her own share of the burdens and responsibilities which come from membership and citizenship. Some parents, however, seem to resist this. We are concerned in this chapter with parents who lack healthy boundaries and become over-involved and demanding in unreasonable ways with the lives and problems of their children. While appearing strong and supportive, these families are often psychologically fragile.

Enmeshed families present us with a dilemma. In the guise of what they claim to be a normal and appropriate involvement, we find them rather to be

intrusive and unhealthily enmeshed in their child's affairs. These families usually represent themselves as simply "concerned" about the welfare of their child. The parents see themselves as protecting their child from the heartless, unfair or insensitive world of other adults who supposedly understand the needs of children and young people. By their actions, these families often accuse the teacher or other care-givers in the child's life of being capricious, incompetent, unfair, and, in short, not having the child's best interest at heart. These parents come to the rescue of their children in ways which we find inappropriate and over-zealous. Enmeshed with their children in ways that are unhealthy for the psychological and social growth of the child, some parents can make us feel fragile as they question us or disparage our intentions.

In 1978, social historian and critic Christopher Lasch described a syndrome, a strain of pathology, which he and others claim is part of our modern world: the narcissistic personality. (Lasch, 1978). In his book, *Haven is a Heartless World*, Lasch later applied the concept of narcissistic personality to the family situation. (Lasch, 1977) In it he asserts that the modern family has become a protective cocoon, sheltering its members from a world of technology and all that it implies for surviving in an increasingly hostile world. The outside world is a place of identification numbers, of impersonal institutions, of isolation and alienation. Private interests compete with public interests and drive the modern man and woman to find solace in the intimacy of the family. Lasch sees the need for intimacy which the modern family is required to supply as new to the historical scene, and as putting a tremendous burden on family life by ever-increasing expectations that family members will supply one another with the sense of worth and meaning once achieved from involvement in the wider community.

Many social critics point out that institutions such as church, neighborhood, schools, and local government are not perceived as warm and welcoming but as demanding and taxing. These institutions stress their allegiance to the larger society and so must count on uniformity and compliance from individuals, even when such allegiance runs against the grain of our spirit of independence and free will. The contemporary person is defensive and cautious in the face of institutions. Their siege mentality is not hard to identify nor difficult to understand, and often extends to the school. Certainly we all find the bureaucracies surrounding us to be impersonal and at times unreasonable. Enmeshed families tend to see schools as competing for the allegiance of the child and, therefore, a threat to an embattled household.

The point is that this has given rise to a certain kind of family who is unable to distinguish between a truly hostile bureaucracy with its individuals who are in fact uncaring and those who make legitimate demands for conformity and compliance. Some parents may think that they are the only ones capable of seeing the legitimate needs and responsibilities of children.

Other child and family psychologists, such as David Elkind, have noted that some parents are so absent from the lives of their children today, due to the demands of work and careers, that they feel guilty about their negligence. Unable or unsure of how to become appropriately involved, they resort to defending the child whenever he or she becomes upset or disgruntled. Still other parents are unaware of how inappropriate it might be to follow the child into the world of social and academic competition. They may be unable to gauge how and when to take sides. Instead, these parents confuse support with intervention when they see the child as weak, unprepared, or ill-treated. There is no doubt that the world around children, even the world monitored by other adults, can be inhospitable, unfair, even dangerous When does a parent have a right and duty to intervene? When ought a parent step in to protect the child from unfair or capricious treatment at the hands of others, even those who are supposed to be concerned about his or her welfare. For example, when should a parent step in to object to his or her child's treatment at the hands of a little league coach? If the coach's strategy and philosophy stresses winning over having each child play in the game, should a parent object? If a teacher has decided that a grade for incomplete homework will be lowered despite the child's knowledge of the material, should a parent rise to the child's defense?

Parents find themselves in such predicaments all the time: "My child feels the action of an adult is unfair." "I myself would not necessarily do things the way this adult does them." "Do I represent the interests of my child?" "If so, do I deprive the child of some valuable opportunities to become more assertive?" "Do I appear to be a parent who cannot accept the authority of the outside world and teach my child to fight all those with whom he or she disagrees?" "Your opinion is worth being heard, but is it the correct opinion?" "Do I get involved or leave the battle for my child to fight?" Healthy parents weigh these options carefully. Enmeshed parents react.

Another type of parent sees the child as an opportunity to live, experience, and enjoy what parents themselves enjoyed or did not have the chance to enjoy. Parents who want the most and the best for their children may be compensated for some childhood losses by vicariously experiencing their children's fulfillment. Some forget who the game, the event, the opportunity is for. The parent who feels that the umpire has made a silly error at the plate while his daughter is at bat, and decides that the umpire needs to be told so, embarrasses all parents who realize that it is easy to be over-involved in the game. The parent who blames the drama teacher for a child's sloppy performance in a school play makes all parents uncomfortable; ironically, others can see that the child did not learn his or her lines or simply cannot act.

How then should we describe the enmeshed family? It is that family whose members are inappropriately involved in the child's life. Here, the parent seems to be living through the child, to be unable to let the child handle affairs and

issues on his or her own. The parent assumes the role of a legal guardian, defender, or best friend. Furthermore, it is common in such homes for parents to have unrealistic expectations about the child's abilities and interests. They see the child as needing special treatment, perhaps as gifted or fragile, and unable to get along without his or her protection, guidance, and help. In short, the child functions as an extension of a parent's own faulty or insecure self.

This may show up in a variety of ways. Such families appear to us to be intrusive whenever the child is being asked to be responsible for his or her performance, actions, behavior, or attitude. The parent assumes rights and demands privileges, exceptions and special treatment. Often such a parent refers to the law for legal protection, or appeals to authority if he or she is refused something related to the child. In short, there is a sense of entitlement and privilege which pervades the atmosphere and dealings surrounding such families. At least one parent in enmeshed homes appears to be extremely needy and self- centered, preoccupied with ideas of importance or uniqueness. That parent seems to be easily slighted and offended. We may find ourselves at a loss as to how parents became so antagonistic or defensive.

The two case illustrations which follow demonstrate how this kind of family might reveal itself in the school setting. In general, there are two kinds of manifestations: (1) through the child whose personality is hard to define, whose own identity is not readily visible because parents have intruded too often, and (2) through the "chip off the old block" who is just like his or her mom or dad, self-centered and preoccupied with issues of entitlement and privilege. Underneath, these families are not what they seem, though they may appear to be strong and even bullying. They are, in fact, weak and easy to frighten or make defensive, just as one might enrage a frightened animal by coming too close or startling it.

Two Case Illustrations: Kurt, 10 and Bobbie, 13

The Case of Kurt, 10

Kurt is a fifth grader, of average height and build. He is usually quiet and rarely smiles. The teacher reports that he has a sheepish quality in his interactions with others. His shoulders are a bit stooped, giving him a shy appearance. However, there are occasions when he can be found at the center of things, as when several boys are planning or plotting an activity.

Kurt's academic performance is minimal. He seems to rely heavily on those around him for direction and suggestions. Once he has help, he is able to complete assignments but on his own, his work is below average. His test scores indicate he is of average intelligence.

All went well with Kurt until the fifth grade when the Assistant Principal began having problems with his family. Kurt is the youngest of three children.

His sister graduated from high school during the past year. She had attended the same grade school as Kurt. Another sister was in high school, so both were older than Kurt. His father was employed by the city bus company and his mother worked part-time for a junior high within the district.

The Assistant first met with Kurt's mother during the first day of classes when Kurt came to school with torn jeans. He was not the only boy with clothes violating the dress code. When he returned home with the notice that such pants were against the school dress code, Kurt's mother came to the school to complain about the narrow-minded policy, as she called it.

Later in September, the students held a walk-a-thon to raise money for a cause (a local homeless shelter). The walk-a-thon was held around the school block. Students in the fifth and sixth grades were taking the cups of water being handed out at one corner and throwing them on unsuspecting participants as they rounded the corner. Kurt was caught red-handed. In fact, the Assistant Principal, aware of the incident, literally caught Kurt's hand in the act of flinging his cup at someone. The Assistant sternly warned, "Knock it off," and sent the boys on their way. At 3:30, Kurt's mom was on the phone complaining about the treatment of her son and demanded a meeting to discuss the incident.

The meeting with Kurt's mother was interesting in that she brought her oldest daughter with her. [illegible] daughter was asked by the Principal to remain in the outer office after she had taken a seat in the Principal's office. Kurt's mom was upset that her son had been "handled" roughly, as she put it. She attempted to quiz the Assistant on her policies of discipline, of management of students during such events and offered suggestions on how to handle the walk-a-thon next year.

Kurt continued to be on the fringes of trouble in several more incidents. His misbehavior was not serious, and he was not directly responsible for what happened, but he was a participant, nevertheless. Understandably, efforts were made by the Assistant to handle these incidents without involving Kurt's mom.

The family again entered into the Assistant's array of problems when the school secretary reported that Kurt's sister had been bringing a hot lunch to Kurt. The school policy was that students could bring a lunch or buy one at the school cafeteria. Occasionally, parents would drop a lunch off at the office if a student had forgotten it at home. The secretary ensured that the student got the lunch. Kurt's sister, however, found her way to his class and handed it to him.

The Assistant Principal noticed Kurt's sister on the third or fourth day of this, and told her that she was not to bring lunches to her brother unless they were delivered to the office first. The Assistant said that Kurt ought to bring a lunch in the morning and that if he forgot one, he could buy his lunch in the cafeteria. Kurt's sister was confrontative and challenging. She said that Kurt had a right to a hot lunch and that he was being singled-out by the Assistant.

The Assistant ended the conversation by saying she would deal with Kurt's parents about this matter and did not want to discuss the issue further.

Kurt's mom was on the phone within twenty minutes and a conference was set up in the Assistant's office for the next day. Both parents came to the meeting. The Principal was unable to attend and felt that the Assistant could handle the matter. From the beginning the mother was confrontative and spoke of the child's right to a hot meal, of her perception of overzealousness on the part of the Assistant Principal, of inconsistent enforcement of school rules, and of problems with the academic program. The Assistant, defensive and angry, felt that the woman spoke as if she (the Assistant) were not in the room. That is, her criticisms were being leveled at the school's administration as if she were talking to herself or to her husband. Attempts to keep the subject focused on the school's lunch policy were futile except to admit at one point that the sister did stick up for her brother and was defensive of her brother's interests. An agreement was reached on how the hot lunch situation would be handled.

Things moved along without much change. Kurt was able to keep himself out of major trouble but appeared sly and untrustworthy in the Assistant's eyes. The only new information on Kurt and his family came to the Assistant by way of a fellow-teacher who reported seeing Kurt and his father at a neighborhood diner. The father was cutting Kurt's meat for him, and the teacher thought that the parent's behavior was inappropriate for a boy Kurt's age.

Finally, an incident occurred on the school ground which brought the family back into the focus and attention of the Assistant.

For some reason, Kurt's mother was involved in breaking up a fight among fifth and sixth grade boys. Kurt received a bloody nose and his mother physically shoved the boy who was his attacker. The incident, since it involved several boys and their parents, necessitated a meeting with the Principal present. During the meeting of Kurt's and the other boy's parents, Kurt's mom accused the Assistant of providing poor security for the boys, leaving them unsupervised until their play degenerated so that she had to step in to protect her son. Unless the Principal took action, she would be forced, she said, to bring the matter to the school board's attention. The parents of the other boy did not feel the incident deserved more than a warning to the two boys, but they were clearly upset at the action of Kurt's mom.

The Assistant remained calm during the meeting with the parents, but was clearly upset when the parents left. She felt that in an effort to get each person's perspective of the incident, somehow, things had shifted to her own role which was not the issue. Expressing her frustration with the meeting and with Kurt's mother, she realized that the Principal had several matters to weigh before deciding what to do about the boys' behavior.

The Case of Bobbie, 13

Bobbie is an eighth grader. He is tall and agile, athletically coordinated and loves sports. Bobbie is above average in intelligence and manages to make the B-honor roll quite consistently. During baseball season, he is more likely to slip in academic performance, since he plays on several teams at once.

As a leader among the boys, Bobbie has been known to carry weight among his peers. He is influential in class activities, during the recess and noon lunch periods. His older brother was an even better ball player than Bobbie and is now a varsity player in high school.

The eighth grade teacher, a male, was one of Bobbie's coaches and had reported having a rough time managing Bobbie when he was not winning or when things did not go his way on the ball field. The teacher complained that Bobbie would yell back when tagged out at the coach's call. He argued with this particular teacher to the point where he had been benched for the entire game or for the rest of the noon recess.

The eighth grade teacher was not the only one having problems with Bobbie. He would argue with teachers, mumble under his breath at their reprimands, and verbally challenge them before the entire class when things did not go his way.

Bobbie's mother was active in the school PTA and spent a great deal of time volunteering for fund-raising activities. Since she was involved in the school, she was usually the one spoken with on these occasions. But in fact, little was said to her or to Bobbie's father, because teachers found both parents very defensive. Bobbie's father rarely came to school events, or involved himself in these incidents. His mom seemed to insist that she could handle difficulties with Bobbie and preferred that she be the family contact. When the behaviors were pointed out to her, she said that Bobbie was not this way at home, that he was cooperative and did not talk back to adults. She said that she would speak with him about this misconduct.

One particular occasion sparked a difficult confrontation between teacher, principal, and parents. Bobbie was called out during a gym period game and refused to leave the field. He began yelling at the eighth grade coach/teacher and needed to be removed from the field. The coach took Bobbie by the arm and forced him to the bench. Bobbie's parents called the principal the next day to schedule a meeting with the teacher in the principal's office.

The eighth grade teacher began by apologizing for putting his hands on the boy. Bobbie's father glared, and when the teacher was finished, launched into a defense of his son, reprimanding the teacher and threatening to sue him if he ever laid a hand on his son again. The principal attempted to move the discussion to Bobbie's behavior in this and in other incidents. The meeting ended with little accomplished. The teacher felt demoralized.

Two days later, Bobbie was called to the front of the room for disturbing

the class from his back-row seat. The teacher attempted to be firm and said that he wanted the noise and the cutting-up to stop. On his way back to his seat, Bobbie mumbled some remark under his breath and students who heard began to laugh. When asked what had been said, one of the students said: "Oh, you don't want to know." More students laughed at this second remark. The teacher decided not to react, but to let the matter pass.

Bobbie's influence grew somewhat. It was not clear if students were impressed by his attitude of certainty or by his bullying. His grades remained average and then fell a bit. When it came time for reports to be mailed to parents, the teacher thought long and hard about whether lowering Bobbie's grades for the three subjects he taught would bring more trouble from Bobbie's parents. The teacher decided that in at least two subjects he needed to honestly report a C grade and he left a B in the third.

Bobbie's parents attended the next set of parent-teacher conferences. As the teacher attempted to explain why Bobbie's grades had slipped, the father simply stared over the teacher's head. As the teacher scrambled for specifics, in talking directly to Bobbie's mother, he became more uncomfortable. When Bobbie's parents responded, their initial response was that Bobbie did all of his homework, liked school, and assured them that he was in fact maintaining B-level work. Feeling that he was being accused of deliberately lowering Bobbie's grades, the teacher became more defensive. The father then questioned the teacher's choice of methods for instructing the class, noted that Bobbie claimed the class was out of control at times, and ended by saying other parents had some of the same concerns. The teacher attempted to remain calm, but felt that his anger might have shown through in his defense of his teaching methods and control of the class.

As the weeks went by, the teacher found himself dreading any event wherein Bobbie might act-out or somehow challenge his authority. He felt that the other students sensed his weakness and timidity. He also felt that there were times when he would be willing to take Bobbie to the office if he did not heed a warning to cease an action or begin to cooperate. The tension between Bobbie and the eighth grade teacher mounted until it culminated one afternoon when the class was being a bit rowdy. The teacher gave several warnings that students would be asked to stay after school if they continued to cut up in class. Finally, the teacher singled out four boys and said that they would have to stay after school for an hour for their behavior. Bobbie, of course, was one of those behind the turmoil.

As the school day ended, the class packed up books and prepared for dismissal. The boys who were to stay remained behind, except for Bobbie who took up his things and headed for the door. When told by the teacher he was not dismissed and needed to stay, Bobbie mumbled an obscenity under his breath and walked out. The three other boys stayed behind, smiling at Bobbie's

behavior. During the hour, the teacher weighed what his response ought to be and how he would handle himself. When the hour was up, he walked down to the Principal's office unsure of what to do, except to explain the situation to the Principal. He felt certain that he did not want to attend a meeting with Bobbie's parents. He also felt that he did not want to teach Bobbie any more. He wondered what he would do if the Principal recommended or insisted on various courses of action. If the Principal backed off from confrontation, then he would feel betrayed by the Principal, unsupported; if the Principal decided to challenge Bobbie, then it would mean involving Bobbie's parents, and the teacher felt that he could not subject himself to such abuse again. He hoped for a solution which would alleviate the above possibilities.

Discussion of the Two Cases

It is difficult for most educators to remain calm and unruffled in such circumstances as those presented in the two cases. The parents of Kurt and of Bobbie had become entangled with the school, just as they were inappropriately enmeshed with their children. Bobbie appeared to be a carbon copy of his own father while Kurt did not seem to have distinguished himself or formed a personal identity separate from that of his family. One was inappropriately assertive and immature. The other was unable to speak for himself and dependent on family members as his mouthpiece. In both cases, the child was at a disadvantage due to the intrusive parenting which had made settling issues at school impossible without their involvement.

In the case of Kurt, we see a family that insisted that their son was in need of special attention and that he deserved special treatment. The set-up seemed to be a provocation to test whether or not their son would be allowed to have his hot lunch, despite the school rules. Doing her mother's bidding, Kurt's sister drew her feeling of entitlement from her mother and assumed that she was above the rules that applied to everyone else.

Bobbie, on the other hand, had been under enormous pressure to succeed in baseball. His father praised his older brother, and so Bobbie's need for success outweighed his need to "play by the rules." It was more important for him to succeed than to be well-thought of as a sportsman. That too can be obtained by finding a group of admirers. Sensing the weakness of his teacher, Bobbie took full advantage by creating situations which were confrontational. Over time, the teacher-coach found himself at loggerheads with this student, intimidated by him and searching for some escape from a situation which he felt ill- equipped to handle. Previous encounters with Bobbie's parents were unsatisfying and even humiliating. They revealed his own weakness and his inability to maintain control in the presence of such controlling parents, or at least in front of Bobbie's father.

The school personnel who deal with the families of enmeshed parents,

such as in the two cases above, find themselves feeling a mixture of resentment, anger, frustration, and especially intimidation. These feelings often alternate between "that kid will not get the better of me" at one moment, and "I wish the kid would simply go away" at another moment. Or, "Those parents have their nerve; I'm going to let them know they are out of line on this" or "These people upset and frighten me." We may find ourselves at a loss as to what action to take. We worry about how to take back the control of influence which we lost in the last skirmish. Indeed, encounters with the child or parents are often seen as the latest skirmish in a battle we fear we are about to lose.

How should we understand the feelings of anger and resentment which these students and their families generate in us? How do we understand our position in such battles? How do we handle the enmeshed parent and child especially when they appear to be turning nasty and belligerent on us? How do we contain our rage, especially when we find ourselves feeling slighted, put upon, angry, and devalued?

Criteria for Judging Unhealthy Parental Involvement

Enmeshed families are "dysfunctional" from the point of view of the child's developmental and relational needs. The following are characteristic of enmeshed parenting. First, the parent feels that the child needs to be treated as special and seeks exemptions or concession from school personnel regarding the child's treatment in the classroom. While some children are truly "exceptional" in the sense that they have been diagnosed either as gifted or in need of remedial treatment, enmeshed families are not content with such diagnoses and the school or teacher's plans for how the "gifted" or special child will be treated. Rather, their desire is for some exemption, something which shows deference or specialness.

Second, the parents will test the limits of our interest and patience, almost unaware that they have been a drain on our time and energy. They might seek explanations for why rules are enforced or why there is a need for applying a rule in a given case. They may assume the right to criticize school rules and demand exceptions. Yet they will be the first to demand that others not be given the benefit of such exceptions, since this would destroy their special status.

Third, we might find these parents intrusive by entering school territory, either the physical grounds or the psychological territory of the school in the child's life (e.g. excessive interest in the child's assignments, how the day went, what events are being planned, and by whom, etc.). We will feel as if our own territory or boundaries are being encroached upon, as when someone enters another's physical space without invitation or permission.

Further, when these parents do not get their way, they become enraged. If they feel slighted, they can become caustic and belligerent. When their requests are denied, they may act as if the denial were a personal affront or

insult. And when this happens, they will be quick to appeal to higher authority. The rule of law, from which they may have wanted an exemption, is now their cavalry cry. If the teacher does not give them satisfaction, they will go to the administrator of the school, and if not satisfied there, they will take their case to the district supervisors, and so on up the chain of command, threatening a law suit or a challenge before the Board of Education. If this sounds dramatic and unrealistic, we may ask any principal or superintendent about such occurrences.

What is behind this kind of parent? What is the psychological phenomenon with which we are dealing? Why are these individuals so difficult to manage and so difficult or impossible to satisfy? In some, but by no means all, of these types of families, the most cantankerous adult, the one most easily slighted and offended, and over-involved, is narcisstically invested in the child. The personality traits of such a wounded person are now clinically recognized and well- documented, even though there is still a great deal of controversy over the label itself. Other parents may have other character disorders which include features of the narcissistic personality. Whenever a person has a difficult time with maintaining boundaries in a relationship, or has a consistent pattern of unhealthy relationships due to dependency or autonomy needs which far exceed the average struggle with these two poles of our lives and relationships, we are dealing with someone with narcissistic wounds. Those can be traced back to their own childhood.

The Narcissistic Condition

Two preliminary notes are important to keep in mind. The discussion here is not limited to those who are simply narcissistic. The enmeshed family may also be headed by an adult who is suffering from some other character or personality disorders such as being paranoid, borderline, antisocial, or even a passive aggressive personality. We will concentrate on the narcissistic features which are often found in all the above even though these features strictly apply to the pure narcissist. When it comes to this set of character disorders, there is a great deal of overlap and potential for inexact diagnosis. What all of the disorders have in common, for our purposes, is an inability to relate to others in genuine intimacy due to a damaged self-concept.

The second important point which needs to be stressed is that we are talking about a range of disabilities within these character disorders. Individuals who meet the official criteria for diagnosing a personality disorder, that is, the criteria found in the official diagnostic manual (Diagnostic and Statistical Manual of Mental Disorders, III-R, referred to as DSM-III-R), can be highly capable and well-functioning people. Although one might have the features of one or more of these disorders, one might be highly successful in one's career. A personality disorder is a pervasive way of thinking and feeling which is

maladaptive in either relationships or work or both. Individuals who are narcissistic or have strong features of narcissism with other personality problems, such as borderline or paranoid personality disorders, are more likely than others to have a history of childhood abuse, or neglect and have a parent or first-degree relative with a similar disorder. (Zanarini, et. al, 1991; and Plakun, 1991)

The specific diagnostic criteria of this disorder are as follows. Individuals who are narcissistic have a grandiose sense of self-importance, i.e., they have an exaggerated sense of accomplishments and achievements. They may be preoccupied with feelings of unlimited power, success, brilliance, beauty, or ideal love. They are often exhibitionistic, requiring the attention of others. They respond to criticism, the indifference of others, or defeat, with either cool indifference or feelings of rage, shame, inferiority, humiliation, or emptiness. Often these individuals lack empathy, that is, they are unable to recognize how others feel and to appreciate the distress of someone who is suffering. Their relationships are characterized by a sense of entitlement and expectations of favors, without assuming reciprocal responsibility. They can be exploitive in their interpersonal dealings and often their relationships vacillate from extremes of idealization to devaluation. (DSM- III-R, 1987)

An educator may find herself, then, dealing with a mother who praises the good work done by the teacher one moment and then criticizes her the next. Often this follows a rejection or refusal to accede to some request or demand, all of which are interpreted as a denial of the parent's or child's special status. It is not uncommon to feel besieged, nagged and even held in contempt for refusing to pay special attention to the child of such a parent.

Narcissism's Roots

What then lies behind this? How do we explain this particular type of personality that can become very demanding and trying? How ought we to understand individuals who have this disorder and their ability to make us doubt our own competence?

Since Freud published his paper "On Narcissism" in 1914, psychoanalytically-oriented psychologists have recognized a narcissistic line of development that can be a prominent feature of organizing principles for some personalities. Some psychologists today (called Self Psychologists who follow the prominent analyst, Heinz Kohut) see narcissism as a developmental arrest due to faulty or impaired parent mirroring and idealization (see discussion in Chapter 11). (Kohut, 1971, 1977) Others following a conflict/defense model (expounded by Kernberg) see narcissism as a defensive strategy warding off relationships which are dangerous and potentially annihilating, or as replicating negligent or abusive relationships with primary caretakers. When the child needed unconditional acceptance and love, along with firm and reasonable boundaries

to help check the child's anger and rage, the parent(s) failed to meet these needs. Thus, a parent who was unable to control his or her own impulses, such as to drink or use drugs, was unable to control the child's impulses or contain the child's rage and disappointment. Such a dangerous situation produces a child out of control, unable to express hostility without further abuse and retaliation. These theorists believe that the child who is the victim of an out-of- control, or an abusively absent and negligent parent, learns to steel his or her feelings, to cover them up in order to grow up. The price is a "locked up" child inside. The one imprisoned then lies below the surface of the coolly and carefully functioning child and later on, adult, who, when slighted, becomes easily enraged, especially when those slights are interpreted as personal and unjustified.

What we are describing then is a person who is not secure in his or her own ability to control feelings nor handle ordinary slights and disappointments. Not having been adequately loved by a good-enough mother (Chapter 4), these individuals construct a persona which functions for the real thing, whom Winnicott called a "false self." They are demanding and needy and know this, so they avoid situations where they will be rejected by being first to reject, and by not becoming too emotionally dependent. If they do, then they might find themselves needing to punish the person who disappointed or slighted them. The slightest provocation gives excuse for an attack.

But are not we all a bit narcissistic? Yes, but there is a difference here. From a developmental perspective, primary narcissism evolves into secondary narcissism as the child learns that he or she is not the center of the universe. In other words while it is natural and understandable for children, especially infants, to think of themselves as the center of the universe, in time, beginning around the age of three, the child learns that he or she is not. (e.g., The birthday party is not for you. It is your sister's birthday party.) Secondary narcissism is healthy self-love which grows from a more realistic appraisal of one's talents and abilities, the child's lovableness, and a tamed sense of importance in the lives of others. At one level, the child always believes she or he is the most special person in a parent's eyes, and at another the growing child recognizes limits to claiming that special status.

The Narcissists or persons with narcissistic features have an all too large dose of primary narcissism still waiting to be satisfied and coddled. If they appear to be enraged, it is because of the three-year old inside them. If they have an unrealistic notion of uniqueness and importance, it is because they are still the center of their own universe and expect others to understand that. If parents become belligerent and hostile, it is because they feel upset and enraged that they have not been justly treated. They project onto the educator the hostility they still feel toward all those caretakers who did not meet their need for nurturance and love. It is through their own child's acting out that

they are able to "repay" and punish those who did not protect or nurture them. Their own demanding and unreasonable behavior is, to them, protection and support of their child. They play the caring parent they desired in their own childhood.

Transference and Countertransference Issues

Why do parents make or attempt to make us feel intimidated, fragile, and incompetent? It is because persons who have a narcissistic wound were themselves the victims of someone who was incompetent, intimidated, and psychologically fragile, but their rage is due to their own feelings of incompetence and fragility. The blustery externals, the bombastic, intrusive or demanding attitude we encounter when dealing with them hides a weak and fragile sense of self. We might think of it as the "Wizard of Oz" syndrome. That is, we are being warned not to look behind the curtain but simply keep our eyes on the great and powerful OZ, with flames shooting and smoke billowing all around. As we might discover, behind the curtain is a weak, insecure, uncertain, and frail old man!

Transference issues abound in our dealings with these people. Projected onto some teachers or administrators is their resentment and hatred of authority and those who were supposed to care. They have learned to intimidate rather than be intimidated. Their demands for special treatment are attempts to become the center of someone's universe even if for a short while. Most teachers have, in fact, had the experience of being mentally and emotionally consumed by a needy or defiant student. Small tests are an uncommon behavior to see if others can be pushed, and how far, or forced into caring. These are, no doubt, repetitions of behaviors attempted long ago, such as loving and hating mother, needing and despising her, but testing her because she was inattentive or abusive.

These parents, through their children, who are their pawns reaching into the school, want attention and special treatment, but something even more. They want to know where they stand. They need to know that a parental figure, an authority, can be fair and even-handed, and able to handle their excessive needs for special treatment. They do not really want anything extra from us. That is why we resist it unless we are frightened by them. They want to know that we can treat them fairly, that we can maintain careful boundaries, that rules apply to them and that they will be appreciated and accepted—not just tolerated— when they conform. In such even-handed treatment, there is relief from the excessive expenditure of energy that it takes to be special and to be given special treatment. A world with deliberate boundaries and fair demands is a better world than one which requires negotiating one's place and entitlements. Every child who begins to "play right," to share and take his or her turn, finds relief in knowing that a turn will come, that the toys will eventually

come around to them, and they will have their moment in the sun.

These parents are draining, then, because they are themselves drained. They make us feel fragile, or put that fragility into our school system (e.g., through threats) in order to see us enact a parallel process. To the extent that we do not succumb to special treatment out of intimidation, collapse because of their rage, or retaliate out of our own rage and resentment, we model what an adult must do to earn fair and consistent treatment. We also demonstrate that these feelings are manageable. This is something which the faulty parent did not model or modelled negatively.

Some of these individuals appear to us to be cold and aloof, distant and uncaring. As Alice Miller points out in *The Drama of the Gifted Child*: (note the subtitle: *How Narcissistically Wounded Parents Narcissistically Wound Their Children*), "They have developed the art of not experiencing feelings, for a child can only experience his feelings when there is somebody there who accepts him fully, understands and supports him." (Miller, 1979) A false personality, or false self, arises out of the threads of a shattered sense of self when adult caretakers are negligent or abusive. One way such false selves can feel better about who they are is to equate who they are with what they have and what they have accomplished. Thus, the narcissistic wound often leads to excessive preoccupation with one's trophies. These may be career honors, tangible objects such as expensive homes and cars, or even their children and their children's accomplishments by extension. This might explain the excessive interest of some parents in their children's successes and the "living through one's children," a syndrome which people like Elkind and Brazelton have noted in many families today. (Elkind, 1987; and Brazelton, 1989)

In summary, then, narcissists cannot love themselves because they feel the self to be unworthy or unlovable. The dislike, the anger and resentment that we feel toward them may mirror their own self-hatred, which is usually unconscious. It is often the case, clinicians report, that the narcissist who has not come to terms with the root causes of the disappointments felt or created in relationships, cannot be satisfied with genuine caring or acceptance because the narcissist cannot trust that the self is worthy. Care which is genuine may leave him feeling empty or frustrated. The preceding illustrates that our efforts to reach many of these families is limited to their ability to receive fair and honest treatment.

The School's Response to The Enmeshed Parents

A teacher or administrator who must deal with over-involved parents must first recognize that a variety of possibilities confronts the educator, and not all point to narcissism. The parent may be anxious about his or her role and, therefore, over- compensate for feelings of inadequacy. A parent who is overly involved in the affairs of a child may be temporarily needy of attention and

guidance. Gently informing the parents that they may be taking the child's initiative away by their control and involvement may help these parents extricate themselves from the lives and activities of the child.

Some parents may be projecting their hostile and angry feelings onto the educator. Many adults were once children who did not enjoy school. It may have been a place in which they did not succeed, or which they found to be hostile or uncaring. By and large, this is not the common background of teachers who tended to enjoy school so much that they made a career out of it. We forget that some parents are hostile because they simply do not like teachers. This does not make them narcissistic. The key to assessing the narcissistic parent is a range of feelings put into us over time. In sum, these feelings run the gamut from angry to threatened, from feeling unreasonably treated to enraged and hostile. These are feelings we do not like acknowledging inside ourselves. Instead of denying, however, that we are feeling this way, it might be helpful to recognize that these feelings could be what it is like for the child to live in a home dominated by the needs of a narcissistically wounded adult. The processes we see unfolding within our classroom or within our school's dealings with such families may parallel the processes within the family of that child.

Our job, then, is to state the rules and the regulations governing observable and verifiable conduct. When we set up agreements, we need to adhere to them, even to their smallest detail. We need to put things in writing, if they have the potential of being misunderstood or denied. Finally, we need to remain calm, to refuse to stoop to the level of threat, even when threatened. We need to express our concern that the policies governing student conduct and the conduct of personnel be consistently followed. We need to avoid publicly embarrassing these parents, even though they may have embarrassed us publicly. We need to be firm in tone and unyielding to demands for exceptional treatment. It works out better that way.

Questions for Discussion by Faculty and Administrators

1. How prevalent are the families we call "fragile" in your school community? How involved are these parents in the lives of their children and in the school?
2. How have "narcisstic" adults affected the school in seeking exceptions or in bullying teachers and administrators?
3. How have you handled a difficult family or student who you feel fits this pattern? Were feelings of anger, and also fear, a part of your reaction (countertransference)?

References and Recommended Reading

Akhtra, S., Thomson, J., 1982. "Overview: Narcissistic Personality Disorder." *American Journal of Psychiatry*, 139, pp. 12-20.

American Psychiatric Association, 1987. *Diagnostic and Statistical Manual of Mental Disorders*, 3rd Ed., Revised. Washington, D.C.: American Psychiatric Association.

Brazelton, T. (1989). *Families: Crises and Caring*. NY: Ballentine.

Elkind, D. (1987). Miseducation. *Preschoolers at Risk*. NY:Knopf.

Freud, S. (1914). "On Narcissism: An Introduction." In Standard Edition of *Complete Psychological Works of Sigmund Freud*, vol. 14. Translated and edited by Strackly J. London, Hogarth Press, 1957, pp. 67-104.

Goldstein, W. (1985). "DSM-III and the Narcissistic Personality." *American Journal of Psychotherapy*, 39: pp. 4-16.

Kernberg, O. (1975). *Borderline Conditions and Pathological Narcissism*. N.Y.: Jason Aronson.

Kernberg, O. (1980). *Internal World and External Reality*. N.Y.: Jason Aronson.

Kohut, H. (1971). *The Analysis of the Self*. N.Y.: International University. Press.

Kohut, H. (1977). *The Restoration of the Self*. N.Y.: International University Press.

Lasch, C. (1978). *The Culture of Narcissism*. N.Y.: Norton.

Lasch, C. (1977). "The Narcissistic Personality of Our Time." *Partisan Review*, vol. 44, 1, pp. 9-20.

Lasch, C. (1977). *Haven in a Heartless World*. NY:Basic Books.

Mahler, M. (1968). *On Human Symbiosis and the Vicissitudes of Individuals*. N.Y.: International University Press.

Miller, A. (1979). *The Drama of the Gifted Child*. Trans. R. Ward. N.Y.: Basic Books. (Formerly published as *Prisoners of Childhood*).

Plakun, E. (1990). "An Empirical Overview of Narcissistic Personality Disorder," In *New Perspectives on Narcissism*. Plakun, E. (Ed.). Washington, D.C.: American Psychiatric Press.

Plakun, E. (1991). *Empirical Perspectives on Narcissism in Psychiatric Treatment: Advances in Outcome Research*. Mirin, S., Gossett, J. and Grob, M. (Eds.). Washington, D.C.: American Psychiatric Association.

Riesmann, D. (1953). *The Lonely Crowd*. N.Y.: Doubleday.

Rinsley, D. B. (1985). "On the Pathogenesis and Nosology of Borderline and Narcissistic Personality Disorders." *Journal of American Academy of Psychoanalysis*, 13, pp. 317-328.

Winnicott, D. W. (1965). *The Maturational Process and The Facilitating Environment*. N.Y.: International University Press, pp. 203-216.

Zamarini, M. Chauncey, D., Grady, T. and Gunderson, J. (1991). "Outcome Studies of Borderline Personality Disorder," In Mirin, S., Gossett, J., and Grobb, M. (Eds.), *Psychiatric Treatment: Advances in Outcome Research*. Washington, D.C.: American Psychiatric Association.

Author's Notes

Implications for Dealing with Fragile Families

1. They are taxing, demanding...you may become enmeshed with them.

2. Boundaries (e.g., parent's access to teachers, classroom, to their own child) must be clarified...You might expect challenges, tests;

3. Communication needs to be clear...you might think of putting things in writing.

4. Make constantly clear the focus must be on the child and the child's behavior, performance.

5. Interpret feelings...your own and their own...with caution...your feelings of fragility are reflections of the family's predicament.

6. Work to help the child find a separate identity...you might expect progress to be slow and not easily detectable.

IV. Enmeshed/Narcissistic Families: The Fragile Family:

A. General Description/Condition:
- -Members of family inappropriately involved in child's affairs, activities, problems
- -Parent assumes role of child's legal defender
- -Expectations of child are unrealistic - e.g. child is assumed to be either helpless or more capable, talented, etc. than he/she is
- -Parent intrudes into child's school life with sense of obligation and rights, sense of entitlement permeates dealings with school
- -Parent is self-centered, preoccupied with ideas of importance, easily slighted and offended

B. Characteristics of Dysfunctional Families with the above:
- -Parents feel need to be treated as special and child as special
- -Seek privileges or exceptions (testing behavior)
- -Assume rights to criticize rules and policies
- -Become intrusive in school affairs
- -Become enraged when they feel slighted, denied their request, or criticized
- -Have difficulty separating child's issues from their own
- -Appealing to higher authority for satisfaction is common

C. Transference and Countertransference Issues: We feel/they feel
- -Put upon by these demands
- -Pride is hurt, wounded
- -Fearful of being in another skirmish
- -Uncertain of our competence, defeated
- -Enraged at this presumptuous behavior

D. Helpful Approach/Response:
   -How do I draw firm boundaries and insist on cooperation? How do I avoid giving in to placate this immature behavior without overreactions?

CHAPTER FIFTEEN

THE CHILD IN THE ABUSIVE FAMILY

General Description and Characteristics of the Blaming Home

There has been a great deal written about child abuse, especially since 1975 when federal law began mandating that states develop child abuse protection services and reporting procedures. While we cannot hope to cover all the important considerations for dealing with the abuse and neglect of children, school personnel, as mandated reporters of suspected abusive treatment, must have knowledge of the key signs of such behavior in relation to their students. At times, teachers may be uncomfortable involving themselves in suspected cases because of the seriousness of the accusation and because they can themselves become victims to the cycle of blaming which infects these homes. What are the characteristics of such homes? What are the signs of abuse—physical, psychological, and sexual— which are likely to emerge in the school setting? How do we know as teachers and school staff when we should involve ourselves in advocating for children of abusive and negligent families? These and several other aspects of the abusive, blaming family are the subject of this chapter.

In the abusive home, we are likely to find an adult who, if not maltreated as a child, has certainly become a victim, lacking the skills and wherewithal to escape an unpleasant, unhealthy or abusive situation. While this does not excuse an abusive parent, it does help explain why an adult might use a child on whom to vent powerlessness and anger—in short, to blame the child for his or her feelings of victimization. In cases of psychological or sexual abuse, the victimization status of the abuser can be more devious and more pathological, even to the point that the abuser is unaware of his or her status as a victim-abuser.

In abusive homes, an adult who has not been able to control angry and sadistic impulses may release those feelings on a helpless child or spouse. By displacing the anger and frustration—indeed, the self-hate—onto the victim, the abuser feels temporary relief from the pent-up turmoil that has either clouded his judgment or thwarted it altogether. But the relationship with a victim, child, or spouse, causes significant problems, that is, deepens the self-recrimination, leading to attempts to justify or deny oppressive behavior. Rationalization and justification are sought for unleashing anger and frustration. A victim, sensing that the abuser is anxious and tense, and aware that he or she may discharge his or her aggression and self-hatred at any moment, becomes anxious and tense. In time, a victim may simply await the battering, knowing that there is little to stop it, or that it cannot be logically placed in check, since the abuser cannot control the impulse to batter. This forges a very intense bond, even if it is an unhealthy and dangerous one.

The abused know their abusers as they know the backs of their own hands, as the saying goes, i.e., the victim of regular abuse has learned that certain things set the abusive family member off and that once set off, he or she cannot be stopped. An abused child or spouse has learned to read every move and mood of his or her abuser. Perhaps some efforts to redirect the abuser's anxiety or attention may work, so many abused children will attempt to divert their abuser. Too often, however, this is to no avail, for the signs of when and where or even how abuse might happen are not correctly read by the child. Whatever the case, the abused come to feel that there is some chance that the abuser can be controlled, and if not, then it must be because they, the abused, have not mastered this control, and have, therefore, failed to make it work. Herein begins the psychological sequence of blaming oneself for one's abuse, an all-too-common phenomenon with the battered.

Lenore Walker explores the "cycle of abuse" in spouses and children through her theory of "learned helplessness," that is, a battered woman or child, after attempting to ward off a tormentor and failing to do so, begins to believe that there is no possibility of controlling what happens. (Walker, 1979) Once victims begin operating under the belief that they are indeed helples, the perception becomes reality. Repeated batterings diminish a victim's desire to respond and escape, and with it, problem-solving ability wanes. Victims become trapped into believing it is impossible to deter abuse.

The Blaming Cycle

A cycle of battering is not uncommon in abusive homes. There seem to be three distinct phases. These are a tension- building phase, a second where there is an explosion and acute battering, and finally a phase of calm loving. In the first phase, the victim senses that the abuser is becoming tense, disgruntled, and intolerant of the hardships of every day life. As the tension

mounts in the abuser, it also mounts in the victim, for the latter knows that there may be an incident, an explosion at any time. Finally, things reach their boiling point, and an argument or "excuse" occurs at which time the battering or abuse takes place. Typically, the abuser loses all sense of proportion and control and vents pent-up anger and frustration. After the incident, the abuser and abused separate to their respective corners, or one simply leaves the home altogether to cool off or to seek comfort from someone who is trustworthy. Victims often seek out someone who might be of help, such as a parent, friend, neighbor, or minister.

Once the abuser has calmed down, he or she is likely to approach the victim with contrition and concern, the third phase. Often the abuser attempts to be loving and might even ask for forgiveness. As these cycles of abuse repeat themselves, abusers will ask the abused why they did what they did to set off the incident, that is, why they contributed to the loss of control. This may sound illogical until one examines the victim's behavior prior to the incident. Knowing that an incident might erupt any minute (having already sensed that the abuser is in one of those uncontrollable moods), the victim may have provoked the abuser, the enemy, to react. Why? Perhaps simply to get it over with. Or behaviors which were thought to distract the abuser actually back-fired. The point is that through their own reflection on their behavior and the report of their abuser, the abused come to believe that they may have, in fact, contributed to their victimization.

Walker's *The Psychology of Battered Women* describes the nuances and common scenarios of the battering situation. Children are often victims of abuse in the same manner as a battered spouse. Consider, for example, the child who is the usual scapegoat for a mother's frustration and stresses which accumulate throughout the week at a job where she is bullied by a harsh and cruel boss. When she arrives home, she finds herself yelling at the children who should have cleaned up the house, done their chores, and begun their homework. When she finds a mess, she confronts her absent-minded eldest daughter. The arguing ensues. Since this daughter realizes that when mother gets fed up, she can begin swinging and forget to stop, her own tension mounts. She finds herself talking back to her mother and saying words which warrant the attack. The behavior on her mother's part becomes predictable, especially since for some time now the daughter "knew" she was going to get it.

When the incident is over, mother and daughter stop their crying and mother approaches daughter to make up. She apologizes tentatively, but adds "You know how I cannot control myself when you are not only lazy and inconsiderate, but also talk back to me when I am correcting you." Mother has subtly begun blaming the victim as a way of explaining or justifying her own uncontrolled behavior. In her sadness, the daughter begins to believe that she, at least in part, is the cause of her beatings. Hearing their mother's response

to her daughter, the young girl's own siblings may repeat to her. "You know she really gets upset when you yell back at her." With enough "support" of this kind, the daughter may believe that she is helpless and also to blame. She will likely become someone with difficulty controlling her own impulses to act out and may find herself taking out frustration and anger on others. The cycle of blame continues with new participants. Guilt over being unable to control one's impulses and over hating the abuser, especially when one is related to and dependent upon the abuser as is a child, further infects the psyche of the child as blameworthy.

How do we experience the victims of abuse in the school setting? What are the common ways of dealing with families where abuse—psychological, physical and sexual—is characteristic of a dysfunctional home? We turn now to two case illustrations which will help clarify the projective identification and parallel process issues which we are likely to experience.

Two Case Illustrations: Darlene, 16 and Carla, 6

The Case of Darlene, 16

Darlene is a sophomore in high school. Her friends approached the biology teacher, who is popular and well-liked by the girls in the class with a concern which they have about Darlene. They are worried that something is terribly wrong in her home, that she is being beaten by her father. Several of Darlene's friends have noticed bruises on her and she has denied that her parents have hit her, but her friends feel that she is protecting them.

In appearance, Darlene is short, about 5 feet tall, with long brown hair. She is slight for her age group. She keeps her hair dangling over one side of her face, as if to cover up her looks. She is intelligent and hard-working. Darlene has a mild, meek voice and manner, is shy and avoids eye contact with adults but seems to enjoy being part of a group of girls with whom she is regularly seen. She is on the school newspaper staff and stays long hours after school to work on the next edition. If she could, she would stay until late in the evening, but the moderator often sends her home because it is getting late. She lives near the school and so can walk home. She is not fearful of going home unaccompanied, but the moderator often insisted that she drive Darlene home.

The biology teacher asked Darlene to stay after class for a few minutes, since it would be the lunch period and they would have time to talk. Darlene seemed fearful and nervous, as if she had some idea of why she was being asked to stay. The teacher said that her friends had come to express their concern about the bruises on her legs and back. She asked: "Is there anything you want to tell me?"

Darlene said that there were reasons why she had several bruises the

previous week, that she had been playing soccer in the backyard with her two younger brothers, and that they were quite rough. The teacher probed further but got nowhere with Darlene.

The friends persisted with Darlene and their biology teacher who admitted that she was not convinced by Darlene's story. In a second intervention, several friends were present to confront Darlene with their beliefs about the source of her bruises. Darlene was clearly uncomfortable and anxious, looking like a cornered and weak animal. The teacher felt uncomfortable with the interrogation and decided to halt the session. The friends felt that the teacher was not backing them up and that they needed the authority of someone like the teacher to pressure her into telling the truth about her father's abuse.

The teacher learned that the family was not without its stresses. Both parents were professionals, Darlene's father being a radiologist, and her mother, a nurse. There were five children in the family. Darlene was the oldest. There were three boys, ages 12, 11 and 8, and a younger sister who was 5. The eight-year-old boy suffered since birth from kidney problems and was on dialysis. His condition had been a major strain on the family.

Shortly after the Thanksgiving break, her friends complained again that Darlene had a bruise on the side of her head and on the back part of her arm. They were convinced that Darlene's father had beaten her. One friend reported that she had seen the parents in an argument and the father was "out-of-control," as she put it. Once the teacher noticed the bruise as well, she decided that she would confront Darlene. She did so by asking Darlene to see her after school.

The meeting was clearly a difficult one for Darlene, but the biology teacher was determined that she would get Darlene to speak with a school counselor who was responsible for the sophomore class. The teacher went so far as to set up an appointment for Darlene for the next morning. By insisting that Darlene tell her what had happened versus her calling Darlene's mother, Darlene relented. She admitted that the bruises were not caused by her brothers. They were, in fact, the result of a fight she had with her mother during the Thanksgiving weekend. The teacher asked if her father had been present. "No," she responded, "he was away all weekend." When asked if the other incidents of bruises were caused by her mother or her father, Darlene admitted that they were caused by her mother. "Do you want to tell me what this is about?" asked the biology teacher. "I'd rather not," responded Darlene. "Then I will have to insist that you speak with the counselor," was the teacher's reply.

Darlene said she would rather tell what had been going on to the biology teacher, but asked if the teacher would promise not to tell anyone else. "I won't tell you unless you promise that I won't have to go to the counselor." The teacher wavered but said "You have to tell me or someone. Who will it be?" Darlene then told her that her father often left when things got tense at home.

She explained that he and her mother fought, but it was usually only verbal. He seemed to go to another town for two or three days. They thought it was the town where he was a medical intern. Either before he actually left or just after he left, Darlene and her mother got into fights. Often Darlene intervened in her mother's scolding or disciplining of one of the other children. Darlene explained that she believed that if she did not do so, her mother might take out her frustrations on one of the other kids. Darlene stated, "It's important that she fight with me and not with one of them." "And, the recent bruises, how were they caused?" asked the counselor. "We were doing the dishes together and got into an argument and she just took a frying pan and began beating me with it until she dropped it." "And then?" "And, then, she locked herself up in the bedroom and cried." "And you?" "I finished the dishes and went in to tell my little sister that things were okay." "How do your brothers react when this happens?" the teacher asked next. "They stay away. The older one says that I always get into fights with her and that's why it happens. He doesn't understand."

When the conversation ended, the teacher asked Darlene to see the school counselor, telling her an appointment had been made. "I thought you said that if I told you what had happened, I would not have to tell another adult," demanded Darlene. The teacher tried to remember how the conversation had dealt with the topic and insisted that she did not promise that no one else needed to know. "This is serious," she explained. "I cannot simply let you go on like this. We are all worried about you and this could be dangerous." "But do you know what this will do to my mother and father?" said Darlene. "Do you know what she will do to me the next time we fight?"

The Case of Carla, 6

Carla is a first grader. She is a shy child who has been uninvolved in the class or play activities due to what appears as excessive reluctance and a reticence to let others speak with her or get too close. Her behavior became worrisome in that she is unable to participate in group activities and appears fragile and often, about to cry. Her mother said that she was not worried about Carla's behavior because she felt that she would "grow out of it."

Carla was not doing well in her school work. Her in-class work often was not completed and when asked about this, she was unable to respond. When pressed, she began to cry, so the teacher decided simply to leave her alone. The other children began treating her like a China doll, fragile and emotionally weak. They began talking to her as they would to a younger child.

When the children were asked to draw their families, Carla was at first unable to draw a picture which included people, only the house. The teacher insisted that people had to be in the drawing since it was about the family. The picture which Carla produced was at first confusing. The teacher bent over

to ask her about the figures so that she could be sure she was interpreting it correctly, but out of earshot of the other children. It was her intention that the children explain their pictures to one another but she hesitated after she saw Carla's.

Carla had drawn her parents without clothes. The genitalia, in fact, were quite explicit. Carla and her brother were in a large bed, and the parents were standing in the same room. Another adult was in another bedroom. The bathroom was more detailed than the kitchen or any other room in the house. When asked who everyone was, Carla named each individual—mother, father, brother and herself—but did not name the person in the second room. When asked, she would not comment.

"What ought to be my response to this kind of information?" the teacher thought to herself. "First, I don't want to upset the child. I don't want to intrude in the lives of this family or appear to be prying. There may be some logical explanation or an active imagination at work here. Is it really my duty to look into this? Perhaps, I should simply tell the administration about it and let them handle whether or not we need to report this. The last thing I want is to get involved in something that only gets others upset with me, such as the child or the child's parents."

Discussion of the Two Cases

In Darlene's case, the cycle of abuse between mother and daughter may have had its genesis in the mother-father relationship. Darlene was a victim of her mother's anger and disappointments. Furthermore, she has come to believe that her abuse was helpful in that it protected her own siblings. She managed to pull her friends and a teacher into her dilemma, not consciously, but they were involved as concerned individuals, nevertheless. Suspecting abuse immediately involved them in Darlene's dilemma.

The attempts by this teenager's friends and teacher parallel some of the internal dynamics of the family process. Expecting the teacher to act, Darlene's friends came to express their frustrations that there was no follow-up. The biology teacher, who wanted to respect Darlene's privacy and secure her cooperation, began feeling guilty about not acting on the information of which she felt certain. A pledge of secrecy never taken is held up as a way of keeping the "family secret" from coming to light. Darlene unwittingly tried to pull her biology teacher into the family dynamics of secrecy, especially by alluding to the safety needs of her younger siblings. The frustration and fighting over responsibility at school paralleled the internal argument that Darlene struggled with and the battle raging within her home. Who was the real victim? Whose behavior was out of line? How could we put an end to this intolerable situation without feeling guilty for betraying someone we love?

There was less known about the home in Carla's case; what may have been

the situation, if Carla's drawing was any indication, (and a first grade teacher would have every right to be suspicious of drawings with explicit genitalia by a first grader) was cause for alarm.

If she attempted to investigate further, Carla's teacher anticipated fierce resistance. Besides, she did not have the professional responsibility to do so. Her competence lay in knowing that drawings of first-graders were not likely to have such information unless something unhealthy was going on in the child's surroundings. She did not need to judge whether this was the case because she needed only to report her concern.

As an advocate for the child, however, and as a teacher concerned about her working relationship with her student's parents, the teacher was confronted with second thoughts. Ironically, those second thoughts were indicative of a parallel process. Carla, merely by drawing her home and its bedroom, had projected into her teacher the worry, guilt, and fear of being blamed. These are the feelings Carla would be forced to deal with should she tell an outsider what was happening inside the privacy of her parent's home. The teacher's hesitation and thoughts of putting the problem off onto someone else were indicative of some of the dynamics in the home.

What is Child Abuse?

According to Burgess, Hartman and McCormick, it was not until the 1960's that child abuse issues became of interest to professionals in general and the public at large. (Burgess, Hartman and McCormick, 1987) Henry Kemper's paper to the American Association of Pediatrics in 1961 is widely acknowledged as one of the first reports of research on the subject. It was entitled "The Battered Child Syndrome," and sparked wide discussion and national action to address the problem of abuse and neglect within families. (McRae and Longstaffe, 1982).

Dubin and Weiss's *Handbook of Psychiatric Emergencies* outlines four types of child abuse:

1) Physical abuse is characterized by bruises and welts, abrasions, contusions, lacerations and scaldings, bone fractures, wounds and cuts, subdural hemorrhages and hematoma, malnutrition, skull fractures, internal injuries, sprains, brain damage and poisoning which are the result of an act of "overt commission" by an adult. Abuse may be disguised as discipline. Of the 2 million reported cases of abuse each year, physical abuse accounts for about 65% of them.

2) Sexual abuse is defined as "forced or coerced sexual behavior imposed on children, or sexual activity between a child and a much older person, whether or not obvious coercion is involved." (Browne and Finkelhor, 1986) One component of the definition of sexual abuse is its purpose as stimulation of the abuser. Almost 25% of reported cases of child abuse concern accusations of sexual abuse.

3) Child neglect is defined as omission by the primary caretaker(s) in providing for the child's welfare in such areas as adequate food, clothing, shelter, hygiene, and medical attention. About 10% of the child abuse cases reported are for neglect. (Dubin and Weiss, 1991)

4) Emotional or psychological abuse is defined as "abuse that results in impaired psychological development." (Dubin and Weiss, 1991) Some of the signs of emotional abuse are excessive verbal demands regarding the child's performance in such areas as toilet training and school performance. Difficult to measure and almost always accompanied by other forms of abuse, this type is hard to detect, to prove and to treat.

Research on Child Abuse Victims

In review of the literature on the effects of abuse on children, Emery (1989) noted that there is no single behavioral or emotional reaction indicative of abuse or found in all children. In addition to the abuse itself, other factors may play a part in the psychological difficulties displayed by abused and neglected children. Abused infants tend to form anxious or avoidant bonds to their caretakers. These children grow up suspicious of adults who might at any moment become untrustworthy and punitive. For example, the toddler who is abused learns that there is little that he or she can do to influence the course of events and so begins to develop a "victim" mentality. Parents who are threatened by the toddler's growing independence, such as some young parents for whom the child is a source of security and self-worth, often see a child's independence as disobedient and threatening. An avoidant-ambivalent attachment between child and parent becomes characteristic of later relationships. In addition, self-esteem and ego-control problems are common in these children.

School-age children who are abused are often aggressive and disruptive in class. (Egeland, 1991) Egeland's longitudinal study of abused children found that teachers rate these children as inattentive, aggressive, unpopular, self-destructive, and obsessive-compulsive. Many are depressed and highly dependent. Their inability to concentrate on school work is a serious impediment to their adjustment to the school situation and to repairing damaged self-esteem. (Mayhall and Norgard, 1983)

Abused adolescents have a host of problems. Separation or precipitous independence may characterize the goal of their behaviors. Abused adolescents have difficulty obtaining appropriate control and emotional separation in their lives. Such poor self-control and unresolved identity issues may lead to delinquency or other self-destructive behaviors. Also, some adolescents "identify" with their assailants and become abusive to younger children. Sexual problems and difficulty in maintaining mature relationships with peers and other adults are also common characteristics of abused adolescents. (Ohrenstein, 1984)

Green's review of the literature on the effects of child abuse lists the chief features found in abused children: traumatic reactions and acute anxiety, paranoid reactions and mistrust, poor self-image, depression and suicidal behavior, school problems and poor academic performance, primitive defense mechanisms (denial, projection, etc.), cognitive and developmental impairment, central nervous system impairment, impaired impulse control, and symptoms indicative of post- traumatic stress disorder (intrusive dreams, panic attacks, etc.). (Green, 1988) Indeed, Green believes that abused children commonly identify with their abusive parents as their major defense against feelings of anxiety and helplessness. "Victims of physical abuse often engage in delinquent and anti- social activities during adolescence and are at risk for battering their future offspring." (Green, 1988, p. 605)

The Witness as Victim

Children are present in 45-55% of the homes where police must intervene in domestic violence calls. (Hinchey and Gavelek, 1982) Children are present at 10 to 20% of the homicides committed in a state like California. (Pynoos, 1990) These children are involved emotionally, so that they cannot be considered as "bystanders" or "uninvolved onlookers." (Smith, 1991) Confusion, anxiety, guilt, and depression are frequent results of children's witnessing of violence within their homes. Confusion over right or wrong, what constitutes love and affection, and assumptions of responsibility beyond what is age-appropriate have been identified as symptoms of children from violent and abusive families. (Smith, 1991) Guilt is another common feature of these children. They worry that their parents have fought over something which they did, or that they should have been able to help their mother defend herself, or that one member of the family may be beaten in place of themselves.

Roy describes other effects of growing up in violent homes. (Roy, 1988) In her study of 146 children from such homes, she found many truant and absent children whose excuse was the injury of a parent and worry over the parent's safety. Most of these children did not perceive the school setting as a vehicle for improving their lives. In this study, 95% of the children had what Roy describes as auto-phobia, that is, a fear that they could become violent and hurt someone else or themselves. She also points out that many of these children live in fear of being victimized directly. For instance, a mother who flees the home might inadvertently leave her children behind to receive the brunt of anger of her attacker. "Where there is domestic violence, there is child abuse," concludes Roy. (Roy, 1988, p. 93)

Sexual Abuse Victims

Research on children who have been sexually abused has also produced some alarming findings and significant data for school personnel. Estimates

of the extent of sexual child abuse run as high as 25%, which is fairly close to the percentage of reported cases of child abuse in general. (Conte, 1986) Many, if not most, of these cases, according to Conte, go unreported. In an effort to help further define and describe the psychological problems of sexual abuse victims, Finkelhor and Browne have proposed a conceptualization of the impact of sexual abuse from their clinical experience with these children. (Finkelhor and Browne, 1985)

When we are dealing with a child who has been victimized sexually, we are likely to find the following characteristics of that child's behavior: traumatic sexualization, betrayal, stigmatization and guilt, and powerlessness. First, there are often inappropriate displays of behavior and knowledge of a sexual nature. Traumatic sexualization of the child also refers to developmentally inappropriate and dysfunctional sexual feelings and attitudes. Repeated rewards given to the child by a sexual offender are just one example of how a child may become confused and precocious in this area. Children who masturbate at inappropriate times and who have not learned to control this impulse in public may be overstimulated sexually. Preoccupation with their own or other's genitalia may indicate a traumatized child's involvement in sexual activity. Experiences in which the child understands few of the sexual implications of the activities, because of early age or developmental level, may be less sexualizing than those involving a child who has greater awareness. (Finkelhor and Brown, 1985)

Another psychological problem of these children is betrayal. This occurs initially when the child discovers that someone whom he or she initially trusted and on whom the child had been dependent has, in fact, caused harm. Family members who were told, but did not act or refused to take action to stop the abuse, contribute to the dynamics of betrayal in the lives of sexually abused children.

Children who have been sexually manipulated often feel bad, ashamed of their behavior, and guilty. They learn that such behavior is not acceptable, but they realize that they have participated in it. If there is discovery of the behavior, and if an adult on whom the child was dependent is charged with misconduct, arrested, or forced to leave the home, the child bears the additional burden of having disrupted the family.

Finally, powerlessness (or what is sometimes called "disempowerment") characterizes these children's self- perceptions. This refers to the process by which the child's will, desires, and sense of efficacy are continually contravened. When the child's body is increasingly invaded against her will, when attempts to halt or thwart the abuser are frustrated and defeated, when the child's efforts to explain to adults what is happening, come to naught, the child is left without validation and can begin to doubt her own experience and innocence. An authoritarian and sinister abuser who threatens the child with recriminations and reprisals for telling will, no doubt, instill a much deeper and more seriously damaging sense of powerlessness.

Indicators for Dealing With Abused Children

What should educators keep in mind when dealing with abused children? First, most abuse, whether physical, emotional or sexual, is progressive. That is, the abuse becomes more and more severe, and its effects on the child are more and more deleterious as it goes unchecked.

Second, there is a high value put on secrecy within these homes. Sometimes unstated, and sometimes quite deliberately taught, children know that they are not to tell others outside the home what is going on. Such stern warnings or understandings are pernicious in that they involve collusion on the part of the child. In other words, the child, through having knowledge of the abuse and not telling becomes a part of the "cover-up."

Third, it is important to remember and appreciate the child's ambiguity regarding his or her abuser. In most cases, the abuser is a loved adult on whom the child is dependent. No matter how offensive and unjust we may find the treatment of the child, even in cases of sexual abuse by someone within the family, we are often dealing with a child who has a desire to receive love from that abusive adult and is ambivalent about punishing him or her. Children just want the abuse to stop; punishment of the abuser is usually far from their minds.

Because of their feelings of collusion, or responsibility for their abuse (again, these are not logical or healthy feelings but they are nevertheless present in many, if not most, cases), children should not be told repeatedly that they are not responsible for their victimization. Such denials of their responsibilities do not ring true with experience. While it is true that they are not, children need permission to discuss feelings of guilt. In short, it is certainly good to tell children that they should not feel responsible for their abuse or for the punishment which their abuser may receive. Still, a child needs to be allowed an opportunity to explore such feelings of guilt and shame. The educator, like the counselor, can help a great deal by simply allowing the child to talk about what they are feeling, refraining from pronouncing the feelings good or bad, right or wrong, from our point of view. While some teachers and counselors may find it difficult to refrain from responding immediately to a child's concern about being a culprit and somehow responsible for the bad things that have befallen her family, it is nevertheless a help to the child to have a person with whom to talk freely about what has happened.

When we respond to our own feelings about the abusers or their actions, we may actually interfere with the child's struggle to come to terms with these feelings. It is always difficult to know when or what kind of response the child seeks. We may wait for a request about our opinion, or ask if it is wanted. Of course, this applies when we are dealing with a child whom we know to be abused and who is comfortable talking to us. In any case, the first duty of an educator is to report suspected abuse and the rest is up to the way the child uses us for his or her healing.

The above discussion of the research on child abuse, the case illustration, and the conceptualization of psychological issues (especially for sexually abused children, but in some ways for all victims of abuse) help to clarify the anticipated transference and countertransference issues. When abused children act up in school, they are bringing their problem to the attention of some adult who is potentially able to intervene on their behalf. We saw this with in our two case examples.

By projecting their anger, fear, guilt, and shame, into our dealings with them in a school setting, children can make us feel powerless—or even abused. When we first deal with their caretaker(s) and find them normal and interested parents, and later learn that abuse has taken place, we, too, feel betrayed. We may worry about our interventions being helpful and we may find that our attempts to stop the abuse by reporting it are ineffective.. We may also feel that other efforts such as education of the child about appropriate and inappropriate behavior, or appropriate and inappropriate discipline within the family will continue to be unsuccessful. The powerlessness, guilt, betrayal, and blaming which are characteristic of these homes also exist in the school where teacher, principal, counselor and nurse try to uncover, assess, and halt suspected abuse situations. We need to be cautious that we do not begin blaming one another, especially when each member of our school team has acted in good faith.

What then is our duty? First of all, it is to report abuse and to continue to intervene on behalf of the child when we are not satisfied with the results of our intervention. This can and should be done without judgment, for we may not have all the facts. We can also be available to the child when and if he or she needs us for advice or support. Consistent avoidance of scapegoating, blaming the home or other professionals (despite how we feel about their behavior and attitudes) will be easier if we keep in mind that we can be wrong; these feelings may be projected into us by the child's acting-out behavior to help us appreciate what the child is experiencing. In our presence and support of the child, such feelings are going to be valuable, for they will make us more empathic healing agents.

Questions for Discussion by Faculty and Administrators

1. What are the procedures in your school for reporting suspected abuse or neglect? Have you felt supported by school officials and by child protective workers in the country or state?
2. Discuss the case vignettes in this chapter and whether teachers and school officials could or should have acted differently.
3. What is the education program in your school to help increase student awareness of abuse and how to ask for help when it is occurring?
   ch dysfunctional family style.

References and Recommended Reading

Baumrind, D. (1978). "Parental Disciplinary Patterns and Social Competence in Children." *Youth and Society*, 9(3), pp. 239-276.

Bavolek, S. and Henderson, H. (1989). "Child Maltreatment and Alcohol Abuse: Comparisons and Perspectives for Treatment." *Journal of Chemical Dependency Treatment*, 3(1), pp. 165-184.

Bennie, E. H. and Sclare, A. B. (1969). "The Battered Child Syndrome." *American Journal of Psychiatry*, 125(7), pp. 147-151.

Besharov, D. J. (1990). *Recognizing Child Abuse: A Guide for the Concerned*. N. Y.: Free Press.

Browne, A. and Finkelhor, D. (1986) "Impact of Child Sexual Abuse: A Review of the Research." *Psychological Bulletin*, 99(1), pp. 66-77.

Burgess, A. W., Hartman, C. R., and McCormick, A. (1987). "Abused to Abuser: Antecedents of Socially Deviant Behaviors." *American Journal of Psychiatry*, 144(11), pp. 1431-1436.

Cicchetti, D. (1987). "Developmental Psychopathology in Infancy: Illustration from Study of Maltreated Youngsters." *Journal of Consulting and Clinical Psychology*, 55(6), pp. 837-845.

Conaway, L. and Hansen, D. (1989). "Social Behavior of Psychically Abused and Neglected Children: A Critical Review." *Clinical Psychology Review*, 9, pp. 627-652.

Conte, J. (1986). *A Look at Child Abuse*. Chicago: National Committee for Prevention of Child Abuse.

Culp, R., Little, V., Letts, D. and Lawrence, H. (1991). "Maltreated Children's Self-Concept: Effects of a Comprehensive Treatment Program." *American Journal of Orthopsychiatry*, 6(1), pp. 114-121.

Egeland, B. (1991). "A Longitudinal Study of High-Risk Families: Issues and Findings." In Starr, R. and Wolfe, D. (Eds.), *The Effects of Child Abuse and Neglect*. New York: Guilford Press.

Emery, R. E. (1989). "Family Violence." *American Psychologist*, 44(2), pp. 321-328.

England, L. and Thompson, C. (1989). "Counseling Child Sexual Abuse Victims: Myths and Realities." *Journal of Counseling and Development*, 66, pp. 370-373.

Everson, M., Hunter, W., Runyon, D., Edelstohn, G. and Coulter, M. (1989). "Maternal Support Following Disclosure of Incest." *Journal of American Orthopsychiatric Association*, 59(2), pp. 197-207.

Finkelhor, D. (1984). *Child Sexual Abuse: New Theory and Research*. N.Y.: Free Press.

Green, A. H. (1988). "Child Maltreatment and its Victims." *Psychiatric Clinics of North America*, 11(4), pp. 591-610.

Hinchey, F. and Gavelek, J. (1982). "Empathic Responding in Children of Battered Women." *Child Abuse and Neglect*, 6, pp. 395-401.

Kaufman, J. and Zigler, E. (1987). "Do Abused Children Become Abusive Parents?" *American Journal of Orthopsychiatry*, 57(2), pp. 186-192.

Len, M. W. (1988). "Parental Discipline and Criminal Deviance." *Marriage and Family Review*, 12(1-2), pp. 103-112.

Mayhall, P. and Norgrad, K. (1983). *Child Abuse and Neglect.* New York: Macmillian.

McCord, J. (1983). "A Forty-Year Perspective on Effects of Child Abuse and Neglect." *Child Abuse and Neglect*, 7, pp. 265-270.

McRae, K. N. and Longstaffe, S. E. (1982). "The Behavior of Battered Children - An Aid to Diagnosis and Management." In Oates, K. (Ed.), *Child abuse.* Secaucus, N.J.: Citadel Press.

Pynoos, R. (1990). "What are the Effects on Children who Witness Violent Acts?" *The Harvard Medical School - Mental Health Letter*, 6(12), p. 8.

Reppucci, NH. D. and Haugaard, J. (1989). "Prevention of Child Sexual Abuse: Myth or Reality." *American Psychologist*, 44(10), pp. 1266-1275.

Roy, M. (1988). *Children in the Cross-Fire.* Deerfield Beach, FL.: Health Communications.

Vasta, R. (1982). "Physical Child Abuse: A Dual-Component Analysis." *Developmental Review*, 2, pp. 125-149.

Walker, L. S. (1979). *The Battered Woman.* New York: Harper and Row.

Widom, C. S. (1989). "Child Abuse, Neglect, and Adult Behavior: Research Design and Findings on Criminality, Violence, and Child Abuse." *American Journal of Orthopsychiatry*, 9(3), pp. 355-367.

Zuravin, S. (1991). "Research Definitions of Child Physical Abuse and Neglect: Current Problems." In Starr, R. and Wolfe, D. (Eds.), *The Effects of Child Abuse and Neglect.* New York: Guilford Press.

Author's Notes

V. Abusive Homes (Psychological, Physical, or Sexual): The Blaming Family

A. General Conditions/Description:

-A hurt, abused child is now an adult who is needy.
-Frustration and anxiety is released through displacement on a loved one by acts of hatred and anger (even in sex)
-A cycle of abuse evolves wherein the abused becomes addicted to frustration/tension release through explosions
-The cycle involves self-hatred, making up with the victim, or otherwise bribing the victim into staying
-The attempt to control the victim by making him/her feel that he or she "wants" or "deserves" abuse infects the victim

B. Characteristics of Dysfunctional Families with the above:

-These are the most secretive, enmeshed, impulsive families
-The child/victim feels dependent and needy
-The child/victim and abuser are emotionally and psychologically enmeshed
-The victim rationalizes behavior, assuming responsibility for it
-Secrecy becomes a dominant concern
-Self-esteem of members plummets
-Betrayal, powerlessness, guilt, and severe acting out are common

C. Transference and Countertransference issues: We feel/they feel

-Outraged at the abuser
-Confused and then frustrated with the victim
-Disgusted with family systems or intervention systems which fail
-Powerless, betrayed, even guilty if we did not act

D. Helpful Approach/Response: What are my ethical, moral, and legal duties in this case, despite family's felt right to privacy? How can I model courageous action in face of threat and reprisals?

PART III:

Intervention and Support of families

INTRODUCTION TO PART III

Intervention and Support of Families

We turn now to an examination of the educator's role as counselor and advocate for the child and family. Counseling and consultation skills enable the educator to advance the interests of healthy development and build on the positive efforts of the classroom teacher to foster cooperation across and among those concerned with the child's cognitive, affective and social growth.

In a review of research on healthy schools and their connection with healthy families, Mary Jane Rotheram (1989) has written, "Families affect children's school adjustment and the school affects the families' adjustment. The two systems often mirror each other." Schools that are healthy are sensitive to the dynamics of family life in the community and are aware of the impact of family communication patterns on the child and the school. But the focus should remain on the child.

Schools which can be characterized as healthy systems have the following features:

1. Teamwork is encouraged from the top down. Faculty and staff do not feel as if they must "go it alone."

2. Norms of conduct for students are fairly universally accepted. The expected behavior is agreed upon by the staff and communicated to the parents as well as to the students.

3. A minimum amount of time is spent setting up for work, both by the staff and by the students. This means that things are organized and a system is in place to facilitate things like cleaning up, etc.

4. A minimum amount of time is spent in disciplining students. Since rules are clear and consequences known, the adult staff do not need to deliberate over how to treat infractions.

5. Praise and rewards for achievement are fairly regularly and liberally

given out, even for small accomplishments. Students who are rewarded for success strive to achieve even more.

6. Students in healthy schools are given responsibilities. Once allowed to participate in their own governance, students who have responsibilities commensurate with their age seem to take a pride and ownership in their schools.

7. Most instruction in healthy schools is classroom-based rather than individualized. This would seem to indicate that when students are better managed, the classroom feels safer. Also, when working as a group, students feel more connected and more responsible for their behavior.

8. Students in healthy schools have channels for feedback. That is, they appreciate and look forward to assessments of their work, and they need to know that the adults responsible for them are concerned about their work.

9. There are high expectations of students in healthy schools. They set challenging standards, and they are not disappointed, just as those which reduce standards get the "expected" behavior and performance.

10. In healthy schools, subgroups of students are not marginalized. In fact, there seems to be a pervasive atmosphere of inclusiveness so that no student is left to flounder for him or herself. Clicks of alienated students do not form, because legitimate differences are accepted and students are encouraged to develop their differences.

It is easy to see how the list of school characteristics mirrors those of healthy homes, from the perspective of both relational and developmental needs of children and adolescents. Both require a sensitivity on the part of adults to the community which supports the child. In healthy schools, the focus is clearly on the needs of students as individuals, as well as a group. When schools remain child-centered, yet family-sensitive, they are able to create an environment that facilitates growth despite other hostile factors faced by students outside the school setting.

In the next two chapters, we will examine the resources needed by educators to meet the challenge of incorporating and utilizing personal skills and a team approach for dealing with acting-out behavior.

Reference and Recommended Reading

Rotheram, M. (1989). "The Family and the School." In Combrinck- Graham, L. (Ed.), *Children in Family Contexts*, New York: Guilford Press.

CHAPTER SIXTEEN

DEALING WITH FAMILIES

Tips for Helping Parents

Throughout the preceding chapters, we have examined various family structures and types of dysfunctional family styles which we might encounter in any given classroom, in any given year. We have also seen examples of students who bring their family problems into the classroom and seek, consciously or unconsciously, to have their needs addressed. Implicit in the student's acting-out behavior is the need for an adult to address some aspect of the child's developmental or relational tasks of the family. In this chapter, we examine the principles and strategies for intervening, counseling, and aiding parents in their struggles and stresses. No one comes to the task of child- rearing fully aware of the physical and emotional drain which it involves. It is impossible to fully appreciate the stresses and strains of raising a particular child or heading a particular family unless we ourselves become that person. Assisting a family, then, is always a matter of offering whatever aid we can, coaxing when needed, and sharing our knowledge when appropriate.

Four Guiding Principles

There are four principles which can guide our interaction and intervention with parents. First, we can help a parent with problems if we are willing to listen. As some cases illustrate, it is not simply what individuals say that matters. Words are often deceptive or inaccurate, even for the person speaking them in earnest. The family system itself has a stake in avoiding clarity and keeping things as they are. Why? Perhaps, as the saying goes, "the trouble you know is better than the trouble you don't know." How else can we explain

that unsuccessful and counterproductive practices are followed in the face of all reason? How else to explain that some families shun major changes and rearrangements to curtail or alleviate a problem? The unknown, which necessitates change, is not attractive to those who feel their options have been exhausted or that change requires more energy of them than they have.

Second, we can help if we remain ourselves despite the uncomfortable feelings which we are sensing in our more difficult cases. Only by carefully listening to our own reaction, by appreciating what is happening inside ourselves can we feel what it is like to be the student or parent in a particular family or classroom situation. Only then can we distance ourselves from our feelings without denying them. The struggle to know what is happening inside oneself while struggling to understand what is happening inside another is a task that takes practice. It also takes the kind of professional stance which states: "I am here to help this student, and to do so I must realize that the emotional pull I feel indicates that the student needs and wants me to be involved."

Third, we can be of help if we concentrate on and seek to change behaviors which fall within our own domain, the school and classroom. Family problems may be contributing to, or may be the cause of school misconduct or the child's attitudes of failure. Still, our role is first to make things at the school setting more productive and successful. If the child can achieve success in the arena of the classroom—both socially and academically—he or she will have at least one arena in which positive feedback and behavior pay off. This can be the lifeline for a student whose family is unable to work together.

Fourth, we can help if we do not try to do all the work alone. In order to model effective problem-solving behavior, we must demonstrate team effort. Relying on others to help find solutions to common problems is something which many parents are unable to do. Since students affect those around them, and since few problems arise in only one setting and under only one set of circumstances, the problems which we experience in the school setting are best handled by teams of interested and affected professionals. In fact, the more individuals who examine the facts, assess what is happening, contribute to creative solutions, and provide a consistent and united front for the child and family, the more likely it is that the intervention will be effective. This fourth principle will be more thoroughly explored in our final chapter.

In sum, what should be our attitude in dealing with difficult students and their families? It must be one of openness to what is said, as well as not said, and to any other bits of information which we gather along the way. We need to realize that we have tremendous resources to bring to these cases. After all, we know children and we understand what is considered normal development for a student of a particular age, for we see dozens of them each year. We are concerned about the child and more likely to be objective about the student's behavior, provided that we do not take the misbehavior as a personal

attack. Collaboration to change what is happening in the school and to offer the family consistent, sympathetic advice gives a clear message that the family can also rally forces to assist the child through cooperative efforts on their part.

Some Destructive Attitudes

Not every educator has been trained to feel that an important role of the teacher is one of advocacy for the child. Not every educator believes that effective intervention is possible, or even called for. Hence, several attitudes are bound to creep up on us when dealing with those difficult, taxing and confusing cases. What attitudes ought we to reject in ourselves when we reach those hurdles?

First, we need to fight the temptation to feel that as a professional educator we have no business counseling. Teaching is a helping profession and one which is dedicated to the formation of the child for productive participation in the larger community. Counseling is a natural part of this profession, just as it is a natural part of many others such as nursing, medicine, social work, and child care. To deny this is equivalent to being a nurse who administers prescribed medicine, dresses wounds, makes the patient comfortable and feels that her duties are finished. Today, many parents are without the support of close friends, neighbors and family. Their busy days leave little time to talk over the problems they are having with their children. For a variety of reasons, parents look to the teacher—someone who knows and cares about their child—to help them to do the right thing for that child.

We might be tempted to argue that in some instances it is better to stay out of situations which seem serious, or which resist intervention. This is understandable caution and should not be dismissed lightly. Indeed, some family situations are serious and need professional help. Because help is not wanted or appreciated does not mean that help is not needed. It is useful to ask: What does this child need from us adults who are committed to his or her development? In some situations, educators are legally mandated to become involved by reporting suspicion or evidence of abuse to child protective services within the state or community. A family's resistance or even resentment of our intrusion on behalf of the child might be a sign that there is something to hide. In such cases, it behooves us to proceed cautiously, sensitively, but with a single motive: To help and protect the child.

We might also find ourselves wanting to handle situations without others' involvement. We sometimes think that the mark of a good teacher or principal is the ability to keep problems contained. After all, one of the attractions of teaching is the control we have over our own classrooms, and we know that our ability to maintain such control is implicitly judged by our superiors. Though the temptation to deal with a problem case on our own is great, there is a danger in this. We might be doing exactly what the family is doing,

forgetting that keeping the lid on a problem only allows it to stew.

To summarize, we are called to advocate for students and deal with them, which means also dealing with their parents, who often seek our guidance. Because we have some expertise with children and we understand the developmental issues of students at given ages, we are a tremendous resource for them. Because they have few alternatives in seeking good counsel, we are a natural resource. The professional educator is not simply responsible for imparting knowledge or training in certain skills. He or she is also concerned with the development of the child and, in the more serious cases at least, cannot turn away from the child who is hurting. We are legally, morally and professionally bound to extend our hand, to identify the problems we see. If we realize that problem behaviors have their origin in the home life of the student, we cannot afford to say "that problem belongs to the family of the child and is not our responsibility." We need to attempt an intervention, even if only to point out the negative behaviors which indicate to the parents that the child is suffering.

Five Helpful Attitudes

What should we remember when dealing with difficult students? Summarizing much of the material in the previous chapters, it is reasonable to believe that we can be instrumental in helping a student deal in school with difficulties which have their origins in the home.

First, a student who is in trouble, socially or academically, is often unable to directly identify the source of his or her problems. Many students who have a difficult home situation, which is not meeting their needs, will be too confused and hurt to identify or openly discuss their problems. Others will offer us the information we need a oint out explicitly what is happening in their homes.

Second, we should remember that a student who is angry, upset, or confused is often too enmeshed in a family system which is fueling these feelings to be objective about his or her own behavior or that of the parent. We cannot expect stu lents to be good judges of the gravity of their situation, the seriousness of their offenses, or the cycles of self-defeat which they perpetuate by their behavior. Their lack of experience outside the home and their natural lack of objectivity with regard to their parents necessitates that we speak to students about their home life with caution and respect. The information is too personal and biased to be of much use in any case. If volunteered, it may be genuine and helpful.

Third, no matter how upsetting and damaging the behavior of a parent might be, a student will usually feel a certain loyalty and love for that parent. Even a student who complains about what is happening in the home does not want the educator's endorsement of the terribleness of his or her plight. Rather, the student who discusses home problems wants an ear, and wants sympathy

for what he or she is feeling. If the educator contributes to his or her sense of righteousness and indignation, the problem of guilt and a feeling of betrayal may endanger further revelations. It is always best to acknowledge how and what a student is feeling, but not to concern ourselves with factual details of behavior or feelings of others in the family. The one exception is child abuse, where details might be extremely important in arriving at a decision about whether or not to report.

As we saw in many cases throughout the preceding chapters, the student who cannot or will not cooperate with a teacher or administrator is not doing so to torment anyone personally. Their behavior is intended to make one realize that something in the school setting is eliciting unwanted behaviors from them, or that something at home is making use of the school as a place to learn, an impossibility. Negative behavior is always a communication, and the child's hope is that an adult will be capable enough to know how and when to intervene.

We should remember that when things appear improved, or when the opposite seems apparent, we are not necessarily perceiving the truth. It may be important that we are "brought into" the extent of the problems a bit at a time. Those who deal with families in therapy realize that the problems presented are not often the "real" problems. It always takes time for the nature and extent of familial dynamics to emerge. So, too, in the school setting. Just because a child's behavior is getting worse, we are not necessarily witnessing that our efforts are failing. What we are learning is that we have not yet seen the full extent of the problem. Our "remedy" might be aspirin for a fever, when the fever is actually a symptom of something more serious. By the same token, just because things are improving does not mean that we have addressed the real problem and will not see more trouble. Again, what families or students show us and how they respond to our intervention may be to help us feel successful, to keep us involved and "on board," or simply to test our ability and willingness to help.

Finally, we should always remember that students who come from seriously dysfunctional homes are not doomed to failure or to repeat the problems with which they grew up. The literature on resilient children, sometimes called "invulnerable children," demonstrates that many are able to withstand toxic, unhealthy homes. They may not come out of such homes unscathed, but they can be successful and productive in spite of their deficient backgrounds. Wolin and Wolin have described in *The Resilient Children*, how young people have managed to put their lives together and resist the ill effects of seriously deficient backgrounds by using "defenses" or strategies which enable them to move on. These children typically avoid dwelling on the past and on their dysfunctional homes. They avoid blame for such homes, and they avoid the victim's trap of seeing themselves as unable to escape. (Wolin and Wolin, 1993)

Children are able to find and build on their strengths, often with the aid of someone like a teacher, who has expressed a hope and a belief that the child has innate abilities which can be useful for avoiding such traps as repetition of past family practices and mistakes. Successful children utilize at least seven strategies for overcoming a dysfunctional family background. These are identified by Wolin and Wolin as:

1. insight, that is, resilient children have an intuition into the problems which they face; that is, a habit of asking tough questions and giving tough answers;

2. independence, that is, resilient children have an ability to draw boundaries and create some emotional distance between themselves and their toxic parents;

3. relationships, that is, resilient children have intimate and fulfilling relationships with others, which balance a mature regard for their own needs with empathy and a capacity to give to someone else;

4. initiative, that is, resilient children are able to a take charge of their problems, exert control over those areas of life which are under their control such as at school and in sporting activities;

5. creativity, that is, resilient children take the little they have available to them and make something of it, such as developing a talent, creating beauty and channeling energy into productive and creative outlets of expression;

6. humor, that is, humor is a big help and has saved many a child from despair, finding the comic in the tragic, learning how to play with the good of this life, staying involved but disentangled; and finally,

7. conscience, that is, resilient children are those who have a sense of morality, appreciating the difference between right and wrong, and making an attempt to stick to a "narrow path" by refusing to indulge their temptation to retreat into angry and self-destructive acts.

Reframing a Bad Situation

What is reframing? How does it work and how can we help students from dysfunctional homes see their situations in a different and more positive light? Reframing is a technique which counselors use to help people who have the tendency to put things in their most negative form, to see the gloomy or dark side of what has happened to them. It is a natural defense mechanism used to explain the awful side of reality, at least as we see it and as it affects us. For example, a child's parents are too busy to pay attention. They promise that they will spend time with the child, or that there will be a family trip in the weeks ahead. There is no trip and the child feels that they do not care. Is there a positive interpretation? It would be foolish for us to make excuses for the parent's inability to find time. We would not maintain a healthy and supportive relationship with the child if he or she complained and we found

ourselves siding either with or against the interpretation, such as inventing possible excuses for the parents.

What should we do? We might ask the child what she did during the weekend that the trip did not materialize. If the child tells us that she used the free time to work on a hobby, to play with friends, or to find some other distraction, we can interpret the child's action positively. We can note that she uses time to be with others to find support, to creatively manage her life, and to learn how to expand her horizons, despite the disappointing weekend.

Another example might be that a child believes that his father was cruel or mother was excessively harsh with him after receiving his last report card. The child is tempted to give up because he feels there is no way to please his parents, but can anyone be pleased?. Can the teacher be pleased? We can support the child by showing our pleasure with his performance. If the child finds sympathy at a relative or neighbor's house, that, too, can be praised by saying: "You didn't find what you wanted at home, so you seem to know how important the relationship with your relative or neighbor is, and you know how to find the support you need when you are under attack or need encouragement. Obviously, your neighbors care for you and feel that you are really worthwhile."

When we help students reframe the problem and encourage the above traits, we are providing the best and most useful support to students whose families are unable or unwilling to meet their needs. A child's interpretation of a parent's behavior is what counts. When we help them reframe a situation in order to enable them to feel the power to act or change, we give them the opportunity to take control of their lives, and build on positive abilities; thus, we offer hope. Our own modeling of the above strategies is perhaps more important than pointing them out to our students.

Meeting with Parents

The following are some pointers which veteran teachers use in their dealings with parents. They are simply guidelines which help make difficult parent-teacher encounters a little less painful. Hopefully, they might relieve the educator of feeling the full responsibility of making a session successful and positive. They may also show that even a "bad" session might be useful in making all parties feel uncomfortable and thus drive us to further assess the problem. Every encounter, no matter how uncomfortable, yields additional information and moves us closer to finding solutions.

Eugene Arnold reminds us to look at the problem at hand from the parent's perspective. Parents have been in the business of dealing with their child for more years than a teacher has. They have reasons for what they do, even if these appear to be poorly thought through, or based on a misunderstanding of the child's needs. But we are likely to make headway only if we

have parents' cooperation, so it behooves us to make every effort to understand their perspective. And since there is nothing we are likely to come up with which hasn't already passed through their minds, our goal must be to give them permission to do what we feel would benefit the child, especially if what is presently taking place is not successful. (Arnold, 1980)

Veteran teachers do not do therapy, but they do some counseling, and they know that counseling is more complex than therapy. Counseling can be very helpful, and through it we might even persuade parents that therapy is necessary or at least a potential tool for dealing with problems that cause their child to act out. Some parents need education about the developmental needs of their child. Others have child-rearing philosophies which do not meet the the child's relational needs. They may need to learn about these needs and how they can cultivate a home which is more suitable for the child than their present one. Those who feel that they have exhausted their bag of tricks with a recalcitrant child, or who feel the child is simply too difficult to handle, may need encouragement and advice on new approaches, or may need permission to abandon a tactic which is unproductive. For example, a parent whose punishments are becoming more severe and remain unsuccessful, may need to be told gently, "Well, that doesn't seem to work, does it? I wonder if you might try a different approach the next time. What might happen if . . .?"

Veteran teachers know that some parents are not ready for a serious and consistent look at the problem. It might become necessary to let them know what we see and what we believe should be done for the child. It takes consistent attention, a humble attitude, and a real concern for the welfare of all to come across as one who feels that some form of help or a change of approach is essential if the child's performance is to improve.

Veteran teachers try to stick with the facts. They avoid interpretations of the child's behavior, yet relay the seriousness of the matter. They seek the parents' interpretation first. For example, they might say, "Your child has been upset lately. He has been in fights on the playground for the last several days. We have had to keep him on the bench when he cannot control himself. Do you know what might be upsetting him lately?"

In order to learn more about what is happening in the home, veteran teachers often use leading questions which allow the parents to expand on what they do and how they handle matters at home. For example, "Your daughter seems to be bored and even a bit defiant with us when it comes to doing work she feels is difficult. What do you do when she is like that at home?" The parent's response might tell us what techniques work or it might give us insight into why the child is defiant. We will take a closer look at parent-teacher conferencing in the last chapter.

Delivering Unpleasant News

Most of us think that we can cushion the blow of bad news by coming up with some positives, some acknowledgement of the good things the child has done. This is often true. We should not forget the positive attributes of the child who is giving us trouble or causing us concern. It is also true that parents want to know the good things about their child more than they want to hear the bad. When difficult or unpleasant news must be relayed, however, it is best to get to the point as quickly as possible. Couching our news in language which is meant to "soften the blow," or place things into context before we say what we are concerned about is usually lost with a parent who knows by the way we introduce the conversation that we have something negative to say. "Get to the point" is the only thing on their minds. Once we have done that, we can fill in the positives.

Some approaches are more useful in breaking bad news than others. For example, we might begin with the question: "Have you noticed that your child seems to be more unhappy lately?" Or we might begin with our own personal observations and feelings such as: "I have been worried about your son lately. Does his behavior on Mondays bother you, or have you noticed any difference between certain days of the week and others?"

It is also difficult for many of us to address the issues of therapy with parents of students. How might we suggest counseling or therapy if further professional help is needed? Simply put, however, it is possible that counseling and therapy might be a relief from the difficult situation in which the child and family find themselves, and so we might just say that: "With the kinds of problems we have been discussing, you might get some relief and insight from a therapist or counselor. Can I help by recommending someone?"

In some situations, the problems are so serious that counseling or therapy may be more than warranted, perhaps even crucial for the health and safety of the child. In these cases, we can make our recommendations as strong and direct as possible: "This situation seems to be serious. I highly recommend counseling or therapy for you and your child." If we feel that the situation has deteriorated and intervention is called for, we may couch our recommendation in the strongest professional terms. "I feel it is my duty to urge you to get some help for this situation. I know that you believed things would improve, or that your child would grow out of this, but that hasn't been the case. You and your child need help."

Of course, we want to make sure we have offered all the help we possibly can. We want to assess our motives to make sure we are not using therapy as an excuse for telling the parents that they have been unsuccessful in addressing the problems on their own. But we also want to assure parents that we are thinking about the well-being of the child, and we base our interpretation and advice on observable behaviors, not on hunches. Can we make our strong

recommendation more palatable? Can we phrase things in ways which help parents accept the difficult things we have to say? Three useful points to keep in mind in this regard are the following.

1. Interpret previous strategies and discipline in as positive a light as possible. For example, "Keeping your child in her room without access to television or to others in the family was a good approach, but she seems simply to waste time, and has fallen behind even more. We might think about whether she needs to be tested for a difficulty with learning or we might seek some professional help in exploring other possible interpretations of her reticence to study."

2. Interpret serious problems in a developmental context. Note the age of the child and explore whether or not the behavior or problem might be better understood if we had advice and counsel from some other professionals. For example, "This constant lying may be a ploy your son is using to gain attention. It is not uncommon for some children to go through stages like this. However, a child therapist might help us by exploring with your son the meaning and purpose of this behavior from his perspective. We might learn something from a therapist which we haven't thought of yet.

3. Watch for the child-rearing philosophy undergirding the parent's approach, which forms the parent's beliefs about the child and the world. Then address that belief or philosophy directly as a potential issue which needs exploration. For example, the child who uses adult language in school, or is comfortable with what might be called inappropriate sexual material, could be reflecting the parent's more liberal or less restrained approach to child-rearing. If the behavior is inappropriate for the standards of the community, say so. We might address the issue by saying: "I noticed that your response to our concern that your child had sexually explicit materials at school was, 'No big thing.' Well, some parents were quite upset that their children saw the magazines. I, myself, don't think I would want my child to see such materials. You may have a different view, but your child will have to leave such materials at home. You might ask around about how other parents feel."

Involving The Child

When should we involve the child directly in our conferences? Should children be included in parent-teacher or parent-administrator conferences? This is always a difficult decision and there are no clear guidelines on this. In general, one should include a child whose behavior needs to be addressed and who needs to see a united adult world dealing with the issues. If the adults are not likely to be in agreement, then involving the child can be problematic until the adults have resolved out their differences. The last thing we want is an adult who defends a child's misbehavior before other adults or who becomes uncooperative with the suggestions of the administration in some important matter.

We should ask ourselves: Do we know enough about the parent's beliefs and attitudes? Do we feel that the parent or guardian will be supportive and eager to find a common solution? Is the parent sufficiently secure to face other adults and the child?

Parents who are themselves split, who are abusive and blaming, who are overwhelmed or enmeshed to an unhealthy degree, do not make for easy conferences, as any veteran teacher will attest. It may be best to work first with such parents to uncover ways that they can accept and be open before asking the child to join a conference on the student's behavior. Asking parents, in the presence of their child, to embark on a solution which they do not appreciate can be asking for more trouble. We can do so only when we have begun to detect the parents' realization of the seriousness of the dysfunctional behavior in question.

In the last chapter, we will look at professional consultation within the parameters of our jobs as educators. Many problems require the cooperation of several professionals at once. In difficult cases, we need to work cooperatively as a faculty. We may find ourselves consulting with school counselors or with psychologists who are assigned and retained by the family for therapy. In such cases, professional consultation can be threatening to us if we are unsure of ourselves. On the other hand, these occasions can be wonderful opportunities for expanding our understanding of children and dysfunctional family behavior, as well as providing us with experience about how to make the school environment more fitting for children from difficult homes. Finally, getting the most out of meetings by learning how to prepare for them is something which can enrich our professional lives as educators and child advocates.

Questions for Discussion by Faculty and Administrators:

1. How can we, as educators, improve our skills for dealing with parents and helping them to seek psychological help when appropriate?
2. How can we help one another deal with our most difficult or perplexing students?
3. What resources would help us to improve our skills, and how should we secure them?

References and Recommended Reading

Arnold, E. E. (Ed.) (1980). *Helping Parents Help Their Children.*

Wolin, S. and Wolin, S. (1992). *The Resilient Self: How Survivors of Troubled Families Rise Above Adversity.* New York: Villard Books.

Author's Notes

Discussing Individual Cases: Two-stage Process

A. What information is important to share?

1. What are the key facts which need to be made clear?

   e.g., age of child

   position in family

   intelligence

   appearance, etc.

2. What particular behaviors are you seeing which concern you? How do these behaviors affect the class, others in the school?

3. Can you give an example or two of the circumstances surrounding these behaviors?
   e.g., Who is involved? What happened? What were the results?

4. What do you know about the family? Parents? Home life? Problems at home? What have your encounters with the parent(s) been like?

5. How does this child affect you? What have you felt about this child and the impact on your class?

B. Now, what do you recommend or want to happen?

What actions ought to be taken and by whom?

What do others in your consultation group think?

CHAPTER SEVENTEEN

PROFESSIONAL CONSULTATION AND CONFERENCING WITH DIFFICULT FAMILIES

In this final chapter, we consider some of the questions which arise in our efforts to intervene effectively on behalf of a student needing help. Our interventions can take many different forms. If the school in which we work has a counseling center or a psychologist available for consultation, we will find ourselves referring students and families to one of these. If no such service exists, we might be meeting with other staff members to determine the best way to solicit help for a student and his or her family. In many of these cases, however, we will be dealing in an on-going fashion with the child's disruptive or worrisome behavior and the child's family, regardless of the availability of professionals within the school.

What are the indications that a teacher should refer a child for guidance or other professional evaluations? How should we go about referring students and families to other professionals? What steps can we take within the school to facilitate the utilization and benefits deriving from consulting with other professionals? What do we, as educators, need to keep in mind as we confer with parents and seek to build a collaborative effort to change unwanted behavior in order to deal with the emotional, social, or psychological problems of our students?

In-School Guidance

The last several years have seen the emergence of a new effort to promote counseling services at the elementary and secondary levels. Even those schools which maintained professional guidance staffs for testing and evaluating or academic and career advising have begun to experience the urgent need for

psychological counseling services for troubled students and their families. Borders and Drury have recently reported on this renewed interest in expanding counseling services at both elementary and secondary levels and they drew attention to the recent collaboration of the National Conference of State Legislatures and the American Association for Counseling and Development (AACD). Jointly, these two groups have issued a report advocating the creation of counseling services in all elementary schools. (Glosoff and Koprowicz, 1990; Borders and Drury, 1992) These authors sight a favorable climate for the development of services for children and families and the need for systematic planning, program evaluation and consultation.

The climate of accountability within which this is taking place is forcing counselors and school psychologists to take a close look at how best to deliver services and utilize their time. (Cole, 1988) It is important for the success of counseling programs, and is even more critical where programs do not exist, that teachers and school administrators become knowledgeable and involved in the support and maintenance of effective outreach to troubled students and their families.

Perhaps most noticeable is the development of group counseling programs. Counselors have been shifting their emphasis from testing, evaluation and individual counseling of difficult problem cases to small group guidance, prevention and collaborative efforts with teachers and parents. (Borders and Drury, 1992) Consultation intervention involves teachers and limited counseling staffs who work with a small number of students to assist them in adjusting to school, solving social problems, and academic planning; they also serve as contacts with parents. Advocates for these student advisory programs (e.g. Daresh and Pautsch, 1983; Gysbers and Henderson, 1988; Kornick, 1984; Kyrick, 1987) believe that the group advisory approach allows more students to receive counseling, and this in turn enhances the learning environment. All seem to benefit from this approach. Research on the involvement of faculty in student counseling and consultation with parents has demonstrated that students improve in academic performance, classroom behavior, motivation, and self-concept. (Bundy and Poppen, 1986; Conoley and Conoley, 1981, and Medway, 1982). Interestingly, those who consult and counsel also change. Teachers who became involved in working with student guidance and counseling create more productive learning environments, have more positive interactions with students and have more positive views of themselves as teachers (Conoley and Conoley, 1981). Parents, too, become more confident and improve their attitudes in such areas as child- rearing, child behavior, and parent-child communication. (Bundey and Poppen, 1986; Gerler, 1985)

Schools with guidance programs already in place will be in a position to implement suggested improvements and to advance programs of cooperation between parents and teachers. Some of the recommended reading will be

familiar to those who are already constructing effective programs utilizing cooperative arrangements. Schools without a guidance staff, or with a small one, and schools embarking on the construction of a program may find some of the guidelines for interacting with parents helpful.

What follows is intended for teachers who are not familiar with the literature or consultation, and for those staffs which would like to begin or refine their intervention efforts. Included are guidelines to determine when to advise a parent that professional or school services are needed, and to conduct discussions among teachers and administrators, that is, to engage in staff conferencing on students who are problematic. There are also some guidelines for difficult parent-teacher conferences. The chapter ends with a suggestion that schools can conceptualize these efforts on behalf of students and their families by forming "Whole Child Development Teams."

When To Recommend to Parents That A Child Needs Help

It is never easy to broach the subject of securing psychological help, but there are significant occasions in the course of teaching when it becomes necessary to suggest or strongly advise that professional psychological help be provided for the child. Teachers need not judge the need for family counseling or therapy, but certainly a good therapist will help parents understand that they need to be involved in the therapeutic process if the difficulties faced by the child at school and at home are to be remedied. Soliciting the support of the family for help, the educator is already paving the way for family involvement and intervention. Furthermore, since counsel or therapy for the child will impact the family system, child therapy is inevitably "family therapy," even if the parents are willing to have only their child enter counseling while not attending themselves. The following checklist can be used when we must decide if and when approaching a child's parents is necessary.

First, counseling is needed when the child's performance is far below grade level, when classroom behavior has become unmanageable, when the child complains excessively, or when the child seems unresponsive to normal interventions.

Second, counseling may be necessary when parents complain that they are unable to manage the child at home, that the child seems very unhappy, or that he or she is unresponsive to normal interventions.

Third, counseling is necessary when we have exhausted every intervention, strategy, or tactic that is known to us: when we feel overwhelmed, upset and angry beyond what we normally feel in such situations, and when we worry that the child may be getting worse rather than better.

Checklist To Assess When to Recommend That A Child Needs Help

A checklist follows. The more factors found applicable, the more urgent

is the need to encourage parents to seek professional or in-school assistance.

- Is this child unable to concentrate on school work?
- Is this child unable to get along with other children?
- Is this child working up to par?
- Did this child do something that stuns us or deeply disappoints us?
- Is the discipline or structure which we've imposed on the child failing to do the trick?
- Is the child unaware and unconcerned about the natural consequences of behaviors?
- Have there been sudden and unusual changes in this child's behavior, academic performance, or mood?
- Has the child complained excessively about not feeling well, not wanting to work, not being able to work, being unable to make friends?
- Has the child's defiance been so problematic that we have begun to resent the child's behavior and attitude?
- Is the child excessively reliant on an adult for coping with daily routine?
- Would you want to know about this behavior or problem if this were your child?

Informing parents of the behavior and needs of the child is only one step, however, in the process of determining an appropriate course of action when dealing with students who act out. The more difficulty the family has in meeting developmental and relational needs of a child, the more likely it will be that family dysfunctions (which we spoke about in the preceding chapters) will make cooperation with school personnel difficult and demanding.

Ten Steps In Case Conferencing

How, then, should educators prepare themselves for handling difficult cases? The following steps are designed to help educators determine their course of action at such times:

1. Determine who should be involved in the process. Begin with school personnel first, then involve parents. If the problems exhibited by the child are being felt in a number of places, that is, with more than one teacher, then it is more clear that those who are involved, or who are especially impacted by the child's acting out behavior should be asked for their input and cooperation. Who should call them together? The administrator designated as the responsible party for such cases, such as a school disciplinarian, or an assistant principal, should call involved teachers and parents together.

2. Before proceeding toward a decision on appropriate action, there should be a full discussion of problematic behaviors and concerns shared by all in attendance, i.e., what do the various staff members see and how do they understand and interpret the behaviors? Finally, what do they see happening

to themselves and in their own opinions and attitudes toward the child? Once these are identified, there will be basis for consensus on which the group can build. Without giving each adult who must deal with the child an opportunity to say what he or she sees, there will be no guarantee that the group can act in a cooperative spirit. All individuals should share what they know about a child's background and the stressors the child might be laboring under. Any information which is "public" can be shared, and that which is private and personal can be used with caution. Since the group is sharing information in the context of concern for the child, appropriate helpful statements can be made if the group has a true understanding of the child and family. Once such information is shared among school personnel, however, educators are professionally bound to refrain from disclosing it to anyone not involved in the case conferencing. It is important that administrators and counselors who lead such discussions and organize intervention strategies appreciate the ethical standards for dealing with confidential information regarding the student and his or her family. By approaching parents and seeking their permission for the school staff to discuss the child's progress or difficulties, school officials help eliminate a potential problem in the area of confidentiality. We need, however, to be realistic and honest. Teachers can learn a great deal about the private lives of their students and the families from which they come. In some schools, information is shared quite freely. Respect for the privacy of the child and family is always a consideration. But it is also important that those who are charged with helping the child be given the information they need to make the child's behavior understandable. Successful information will almost always necessitate parental cooperation, so that permission to discuss the information held by various persons is an appropriate way to begin.

3. Remember that differing views and opinions can be helpful indications of the complexity of the child's dilemma. While it might be difficult to arrive at a consensus on how to approach a troubling situation or deal with a difficult family, it is nevertheless important that the diversity of views be heard and that all be taken seriously. The more divergent and upsetting the spectrum of opinion on a child or family, the more likely projective identification and parallel processes are occurring within the staff. Outside professional consultation is always useful in these cases.

4. Strategies and suggestions should be concrete, and we should avoid using different strategies in different areas of the school. For example, if acting-out behavior will be treated in a particular manner, there needs to be a consistent application of the procedure in all aspects of the school, i.e., in the classroom, on the play yard or school grounds, and in after- school activities. Uniform application of discipline or behavioral expectation signals a united front and diminishes chaos and manipulation.

5. Determine ahead of time what will constitute realistic progress.

Pronouncements like "grades must improve," or "an attitude must change," or "all fighting must cease," are too vague. Grades must improve by how much, and by what date? How will we determine that there has been a change of heart? Does fighting include self-defense or arguing? In general, it is best to seek modest improvements at first. A student and a family can comply with modest changes and challenges, but may feel overwhelmed if the school is asking for something dramatic. Families who utilize therapy and work hard at improving the home situation with professional help will find it hard to break old patterns and to change negative interaction into positive ones. Remember that the intervention should be aimed at changing behavior and not at getting the child in touch with some deeper issue. The latter is a therapeutic goal and not necessarily one which is appropriate in a school setting.

6. Take time to assess what the group is feeling and experiencing. In order to stay on top of the projective identification and parallel process dynamics, the group leader will have to help the group process what all are feeling and how each is coping with the situation. This habit of reflection can be a very positive way of ending a time-limited discussion of a child causing upset or concern. The difficult, unpleasant, unwanted feelings which make us feel less than the professional educator or child advocate that we would like to be can be seen for what they are, (i.e., a measure of the depth of difficulty which the child is experiencing), if we take time to process the feelings which group consultation initiates within us.

7. Recommend to parents that they find counselors or therapists willing to work with the school in an ongoing manner. It is frustrating to educators that they refer children and families for help, and then never hear back from the family or the counselor concerned. How does the therapist know if progress is being made? How can the counselor appreciate the full extent of the child's acting-out behavior without regular contact with the teachers who deal with him or her on a daily basis? In some cases, a child spends more time with a teacher than with a parent, especially on Mondays through Fridays. Ask the parent to obtain a release form from the counselor or therapist so that contact between school and psychologist will be in keeping with ethical standards and will commence as soon as counseling does.

8. Prepare for consultations. When consulting with other professionals such as a child's doctor, psychologist, or social worker, it is wise to keep in mind that the more organized and thought-out the presentation, and the more clearly we can focus the discussion on the child and family, the more successful such consultations will be. When a professional psychologist is asked to consult on a case, the issue of parental permissions is always the first point of the agenda. Once that has been settled, it is best to give an objective description of the child (e.g., age, appearance, grade in school and academic-social ability level). Then, a brief history should be prepared which details the school's

concern and experience with the child and family, available information about the family background, and finally, some of the hunches or feelings about the child based on what is happening in the school setting. A clear statement of what brings this child to the attention and concern of the administration, teacher(s), or both is always a good way to begin. Feelings about the child are best saved for last. A good consulting psychologist will help sort our feelings, ask questions about relationships of the child and family with school personnel, and help clarify potential strategies for advancing the interests of the child in the face of opposition from teachers or parents who think or feel differently about the problem.

9. Determine when the group of concerned educators and others will meet again to assess the progress or new developments. While some may feel that individual case conferencing is too time-consuming, they might ask themselves how much time is spent on reporting, meeting, assessing, and strategizing outside of such group consultations. If all the time and energy spent over the course of days and weeks on discussing the child and family situation were spent instead in a focused session that included all interested parties, time might be better used. And, the results of a coordinated collaborative effort have a much higher chance of succeeding than piecemeal and fitful approaches at intervention, especially when carried out by only one educator.

10. Finally, make sure that relevant school and district policies are understood by all sides involved and have available the range of options for finding help and for alternative programs of instruction which might be necessary if behaviors continue to be disruptive.

This brings us now to a discussion of parent conferences. While these teacher-parent meetings can be difficult at times, they can also be professionally rewarding. Unfortunately, few teacher-training programs prepare educators for conducting such conferences.

Principles of Parent-Teacher Conferencing

1. The teacher should make sure that the principal is aware of any conference in which difficult information is to be shared or sought, or one in which a problem with the child is to be discussed.

2. If the teacher feels that his/her point will be bolstered by additional input from other sources (e.g. other teachers), someone other than the teacher should coordinate the event.

3. It is often helpful if someone is available for the parents to speak with just after the parent-teacher conference in which difficult information has been shared—someone who will simply listen and help them understand his or her own reactions.

4. These conferences are best understood as an equal partnership in which the teacher fosters an alliance with the parent in a collaborative inter-

action. The teacher assiduously avoids establishing his/her self as the authority, and does not present a definitive solution to an identified problem. This is so since the teacher is not aware of the systemic sources of the problem.

5. The goals of the parent-teacher conference are to (a) develop a rapport with the parents by offering a number of meetings over a period of time; (b) elicit the parents' understanding of the problem (however different from the teacher's or the school's perspective); (c) evaluate the parent's difficulties in acknowledging the problem. These difficulties are often the result of guilt, anxiety, a desire for perfection, or authoritarian struggles. All these are related to the parents' over-identification with their child.

Again, make a strong attempt to focus on observations, not on value judgments. Eg., "I noticed that your child has not been doing his homework lately." Or, "Catherine seems very tired and sleepy, finding it difficult to stay awake." These statements are preferable to: "Not having his homework done will result in a failure in this class." Or, "This is a sign that the boy doesn't care very much about school work at this time." Or, "Your daughter must be staying up pretty late." These latter sentences imply judgments and values which the parents will interpret as a reflection on themselves.

Keep the focus on the child. Parents will drift into a host of areas—schedules, relatives, personal agenda—all to avoid dealing with the issues, and to explain that they are not bad parents. Remind them that we are both interested in the child's difficulties and what we can jointly do to help. Our aim is to present a united concern so as to foster consistency between home and school in both social and academic expectations.

The teacher then needs to listen to the *emotional undercurrent* of the conference. To stick to the task of the conference without addressing the underlying communications of the parent can sabotage all the hoped-for gains. We need to be especially aware of several types of parents who will deal with us out of their own agenda, not the agenda of the child or the school. For example, anxious parents will relate to a teacher as their own parent, wishing and asking for a magical solution, and seeking to be cared for themselves. Parents in denial over- identify with their child and reject all criticism. In fact, all comments may be seen as critical and unacceptable to them. Narcissistic parents, on the other hand, will convey that they are entitled to extraordinary efforts and treatment on the part of the school. They will be critical that the school and others are not doing enough. And parents in crisis who are in the midst of important changes in their lives (as when a death has occurred, a business reversal, a potential or actual divorce is in process, or acute illness of a loved one) may otherwise be adequate and capable. At the moment, however, these parents feel stressed beyond their means and will seek advice on concrete steps which they might take to help them cope.

The Whole-Child Development Team

The model advocated in the above sections on consultation and intervention calls for concerted attention to the full range of needs of the child. Educators are not simply responsible for the academic, intellectual growth of the child. They are responsible for the whole child—the child's cognitive, affective, social, and moral development. To confine our efforts to the child's intellectual growth is almost impossible in those cases where the family has failed to provide for the child's developmental and relational needs. A child-centered school takes seriously its obligations to consider the impact of the family on the child's development. It does not seek to replace the child's family, but to be supportive by attempting to represent the child's needs to those who have become temporarily derailed in their obligation to provide the child with the environment needed for age-appropriate advancement.

A Whole Child Development Team, then, is any collection of concerned individuals, including the child's parents when they are able to join such a team, with responsibility for the child's well-being. The team's goal is to appreciate the full extent of the stressors in the child's life—from school, community, and home. It seeks to systematically investigate and examine the facts about the child as they are known in the context of the school. The team encourages a united effort at correcting unhealthy patterns in the child's academic and behavioral performance through a consistent strategy in the home and school.

A team approach also has the benefit of providing a forum for those dealing with the child to learn more about his or her dilemma, to develop strategies which are in tandem with those of other professionals, to relieve their own stress, and correct their own misunderstandings through professional guidance. When approaches to resistent children and families are weighed by a team and evaluated in light of past attempts at solving the problem, a realism and a lack of defensiveness develop. It is helpful for educators and others to know that they have acted on their best thinking, that they did not act irrationally, and that their intention has been in the best interest of the child in the context of the child's family.

Questions for Discussion by Faculty and Administrators:

1. What referral sources are available within the school or school system? Are these services responsive to our needs as teachers? To parents? Are students hesitant or eager to use these services?
2. Would we be willing to discuss our difficult children and families in a professional manner, that is, one which attempts to explain symptoms, behavior, the history of a problem and the ways it has been successfully and unsuccessfully handled?
3. How might we, as a faculty, function in groups as Whole Child Development Teams?

References and Recommended Reading

AACD School Counseling Task Force (1989). *School Counseling: A Profession At Risk* [Final report]. Alexandria, VA:

American Association for Counseling and Development. American School Counselor Association (1981) "The Practice of Guidance and Counseling by School Counselors." *The School Counselor*, 29, pp. 7-12.

Bordres, L. D. and Drury, S. (1992). "Comprehensive School Counseling Program: A Review for Policymakers and Practitioners." *Journal of Counseling and Development*, 70, pp. 487-498.

Bundy, M. L., and Poppen, W. A. (1986). "School Counselor's Effectiveness as Consultants: A Research Review." *Elementary School Guidance and Counseling*, 20, pp. 215-222.

Cobb, H. C., and Richards, H. C. (1983). "Efficacy of Counseling Services in Decreasing Behavior Problems of Elementary School Children." *Elementary School Guidance and Counseling*, 7, pp. 180-187.

Conoley, J. C. and Conoley, C. W. (1981). "Toward Prescriptive Consultation." In J. C. Conoley and C. W. Conoley (Eds.), *Consultation In Schools*, pp. 265-293. New York: Academic Press.

Daresh, J. C. and Pautsch, T. R. (1983). "A Successful Teacher-Advisor Program." *Middle School Journal*, 14, pp. 3-13.

Dinkmeyer, D. and McKay, G. (1976). *Systematic Training for Effective Parenting. Circle Pins*, MN: American Guidance Service.

Dinkmeyer, D., Sr. and Dinkmeyer, D., Jr. (1984). "School Counselors as Consultants in Primary Prevention Program." *The Personnel and Guidance Journal*, 62, pp. 464-466.

Gerler, E. R., Jr. (1985). "Elementary School Counseling Research and the Classroom Learning Environment." *Elementary School Guidance and Counseling*, 20, pp. 39-48.

Glosoff, H. L. and Koprowicz, C. L. (1990). *Children Achieving Potential: An Introduction to Elementary School Counseling and State-Level Policies*. Alexandria, VA: American Association for Counseling and Development.

Gysbers, N.C. and Henderson, P. (1988). *Developing and Managing Your School Guidance Program*. Alexandria, VA: American Association for Counseling and Development.

Huhn, R. and Zimpfer, D. G. (1984). "The Role of Middle and Junior High School Counselors in Parent Education." *The School Counselor*, 31, pp. 358-365.

Kornick, J. (1984). "Counselor Specialist and Teacher-Counselor: A Plan for the Future." *The School Counselor*, 31, pp. 241-248.

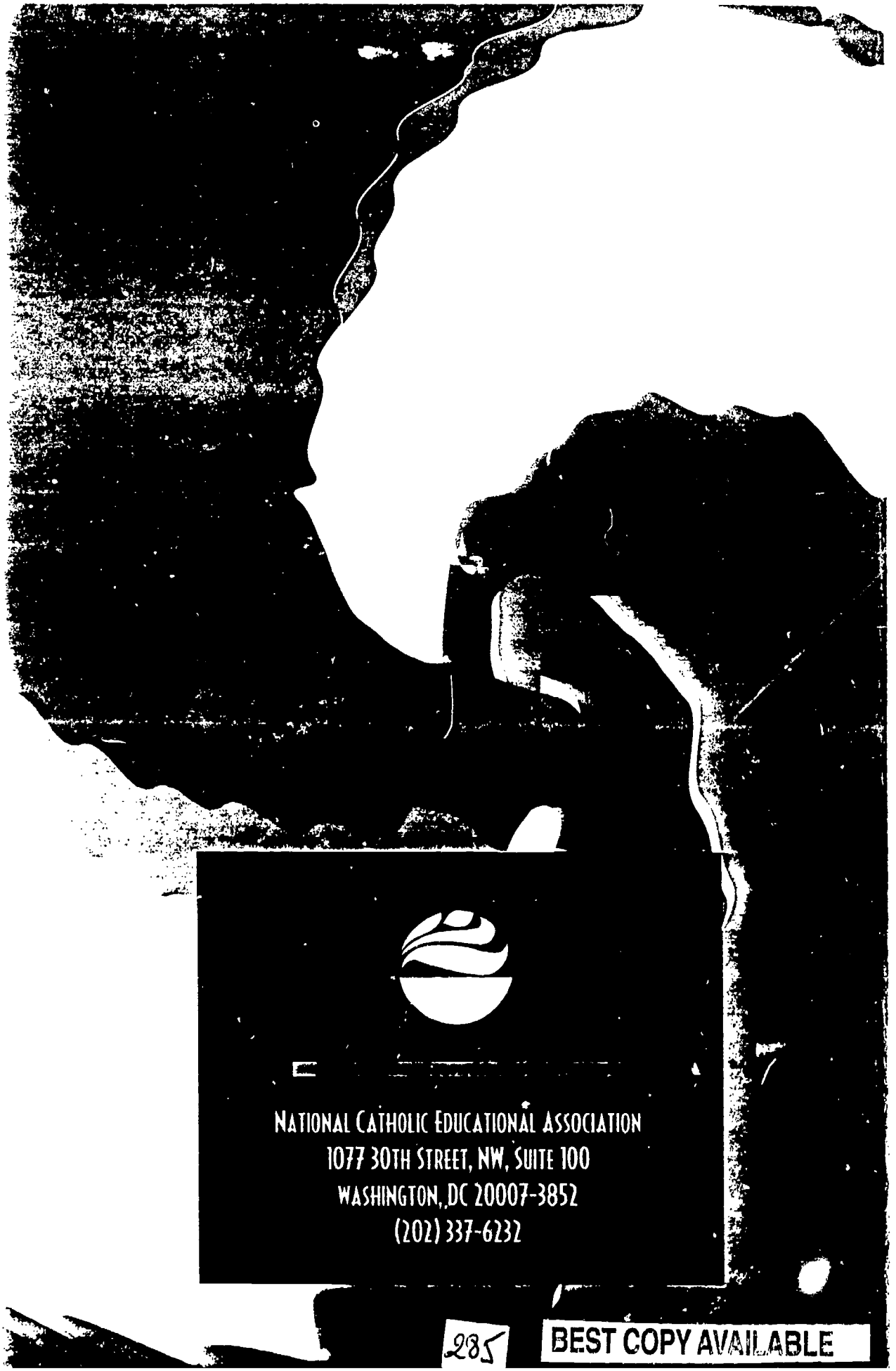
Medway, F. J. (1982). "School Consultation Research: Past Trends and Future Directions." *Professional Psychology*, 13, pp. 422-430.

Myrick, R. D. (1987). *Developmental Guidance and Counseling: A Practical Approach*. Minneapolis, MN: Educational Media Corporation.

Sheeley, V. L. and Herlihy, B. (1987). "Privileged Communication in School Counseling; Status Update." *The School Counselor*, 34, pp. 268-272.

St. Clair, K. L. (1989). "Middle School Counseling Research: A Resource for School Counselors." *Elementary School Guidance and Counseling*, 23, pp. 219-226.

Tedder, S. L., Scherman, A., and Wantz, R. A. (1987). "Effectiveness of a Support Group for Children of Divorce." *Elementary School Guidance and Counseling*, 22, pp. 102-109.



NATIONAL CATHOLIC EDUCATIONAL ASSOCIATION
1077 30TH STREET, NW, SUITE 100
WASHINGTON, DC 20007-3852
(202) 337-6232

BEST COPY AVAILABLE