Family MATTERS
A Guide to Parenting

ACKERMAN INSTITUTE
FOR THE Family
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Dedicated to the memory of Sondra Phelan

Ackerman graduate, Board Member and member of the Unique Minds Program

“They may rest from their labours; and their works do follow them.”
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WHY FAMILY MATTERS

Peter Steinglass, M.D.
Executive Director,
Ackerman Institute for the Family

For 40 years, the Ackerman Institute for the Family has been in the business of helping families achieve their potential. One of the major ways in which Ackerman serves metropolitan families is through its Treatment Center, the largest such clinic devoted exclusively to helping families. Innovative methods are used for clients with such issues as mourning, divorce, recovery from abuse, marital conflict, parenting problems, gender dilemmas and illness. The Treatment Center has increased Ackerman’s renown as an institute where family matters.

In 1997, Parentguide, a newspaper serving part of the New York community, recognized the Ackerman Institute for the Family’s expertise by inviting the Institute to submit a monthly series of articles on parenting for publication. Ackerman faculty, students and alumni contributed articles that addressed the problems of parenting today such as what to tell your children about divorce, how to reduce stress, how to celebrate holidays when parents have different traditions, how to collaborate with your child’s teachers and school—among many crucial topics.

Such a response is in the Ackerman tradition. Ackerman faculty educate through workshops and presentations all over the world. There is an impressive list of journal publications covering decades of research and treatment,
and extensive training workbooks for learning disabilities, families and AIDS, and the treatment of sexual abuse. The Institute’s bookcase currently displays twelve books authored or co-authored by Ackerman faculty. Clearly, Ackerman has a mission to share its knowledge with the local and larger communities.

As we celebrate our 40th anniversary, therefore, it seems appropriate to gather these essays on family and publish them as a collection. The title of this collection, Family Matters, is the theme of the Institute. Family matters in all the work we do. And we believe that family matters, first and foremost, to all of us.
“I’M AT MY WITS END,” said May Sinclair, a 28-year-old graphic artist. “Our four-year-old, Brian, is having temper tantrums. I’m exhausted from taking care of our new baby, Lena, and my husband, Pete, just explodes. He keeps yelling at Brian and almost hit him the other day. When I tried to calm him down, he slammed the door in my face and didn’t come home for hours. I’m on maternity leave now, but I have to go back to work in four months. I can’t leave things the way they are. I’m so depressed.”

“I am out of control,” admitted Pete, a 30-year-old salesman. “Everything is happening at once. Brian whines or carries on all the time, and May just doesn’t seem to have any energy. We’re a family of four now instead of three, and we haven’t made the transition. We need help.”

Their story is like many of those who come to the Ackerman Institute for the Family in New York City. Problems exist in all families, but when they persist over time, outside help may be needed to get the family back on track. Most families seek treatment after having failed to adjust to changing life circumstances such as a birth, death, divorce or remarriage. For example, if a husband and wife develop problems within the first few months after having a baby, it may be because the couple has not yet shifted from being a twosome to a threesome. A young mother can become depressed when she does not feel she is
receiving enough support from her husband or family. A new father may feel neglected or jealous of all the time and attention his wife is giving to the baby.

Families may also opt for therapy when a child is having trouble in school, temper problems at home or seems unusually sad or lonely. Tension and fighting between parents also have an effect on a child.

Developed in the late 1950s, family therapy is based on the idea that when one member of a family experiences a problem, it usually affects other people in the family. While other therapists treat individuals, family therapists believe that families as a group have untapped strengths that can be used to solve various problems. By including the family, treatment can be more time efficient and can help more family members.

...family therapy can be more time efficient and help more family members...

A family therapist is a person with an advanced degree in psychiatry, psychology or social work in addition to some special training in family therapy. Family therapists work both in agencies and in private practice. When interviewing a family, the therapist will ask questions to get a sense of the problem and how it affects everyone in the family. A family therapist pays attention to both the family’s problems and strengths. He or she helps the family develop a new understanding about the problem that brought them to therapy. Sometimes, just talking about the problem and seeing it in a different way can be enough. At times, the therapist makes suggestions or creates tasks to shift patterns in the family. Often, the problem can be solved in a few sessions. Length of therapy can be as few as three and as many as 20 sessions. The overall goal is to help the family operate in a way that is more satisfying to the family members.

In the Sinclairs’ case, the arrival of a younger sister affected Brian by making him upset and increasingly temperamental. Pete mistook Brian’s defiance for “babyish” whining. He criticized and punished Brian more than usual, thinking the boy needed discipline. Brian’s tantrums became worse. They affected May who became depressed because she felt helpless to deal with a new baby and change the situation.

To help the Sinclairs, a good family therapist would concentrate on the family’s strengths, not their weaknesses. What have they been doing well? What
challenges have they successfully managed in the past? What would a hopeful future look like?

In this case, the therapist met with the whole family during the first session to get an idea of how the family interacted. Depending on the therapist’s judgment, young children may or may not be included in the sessions.

Several subsequent sessions concentrated on Pete and Brian alone. Finally, the therapist met with Pete and May alone to discuss how they might better balance their attention between the two children.

In the sessions, the therapist discovered that Pete had had an excellent relationship with Brian in the past, and they were able to successfully turn the relationship around. Pete and Brian began spending more time together doing things the baby couldn’t do. Pete and May discussed how to show Brian that the baby hadn’t replaced him and that they still loved him. They also talked about how to include Brian in their relationship with the new baby. At their final family therapy session, Pete and May reported that Brian now talked about Lena as “our baby.”

**Tips for Families**

– If one member of a family is having a problem, it usually affects all the members.
– Choosing family therapy means that all family members will have attention paid to them.
– Sometimes, just discussing the problem from a new perspective may help.
– Other times, therapists will make suggestions or create tasks.
– The overall goal is to help the family operate in a way that is satisfying to all of its members

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Making Your Marriage Work
The key to maintaining a loving relationship

by Peter Fraenkel, Ph.D. and Peggy Papp, M.S.W.

Tim and Sarah, a married couple in their mid-30s with two young children, frequently argue about child-care responsibilities. Sarah, a part-time real estate broker, often feels she is left alone to take care of the children, Tim, a full-time software designer, considers himself a caring father and responsible husband. He becomes extremely defensive whenever Sarah complains about having to handle all of the parenting responsibilities.

During their last heated argument, Tim stormed out of the house. In a recent therapy session, Tim and Sarah agreed that the pain of these moments is amplified by their memories of earlier years together when they had been loving and supportive toward one another.

Sarah noted, “I feel betrayed by Tim in these moments—like I’ve lost my best friend.” Tim nodded in resigned agreement. He summed up their mutual feelings when he said, “We thought marriage would be an exciting adventure, but we seem to have hit the end of the road.”

While marriage is a great adventure, like most adventures there are some definite risks. Let’s start with the divorce rate. For the past 30 or so years, it has hovered around 50 percent for first marriages. The divorce rate is estimated to be at least 10 percent higher for second marriages. Clearly, for most people, changing partners is not the key to a successful marriage. Of the 50 per-
cent who stay married, researchers have found that only about half of the couples describe themselves as happy in their marriage.

Marital distress and discord are associated with a wide range of psychological difficulties, including depression, anxiety and substance abuse, as well as stress-related physical illness. High-conflict marital arguments can even lead to lowered immunological functioning.

For couples, transitions from one set of circumstances to another, and from one stage of life to another, can bring excitement and new opportunities, but also considerable stress. One of the most carefully studied transitions is the transition into parenthood. Although many couples adapt in resourceful ways to the challenges of raising a child, 75 percent report a significant drop in relationship and sexual satisfaction. Challenges include balancing time between work, childrearing and the marital relationship; new financial pressures; greater involvement of in-laws; and the need for more flexible gender roles, especially for dual-career couples.

…of the 50% who stay married…only about half describe themselves as happy…

Marital distress affects not only the partners, but also their children. Poorly handled marital conflict can lead to anxiety, depression, social, academic and conduct problems, and impaired physical health in children.

Fortunately, research has repeatedly shown that the quality of a couple's communication about problems is the factor that best distinguishes happy from distressed marriages and is also the best predictor of relationship satisfaction and stability over time. How a couple handles conflict has been shown to predict—with 80 or 90 percent accuracy—whether they will be distressed or satisfied, together or apart, one-and-a-half to three years later. Research indicates that it is not the number of problems, individual personalities or the degree of match between their values or opinions per se that distinguishes happy from unhappy couples, but rather how those couples talk about their problems and differences. This is good news because couples can learn communication skills that will prevent destructive spirals.

In our workshops, Maintaining a Loving Relationship, we teach couples how to identify destructive forms of communication as well as a technique for communicating and solving problems effectively. The Speaker-Listener
Technique was developed by Dr. Howard Markman and his associates at the University of Denver. Each partner has the opportunity to be the Speaker and the Listener. The Speaker talks for a few seconds, then the Listener repeats back what he or she heard and understood. The Speaker avoids the destructive patterns of blaming, criticizing, mind-reading and contempt (among others), while still getting his or her point across clearly. The Technique helps each partner get to know what the other is thinking and feeling and helps each partner feel emotionally safe to express himself or herself.

Problem solving—developing a creative plan of action that respects both partners’ needs and points of view—comes next. These techniques give couples the opportunity to use their differences to their advantage. Just as our two eyes create binocular vision and depth perception, each partner’s perspective on an issue, in combination with the other’s, can provide a richer, deeper understanding of a problem and a more complex solution.

Other workshop exercises assist couples in balancing responsibilities, seeing each other’s point of view and handling time pressures. But relationships are not just about the serious business of understanding expectations, adjusting to one another, managing responsibilities and solving problems. To maintain a loving relationship, couples also need time for fun, friendship, sensuality and sexuality. If couples make time for the pleasures of each other’s company, these experiences build up positive memories, leading partners to be more trusting of each other and more willing to address the “tough stuff” when it comes along. For instance, think about all the fun, pleasurable or sensual activities that you could do with your partner that last just 60 seconds or less. How about a 60-second hug, kiss, joke, friendly (or provocative) e-mail, quick foot or hand massage? How about running down the street together, dancing, looking at an old photo album, reading a poem, singing? Now, what if you did six of these “60-second pleasure points” in one day? Even this little amount of time—six minutes or less—can create a big change in how much fun and connectedness couples experience.

The key philosophy underlying all the exercises in our workshops is prevention. Without regular care and tending, without early detection and treatment of a problem, the flowers in your garden are likely to die. Like flowers, relationships need tending. Couples can learn skills and ideas and how to use their creativity and resources to preserve the strengths of their relationships while meeting the inevitable challenges that life brings. By doing so, couples will create a loving home and provide their children with the chance to see the meaning of marriage at its best.◆
**Tips for Families:**

- Learn communication skills that prevent destructive spirals
- Practice being the Speaker and the Listener: the Speaker talks for a few seconds, the Listener repeats back what he or she has heard and understood
- Avoid destructive patterns of blaming, criticizing, mind reading and contempt
- Help your partner feel emotionally safe to express himself or herself
- Develop a creative plan of action that respects both your needs and your points of view
- Allow time for fun, friendship, sensuality and sexuality

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Three-year-old Jessie eyed the large bowl of jellybeans. She gently touched the outside of the glass bowl as if to feel the sweetness of the shiny nuggets inside. Pensive, she seemed to be weighing her options. Then, a flash of insight. She scanned the assembled guests to locate her parents. Although her dad was closer, she made a beeline toward her mom whose skirt she yanked to get her attention. Her mother leaned over, and, after a brief exchange, the two walked toward the table upon which the jellybean bowl sat. Jessie’s hand was midair when Dad caught sight of her. “No!” he shouted as heads turned in alarm. Mom and Dad’s eyes locked.

What happened next? Did Mom say, “It’s okay, John, I gave her permission,” and did she wait until she was alone with Dad to explain why she had relaxed the sugar policy? Did Dad say, “Oh, okay,” and table his objections until Jessie was tucked in for the night? Or was it a showdown at the not-so-okay corral: Mom and Dad having it out while Jessie guiltily cowered under the nearest table? Or, did Jessie try her hand at a guileless form of marriage counseling by begging her parents to “Please, please, please stop fighting?” Or, perhaps she handled her upset by pummeling the nearest toddler.

By the time kids enter a couple’s life, most couples have established some level of cooperation. However, children compel us to raise the cooperation bar.
a few notches. And, happily, cooperative parenting pays off in terms of the couple’s relationship. Since parents will almost inevitably have different ideas about raising children, most come to realize that they will have to fine-tune their overall ability to cooperate if they are to raise healthy, happy, autonomous and loving people. For example, while Ellen and Josh avoided conflict throughout their marriage, their disagreement about whether to pick up the baby or to let him cry could not be tabled. Josh worried that Ellen’s “running in at every whimper” would spoil their son while Ellen worried that Josh’s “abandoning the baby” would turn their son into an insecure child. They consulted their pediatrician and read a couple of books that she had recommended. With the added information, they were able to come to a compromise that respected each of their positions. No longer so afraid of conflict, they were subsequently able to resolve long-standing problems in their relationship.

Cooperation is often colored by which parent is the primary caregiver...

Information, like that received by Ellen and Josh, may help couples resolve their differences. There is abundant data available regarding children and parenting. However, if parenting how-to books are used to attack one’s partner’s position, it’s likely that his or her opinion will become more entrenched. It’s far more productive to examine the process by which differences are discussed: Do you listen with an ear to considering new ideas, or do you listen while simultaneously preparing your opposing brief? Is the goal to arrive at a consensus or to be right? However passionately you feel about your opinion, it’s important to remember that consistency of expectations and rules and accord between parents matters as much as the particular method of child rearing. If friction between their folks is apparent, kids will be confused and feel pulled in different directions.

Parents are likely to have different opinions about how much freedom, discipline and nurturing their kids require. And, they may also differ about the relative significance of each. For example, Dad may feel that physical safety is paramount while Mom feels that autonomy is most important. When Rachel tries to climb to the topmost rung of the jungle gym, Dad rushes to stop her while Mom encourages her to keep going. Which behavior will Rachel select if she sees her folks arguing about her adventures on the jungle gym? Will she
climb down for Daddy’s sake or keep going for Mommy’s? Or will she freeze, not knowing how to get her parents out of the pickle they’ve created. And, while Rachel is formulating her own ideas about safety and autonomy, what lesson is she getting in how not to mediate differences?

Disagreements between parents are not, by the way, correlated with problematic relationships. Each of us brings unique clusters of ideas about how to parent that are related to our own family backgrounds and to our life experiences. Rather than wait until ideas collide and positions become polarized, it’s important to talk about the essential ideas each partner had in mind when he or she set out to become a parent, and from whence these ideas came. When these sorts of discussions are undertaken with the goal of understanding our partners and ourselves, they will liberate us from making automatic assumptions while deepening our commitment to the values we hold dear.

For example, you might consider whether you are unintentionally or deliberately repeating your folks’ pattern or whether you are determined to be different. Is either of these stances so fierce that when your partner takes a particular position with the children, you are reminded of how your parents treated you? If we automatically impose our memories of our childhood upon our kids’ experiences, their particular needs may be obscured.

When should parents attempt to resolve differences? Almost never in the midst of a crisis. If you cannot postpone settling the disagreement, take a “parent’s time out.” Find a spot out of earshot to have your discussion, and hopefully return with a mutually agreeable solution. If you can’t find one, try either parent’s preference as an experiment. Flip a coin if you come to an impasse. And, once the decision is presented to the child, resist the urge to sabotage your partner’s solution if yours is not chosen. If a huddle can be postponed, wait until the emotional climate settles down before having your talk. The couple in the first scenario, for example, might have had their jelly bean talk in the evening after Jessie had gone to bed. And, when parents are really practiced at cooperation, they may be able to anticipate difficult situations and prepare for them. For example, “We’re going to the Brown’s today and Ben is likely to get frustrated and angry when the older kids don’t play with him. How should we try to handle this?”

Cooperation between parents regarding child rearing practices is often colored by which parent is the primary caregiver. Until our cultural-economic conventions change (equality of employment opportunities for men and women, adequate family leave policies, etc.), women will continue to assume the greater proportion of childcare. In the meantime, couples who successful-
ly struggle with this issue often find that: (a) while Mom may want Dad to participate more, she also has to be willing to assume a less critical stance while he fumbles with the diaper, buys the toddler his idea of appropriate shoes or talks with a preteen about drugs in his own way, and (b) while Dad wants to become a more involved parent, he also has to be willing to occasionally give up an important meeting to stay home with a sick child or use his lunch hour to find the Beanie Baby so coveted by his daughter instead of assuming that Mom is the stuffed animal expert.

Finally, it’s helpful to remember that children are constantly developing new skills and keener perceptions of the world, which includes even more artful ways of pushing their own agendas. Just when we think we’re getting it right—responding as a team to difficult situations—their curiosity and natural inclination to test limits oblige us to recalibrate our responses and to fine-tune our collaborative efforts. Good parenting, which rests on parental teamwork, remains a moving target.

**Tips for Families**
- Talk about ideas and positions before they become polarized
- Resolve disputes in private or take a “time out”
- Try to anticipate difficult situations and decide how to handle them beforehand
- Suspend criticism when Dad takes over and does it differently from Mom
- Be flexible in covering for each other vis-a-vis sick children, shopping for presents, helping with homework and other childcare tasks

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IN WRITING THIS TITLE alone, I felt the keyboard “temperature” go up! This subject is so often contentious in families but with forethought and planning many of the pitfalls inherent in the allocation and supervision of chores can be avoided.

The most important first step is for you as parents to be clear about what your basic reasons for allocating chores are, what the consequences will be for their not being done, and then being well prepared to reinforce those consequences if things don’t go as planned.

What are the reasons you would like your children to do chores, how do you allocate them and what are the best strategies to keep a child on task? Parents need at the outset to understand and agree between them what they expect from their children and why. Negotiations around different expectations and compromising, if necessary, will go a long way towards avoiding future problems. For a lot of families, such expectation evolve in a natural way, but for a lot of families this discussion is essential especially with step-parents and children entering the family, changing expectations as children grow, and developing an understanding of each others philosophies around rewards and consequences. Having a united, sometimes negotiated, front from the start will help avoid the divisiveness that comes when parents don’t agree and inadvertently undermine each other.

Taking Out the Garbage: Children and Chores

by Fiona True
From my perspective, the philosophical goal of allocating chores should be to engender responsibility and confidence in your child and it is often this goal that backfires. In thinking about the appropriateness of a chore for a child pay attention to both their developmental level and yours! If you hate to remind someone to do something, you may also have to change. Too often confidence is eroded in a child because the parent expects too much in the allocation of tasks so be sure that your child is developmentally capable of carrying out the task. This means not only being big enough to carry out the garbage but also that your child is old enough to remember, most of the time, when a task should be done. Habits, good and bad, are formed by reinforcement and a child who receives encouragement and praise is more likely to develop good habits than one who is critiqued for forgetting!

Poor grades followed by yard raking are unlikely to result in A’s.

Often, children are asked to do chores for the practical reason that parents need help with the mundane aspects of the running of a household. Children also can make a contribution to the “community” of the family. As we all know, we have some tasks we enjoy doing more than other tasks and in helping a child develop good chore habits, offering choice can help eliminate the problems with disliked tasks. Rotation is another good solution if you have more than one child or even between child and adults. As a child I always had to cook the dog food—I still can’t bear the smell of boiling meat. My sister got the patio plants to water and if we had only swapped from time to time, I would have been less resentful and the dogs would have had to wait for their meal less often!

With a family of more than one child, giving status to a chore is a good way of having the younger children aspire to the task. Being the big girl is a huge incentive—remember how much you wanted to go on the bus to school! My youngest daughter couldn’t wait to peel vegetables like her big brother.

Family chore time can also ease the feelings of one or other of the children feeling burdened. Choose a time each day or each week when you all complete what it is that you have to do. Vacuuming is much less tedious if you have someone dusting along side you, or take a page out of Robin Williams’ (alias Mrs. Doubtfire) book and turn up the rock ‘n roll!
Most of you will be aware of the standard ways to reinforce habits using charts that not only list the chore by the child but by the day or time with boxes that can be checked off when the chore is finished. The usual system is to reinforce completion each week with a material reward and here I break from the standard system and suggest that time spent reading a story, a walk, or playing a board game together be offered instead. Not only does this promote connection at a time when families face competing stresses for time but it also promotes the feeling that chores are a part of being a family.

In terms of negative consequences the most effective solutions come from knowing your child. Link completion to something of importance and stick to your guns. The teen whose room resembles a burglary crime scene may well develop incentive if Friday night is set as the day for it to be tidy or else social activities are on hold until it is.

Avoid the use of chores as punishment. Poor grades followed by yard raking are unlikely to result in A’s. Address school problems with attention to study habits, extra help and meetings at school and address chore completion with reinforcements that have meaning.

Another pitfall with chores is when the parents get frustrated and resort to doing the task themselves. Resist this impulse! All children will fast learn that avoidance means being let off—tolerate frustration and gently insist that they do it!

An issue close to my heart and one that I urge you to pay attention to is the way in which we inadvertently reinforce gender roles in the allocation of tasks to boys and girls. Boys get the tasks needing strength, girls those requiring less physical effort. Boys clean and dice vegetables and supervise siblings just as well as girls and one day you will have your son’s wife thanking you, and your daughter changing her own flat tire! We are surrounded by the subtle ways in which girls and boys are urged to conform to stereotypes so try to avoid this in the sanctuary of their homes. ◆
Family Matters • Taking Out the Garbage: Children and Chores

Tips for Families

– Make sure your child is developmentally capable of handling the chore.
– Do some chores together as a family.
– Never use chores as a punishment.
– Set consequences for unfinished chores.
– Encourage your children to swap chores.
– Never finish your children’s chores yourself.
– Don’t reinforce gender stereotypes with chores.
  Boys are capable of cooking and setting the table. Girls are capable of raking and taking out the garbage.

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Collaborating in the Classroom
How to Form a Partnership with Your Child’s School

by Howard M. Weiss, Ph.D.

• A CALL FROM THE TEACHER or principal signals that your child is getting into trouble with other children.
• Your child’s report card shows significant problems in academic performance.
• The teachers’ comments on the report card make you worry that your son or daughter is seen as unmotivated or disinterested by teachers who may not be willing to help change that reputation.
• You recognize that your child is developing a strong interest in science or literature and you want the teachers to foster his or her curiosity in these fields.
• You have been worrying that your child is struggling with reading. You want to track the problem carefully with his teachers who keep saying hopeful things but do not respond directly to your concerns.

Any of these situations can frighten parents and heighten their desire to work closely with a school. However, to insure their children’s academic success and social-emotional development parents need to make a strong connection to the school. This includes: establishing a relationship with the teacher for exchanging information and resolving problems; being informed about the curriculum content and the types of learning activities the children experience; engaging in learning experiences with the child at home and at school; and keeping informed about the child’s progress.
The school is responsible for informing parents about the school program and helping them become engaged in their children’s learning activities. However, parents can also contribute to establishing a collaborative partnership with the school in support of their children’s learning.

Parents should view maintaining a good connection to the school as a fundamental aspect of parenting since it is so crucial to a child’s school achievement. They can begin by building appropriate relationships with the school staff working with the children. When parents share their knowledge about and hopes for their own children, they identify their children as unique individuals and family members for the teacher. This introduction makes the teacher aware of the parents’ recognition of his or her special importance for the child and for the family. A shared commitment to support our children’s learning and development is the basis for a meaningful partnership between parents and teachers.

Too frequently, parents view the possibilities of “working productively with the school” as an option only if they feel that particular teachers or administrators are approachable. This perspective makes a good working relationship between family and school too dependent on the idiosyncrasies of specific people. A more powerful perspective for effective family-school relations is one based on expectations that the school and its community of parents should routinely collaborate as partners to insure the children’s success. This view was powerfully communicated by IS 78 in Brooklyn which hosted next year’s sixth grade students and their families to an “articulation night” in May to welcome them to the school and to generate excitement about the academic program they will start in the Fall. Wanting to communicate their desire for partnership, the school clearly sent the message: “We can’t wait until September to meet you.”

Establishing such institutional standards of expectations for family-school relations is the task of both professionals and parents. Professionals need to take the initiative in communicating that they want a collaborative partnership so that norms and expectations derived from previously poor family-school experiences can be overcome. However, parents can change how teachers are willing to behave if they engage the teachers as individuals valued because of the meaningful relationship they will have with their children and through them the family.

Since 1980, the Center for Family-School Collaboration at the Ackerman Institute for the Family has been committed to helping schools restructure the climate of family-school relations to establish a collaborative family-school
partnership in support of all children’s learning and growth. The Center has worked with more than 100 New York City public and private schools as well as with school systems in the metropolitan area and nationally. The Center designs programs collaboratively with schools and districts seeking help in making the family-school relationship a fundamental component of the learning process. The Center’s model targets school-wide change as its ultimate goal so family-school collaborative activities are embedded in all aspects of how the school does its work. The approach is aimed at the parents/families of all children as opposed to a small leadership group. Thus all families have numerous and diverse opportunities to collaborate with their children and school staff in learning related activities throughout the year. Involvement in such activities over time creates an overall climate of partnership.

One school sent the message to next year’s students and families: “We can’t wait to meet you.”

The Center trains and consults with staff to enable them to engage school staff, parents/families, and students together in collaborative learning experiences as the means for building meaningful partnerships. Educators learn to use existing school events throughout the year as opportunities for child-parent-teacher interaction around learning. These events include: orientations, family-teacher-child meetings, and family-school problem-solving meetings. In addition, other family-school activities are designed as the means for dealing with specific concerns of a school (e.g., underachievement, improving the science curriculum, family-school conflict, college planning, high absenteeism, drug-use prevention, etc.). Students benefit greatly from these unique “climate-building” activities because they actively participate in planning, decision-making and problem-solving about their own school experience. They learn problem-solving skills in these interactions with their parents and teachers, who acknowledge the importance of their participation.

Including the child in family-school interactions creates the best context for working with school personnel. Children of all ages can be included in family-school collaborative activities as long as these events engage the children at appropriate levels. When parents include the child in these interactions with teachers or administrators, they demonstrate that they believe that all of the
adults have a shared vested interest in the child’s success as opposed to com-
peeting interests. Including the child establishes a context which emphasizes
the importance of these interpersonal and professional relationships in support
of the child’s learning and development. Parents want to know that the teacher
cares about their children and will tell them about any concerns they have;
teachers want to know that parents respect the importance of the teacher’s pro-
fessional commitment and effort on behalf of the children. Parents and teach-
ers can best communicate these messages to one another when they interact in
the presence of the children. They can also demonstrate the importance of the
family-school connection by using opportunities at home and at school to dis-
cuss with the children aspects of their learning experiences (e.g., using the
child’s journal, or discussing the school newsletter at home).

Teachers, parents and children can use collaborative discussions as a means
for resolving school problems like those described at the beginning of this arti-
cle. The aim of such discussions is to reach consensus about a concern or issue
(rather than blaming one another), and to arrive at plans that everyone can sup-
port. When parents are willing to work with their children and school staff to
make decisions and to solve problems, they will help create a general school
climate of partnership and openness.

The impact of family-school collaboration is best described in the words of
parents, teachers, administrators and children. Parents describe an increased
connection to their children’s learning as active participants: “This program
helps bring parents out and helps them to understand how kids learn and how
to teach them.” Dr. Jack Dexter, headmaster of The Day School, noted: “I
think it makes the institution a lot warmer. The children really feel that the
place is theirs, and that they are not in dyadic relationships with one life at
home and one life at school. When you connect up the school and family, you
really improve service to the children.”

A District 22 teacher commented: “The children know that their parents
and teachers are working together, therefore their work and behavior tends to
improve.” Finally, a second grader offered this statement about the impact of
the experience of collaborating in a reading program with her teacher and
mother together: “When I grow up and I have babies and they grow up and
want help, I’ll have to help them. It’s really important to do that! I’m going to
read to them and have them read to me.”
Tips for Families

– Develop a genuine partnership with your child's teachers.
– Find ways to communicate routinely with the teacher about the child's work and progress and not just about problems. Emphasize effort, accomplishment and strengths—not deficits.
– Read to your child or let the child read to you.
– Listen and respond to your child's ideas and questions.
– Find ways to validate the learning process and experience in school—asking questions about aspects of the day.
– Resolve school problems by collaborating with the teacher and your child together
– Collaborate with teacher and child in learning activities in the classroom as frequently as possible and share diverse educational activities at home.
– Avoid blaming—real problem-solving can never be built on a platform of blame.
– Understand the curriculum focus for each school year and the types of learning strategies to be used in the classroom. Determine ways you can enhance this curriculum at home.
– Use discussions including parents, the child and school staff to resolve learning or family-school problems.
– Start from the premise that there are no things related to your child's learning and growth which you cannot discuss with teachers and principal.
– Do not overlook opportunities to validate successful efforts of school personnel. They need to hear support for the good things they are doing.
– Share your special knowledge and insights about your own child with school staff (e.g., what motivates the child, special interests or talents, special needs, etc.)
– Do not be discouraged; persevere on behalf of your child.

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Friends Forever
Uncovering the dynamics of girls’ friendships

by Gene Gardino, M.S.W.

The following scenario could be played out in any 5th–9th grade classroom in the country:

Teacher: Cells are living things that compose all of the tissue...
Patricia (age 11): (to herself) Why is Janie being so mean to me today? Every
    time she gets around Emma, she acts like such a jerk.
Teacher: Each tiny cell has three main parts...
Patricia: Janie’s e-mail to me last night was mean. She tries to sound so nice,
    but in her own way she was trying to brush me off.
Teacher: Plant cells have cell walls that...
Janie (age 11): (to herself) I felt like a jerk for blowing off Patricia, but she
    just doesn’t fit in…I really like Emma, she’s so great. Everyone likes her. I
    don’t know what Patricia’s problem is.
Teacher: Plants and other simpler organisms also have cells with chlorophyll...
Patricia: I dread recess today. I wish I had stayed home.
Janie: Recess will be really awkward today…maybe if I run out ahead of
    Patricia, she’ll get the picture…or maybe I should go out with her at recess
    so I can sit with Emma at lunch.
Emma (age 11): Can’t wait for recess…
Teacher: Are there any questions so far?
The fictitious scenario above aptly describes the priorities of young girls within the context of school and life. Parents, teachers and other adults who interact with these girls on a regular basis should never underestimate the power of social forces among young girls. Patricia’s plight in the above dialogue is typical of the shifting sands of friendship that engulf nearly every young girl at one point during this crucial developmental stage. Much work has been done in the area of girls and social relationships. Nothing, however, can prepare parents for the pain they might feel when their young daughter almost inevitably brings home the anguish of social hurt.

In my work in an all girls’ school environment, a huge amount of my counseling time is spent processing and examining this hurt, contextualizing it and putting the young client back into the fray. According to a recent study published in the journal *Child Development*, stress in children from ages 8–18 may leave them more vulnerable to depression, especially in girls. The study investigated several potential stress-related factors for children including “peer and family relations, school adjustment and health-related problems” and concluded that girls experienced most of their stress from “relationship problems, including fights with peers, siblings or friends.” The lead author of the study, psychology professor Dr. Karen D. Rudolph, states that “Girls may have more intimate and close relationships than boys do. When something happens, it can be very stressful and disruptive.” According to the study, girls were more apt to experience symptoms of depression as a reaction to stress than boys. Those symptoms were “feeling sad, feeling like crying and feeling alone.” Some also felt unloved.

Dr. Carol Gilligan, author of the pioneering work on the moral and social development of girls, *In A Different Voice*, lays out a dual perspective (one for boys and one for girls) for one’s place with respect to others. Upon examination of how an 11-year-old boy resolved a moral dilemma in comparison to an 11-year-old girl in the same situation, Gilligan found that boys tend to use a hierarchical mode of thinking which enables them to extract the “moral problems from the interpersonal situation…” i.e., anyone following “reason” and logical steps would come to the same conclusion; the people and the relationships involved take second place. Girls, on the other hand, see a “network of connection, a web of relationships sustained by a process of communication.”

Dr. Gilligan describes the desire for young girls to be at the center of a web of connection, fearing being “too far out on the edge” of the web. Being disconnected from the “web” leaves girls “struggling to feel worthwhile.” In our opening scenario, Patricia is terrified that she is being pushed to the edge of
that web of connection, while Janie shows a clear understanding of the need for interconnectedness and closeness to the web’s center. Emma is presently enjoying a “center web” position. Her lack of appreciation for the responsibility that this position carries, however, could jeopardize her chances of maintaining that position as time progresses. Popular girls in middle school may well lose their status by high school if they wield it with cruelty or irresponsibility toward others. A young girl’s popularity is a fragile commodity that is wholly dependent on her awareness and nurturing of Dr. Gilligan’s “web of interconnectedness.”

…the meanness of preadolescent and adolescent girls...is defensive behavior.

What role does friendship play in girls’ development? Dr. JoAnn Deak, author of the book *How Girls Thrive*, and known for her lectures on the developmental hurdles of girls vis-a-vis friends, describes the ages of 0–2 as a time of “bonding with a significant other.” According to Dr. Deak, failure to bond successfully at this point does not bode well for future social interactions. During the ages of 2–3, children engage in “parallel play,” i.e., playing alongside each other without really doing any type of successful sharing. As language begins to take hold at age 3, the child begins to engage in “cooperative play” with other children. Dr. Deak goes on to describe the ages of 5–8 as a period of transitory friendships, a time characterized by “great fickleness” when children “sample” people as friends. She believes this sampling is very important and that children this age “should not be encouraged to have best friends.” She says that girls ages 7–10 form “friendship clusters.” These clusters are not so impenetrable as cliques but provide the first opportunity for exclusion and real social pain. Dr. Deak feels that during the ages of 10–12, the concept of “best friends” begins to take on great importance. Now that you have done your sampling, it is time to “zero in.” According to Dr. Deak, “Choosing a best friend is practice for future partnering and intimacy...girls never forget their first best friend.”

Dr. Michael Thompson, co-author of the books *Finding the Heart of the Child* and *Raising Cain*, and noted expert on child development and how it plays out in schools, emphasizes that “friendships are important for emotional well-being.” He indicates that good friendships in childhood are a vital
ingredient for one’s social and emotional health as an adult. Dr. Thompson speaks of girls between the ages of 8–12 as being in “cool training.” Friends determine what is cool and what is not and “gossip is the main source of interaction.” It is here, according to Dr. Thompson, that popularity and power hierarchies among children and girls begin to take on a preeminent role.

As girls and boys reach adolescence, separation from parents and individuation become their main tasks. For adolescent girls, a best friend in which to confide everything is essential and cliques form a template from which a young girl extracts characteristics of her “new” identity. Cliques can be seen as a way station between the “family clique” of early childhood and independence of adulthood. As a young girl begins to pull away from her family, she is in a very vulnerable position. She has shed the protection of the adults who nurtured her and ventured into an unknown world seeking a life apart from them. Yet she begins to pull away without the necessary skills, support and raw materials to construct a new self on her own. She looks to her group of friends to help her navigate the turbulent waters of separation and experimentation to find her true self. The group or clique is thus a crucial fixture of adolescent life. It is here that she begins to try on many identities to see which one fits her best—or which pieces of certain identities she can incorporate into her own repertoire of behavior and being.

It is also at this point that parents often feel that they have lost their little girl and wonder what happened to all the values that they worked so diligently to instill. If you did your job in this department when your daughter was a child, her values are still there. They have not disappeared, just gone slightly underground. Trusting your daughter, giving her the confidence to make mistakes in order to verify those values for herself is one of the most difficult tasks a parent may face. Seeing the clique as a necessary evil may also help you tolerate better the “aberrant,” clique-induced behavior of your teenage daughter.

One often associates cliques with mean behavior toward outsiders. According to Dr. Deak, the meanness of preadolescent and adolescent girls of one clique towards another girl not in their clique is defensive behavior. She says that these “new” identities that they need to try are “scary for them and they need to buffer around them to ease the fear...they can be very protective of their cocoon, very mean.” She describes 7th and 8th grade as years of “rampant meanness” for girls. While girls may need to be mean to find out the worst parts of themselves, i.e., to learn what they do not want to be, Dr. Deak strongly advises that they be held responsible for their mean behavior. According to Dr. Deak, the message to your daughter should in no way be that
she is a bad person, but instead that mean behavior is not appropriate. She goes on to explain that “…some of the nicest human beings were the meanest in middle school…they learned it (the value of niceness) there.”

The Parents’ Role

But what if your daughter does not fit the norms described above? What if she does not have a best friend when everyone else does? What if she seems to be on the social fringes of her class at school and she (not just you) is concerned about it? You can work behind the scenes with the school to arrange that she be partnered in a class project, on a class trip, as a lab partner, etc. with likely candidates for friendship. (Teachers work closely with your daughter and her classmates on a daily basis and can often make good potential friendship matches.) You can encourage (not nag) her to have a sleep over or to invite someone to go to a movie or concert.

…the best advice to parents…

is simply—Butt out!

Above all, however, the best advice to parents concerning the social “warfare” of their daughter is simply—Butt out! Do not lose sight of the fact that the ups-and-downs of friendship for young girls is natural and your daughter needs to learn the skills to address social conflict by trial and error. If she is not being victimized or bullied, becoming too involved sends her the message that she is somehow flawed or too incapable of dealing with peer issues on her own. It retards her social development by shielding her from the growth induced by success, failure and/or pain.

Friendship issues should not become the first topic of discussion when your daughter gets home from school. Mothers, especially those bearing their own scars from earlier social battles, may be more susceptible to intervening in their daughter’s social experiences. Interrogations about who-said-what/who-did-what hinder rather than help the healing and progress. Fathers, on the other hand, may oversimplify the situation, devaluing the pain their daughters are experiencing.

Give your daughter the confidence she will need to work through the details of a solution on her own by listening to and validating her pain. Listen to the details that she cares to give and follow that by saying something like, “I can
Family Matters • *Friends Forever*

tell this has really hurt you” or “How are you dealing with such a painful situation?” If she seems stuck, you might say, “I wonder if (blank) would help, but I’m just guessing because you would know better than I.” Always place the ball gently in her court for it is in this manner that she has the best chance to develop satisfying social expertise. You can follow up the next day or a couple of days later with “I was thinking about your difficulty at school. How are things going?” When she has success, albeit small, give her positive reinforcement: “Wow, what a good move! You learn fast when it comes to people!” Don’t make her every scuffle or falling out a major event in your home. Like the legendary Holy Grail, finding the richness and satisfaction of a solid friendship is an elusive, confounding, often disappointing yet ultimately rewarding quest. Keeping a respectful, supportive distance from your daughter’s social evolution is the most loving, healthy stance a parent can take.

**Tips for Families**

– Allow your daughter to succeed and fail on her own in social relationships
– Give her confidence by listening to and validating her pain
– Make suggestions only if she seems stuck
– Follow up casually by waiting a day or two and asking her how things are going
– Give her positive reinforcement when she has some success, however small
– Treat each scuffle or falling out casually, without making it a big deal
– Respect and support your daughter

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When Parents Help Make School Work

by Howard M. Weiss, Ph.D.

The beginning of school each year is a time of great anticipation and trepidation for parents and children. Our children’s education is important to us and we find that we must be vigilant and active to insure that the educational experience is “right.” Invariably, as the summer ends, we become so loaded down with logistical tasks which must be addressed immediately that our more substantive reflections about our children’s education are pushed aside. We must buy clothes and school supplies. We must make arrangements for transportation to and from school, for child-care, for after-school activities. We must organize our adult work schedules to accommodate the diverse needs of our children.

In the rare private moments that parents have at this time, they may reflect on their hopes and dreams for their children and on their progress in achieving them. Parents ask themselves a set of basic questions: Will my child get a good teacher? Will the teacher be a dedicated, nurturing, creative, challenging, intelligent professional who loves children, appreciates their strengths, and has high expectations for them? Will my child learn what she/he needs to proceed to subsequent stages of learning in elementary and secondary school—or, looking further into the future, for an ultimately productive adult life? Will my child be in a class with some of her/his friends? Will the teacher value me
as a resource and partner who wants to ensure my child’s positive development and academic success?

All of these concerns are on parents’ minds as school begins each year. What kinds of answers do our schools provide? What kinds of conversations and experiences can we have with school staff that will engage us as potentially significant partners?

…the teacher was extraordinarily lucky because she was going to have my treasure in her class…

Building collaborative family-school connections has been a focus for my professional work as a teacher, psychologist, and family therapist for many years. However, my perspective as a parent really defines the significance of events like the beginning of the school year for me. My own perspective became clear for me ten years ago when I arranged for my daughter’s first school experience, nursery school; this view has stayed with me since then. Friends had recommended several schools. My wife and I dutifully visited each one. I was not impressed by any of them though they offered reasonably good programs for young children. My lack of genuine enthusiasm for any of these schools concerned me greatly. Was it that I would never find a school good enough for my daughter?

At first, I could not put my finger on what I was looking for. Then we visited another school, where my daughter, who was typically reticent with strangers, responded with genuine interest and warmth toward the teacher-director. She crawled right into her lap, talked to the teacher about school and actively listened as we all discussed the experiences she would have there.

What had this skilled teacher done to create such an atmosphere of connectedness? She gave special emphasis to the relationship she wanted to have with my daughter and with us—not just in words, but in every aspect of our interaction. She made it clear that the school experience was going to include all of us. We were all going to be enhanced by our connections to my daughter’s learning experience.

The event clarified for me what I had been seeking and what I continue to seek as a parent in my child’s school. This perspective or attitude continues to shape my own expectations and hopes for her teachers on each first day of
school as they receive my daughter in their classes. What I realized was most important for me was that the teacher recognize the fact that I was bringing my treasure to her. As far as I was concerned, the teacher was extraordinarily lucky because she was going to have my treasure in her class! Here was an educator who seemed to fully realize the significance of this fact for me as a parent and for her as a teacher. To me, this is what the parent/teacher relationship is all about. And ultimately, the status of teachers is also enhanced when we all recognize the extraordinary importance of their position working with “the treasures” of all families. From this position, teachers have the potential to be very important people for each of these families. Their partnership around learning with children and their families is what can ensure the children’s academic and social-emotional growth as well as their own professional success.

I do not believe that many teachers actually start each year looking at their class register and thinking about the significance of having responsibility for teaching the “treasures” of thirty families. Furthermore, I do not think many parents and other adults think of a teacher’s role this way? But what if we did! Then the beginning of the school year might make us all reflect on our hopes and dreams for our children and on the complementary roles family and school staff play in achieving our goals. One of the national educational goals is for schools to create partnerships with parents/families in support of children’s learning. Accomplishing this goal will require that parents and school staff work actively together to create opportunities to share their hopes and dreams, develop common goals, engage one another in supporting learning at home and school as well as monitoring and celebrating their progress and successes.

What would it be like if schools were organized to communicate this important message to children and families and if families imbued teachers with this status? Certainly if schools wanted to communicate this powerful message, they would have to create activities that could be effective vehicles for ensuring that all the families of its community received the message. For example, in one school I worked with recently, staff and parents organized a picnic for the entire school community before school began with various activities designed to send this message (creating a school banner, informal dessert discussions with the teacher, teachers reaching out to new parents and children to talk about the school and to learn about the family). As part of the picnic event, they arranged to have a “school family portrait” taken including all the children, their families and the staff. This portrait was framed and strategically placed for everyone who entered the school to see. For the school community, this family portrait represented their commitment to be a family-oriented school.
The beginning of a new school year stirs me as a parent and citizen with hopes for how important achieving such family-school-community partnerships would be. I look to see if my daughter’s teachers approach the beginning of the year in ways that recognize the importance of this day for my family and other families. I also want teachers to find a way to show us their enthusiasm for the successful, learning adventure that they hope to experience with the new class. I also recognize that teachers need us as parents to signal to them that we understand what is at stake and that we must be active partners with them. We parents need to envision the learning environment we want for our children and work with the school staff to achieve it throughout the year.

Unfortunately, the general community context does not make this approach toward the beginning of the school year easy to take. Our communities and the media do not often celebrate the beginning of the school year as a time of renewal and hope. More frequently, during the first week of school each year, newspapers run articles and editorials about problems in schools—budget cuts, overcrowding, struggles between the board of education and the teacher union. These articles not only highlight the problems we must overcome, but they tap into fears parents and citizens have about whether our schools can work. Why is the focus so frequently negative? To be sure, there are many problems. National surveys like those by the Public Agenda Foundation tell us that parents, citizens without school-aged students, educators and community leaders all express concerns about public schools. They have doubts about whether schools are providing safe learning environments and are adequately teaching children the basic and advanced skills they need for the future. The climate fosters a sense of distrust and hopelessness among the populace that is not in keeping with the potentially unlimited possibilities that new beginnings can signal.

Therefore, I believe that we need much greater emphasis on how family-school-community partnerships can bring untapped resources to support our schools and our children learning. What do we want our schools to be like as they welcome our children this year? What do we have to do to ensure that they become the places we want our children to experience? Let’s not overlook the power of the image of families across the nation bringing their treasures to the schools each year. Let’s find ways to help parents and school staffs to recognize the potential power of this event at all levels of schooling. ☞
Tips for Families

– Establish a relationship with your child’s teacher(s) that is supportive and enhancing. Think of the things one does to create such a valuable relationship with someone and then do them!

– Become familiar with the physical and social environment of the classroom. Ask the school to work with you to create situations in which families in a classroom can get to know one another and the teacher. Learn about the classroom and school environment. Work with teachers to create opportunities for families to experience learning tasks in school and at home with our children. The whole community of the class can then validate together the importance of achieving a shared set of goals for learning and growth.

– Envision what the year has in store for our child. Get the information you need to form such a picture and think about how you can contribute actively to your child’s learning. Learn about teachers’ plans and special interests and ask how you can help them accomplish their goals for your child and the class. Find out about the curriculum plan for the year and the primary skills and knowledge areas that your child will learn. Set some goals for how you will provide support to the teacher(s) and school this year.

– Share your knowledge of your child with the teacher. Emphasize the high expectations you have for your child, your recognition of particular strengths and difficulties, and your knowledge of ways the child can be helped to move past perceived obstacles.

– Share with teachers and other parents your expectations for the learning environment—challenging, demanding, creative, supportive, friendly and even fun.

– Help your child establish daily and weekly routines not only for studying, reading, and doing homework, but also for discussing his/her life experiences, reading, ideas and feelings with you. Think of ways that your child can bring the benefits of these conversations back to the classroom.
Corinne was four years old when her sister Katie was born. Soon after Katie’s homecoming, Corinne developed bedtime problems. She threw tantrums and refused to go to sleep until she and her parents were totally exhausted. Corinne’s parents helped her with this expectable but difficult transition by setting up a special ritual. First, they promised to give her her own room and then began to talk to her about this special new place. They told her to pick out the colors she liked, emphasizing that this was a decision a baby couldn’t make. They also told her about the bedtime rituals they had when they were her age and promised her that she would now have the chance to enjoy these rituals in her new room. They even threw her a special party to celebrate her “growing up.” The night she moved into her new room, Corinne put on her pajamas by herself for the first time, climbed into bed and eagerly waited for the promised bedtime ritual.

Sammy has juvenile diabetes, which prevents him from eating cake, ice cream and candy. On Sammy’s last birthday, his mother devised a plan that both accommodated Sammy’s dietary restrictions and allowed him to celebrate like other kids. Since Sammy’s favorite food is chili, his mom made a big pot of chili and put 11 long candles in it. Sammy’s friends through the “chili birthday cake” was the best thing they ever saw, and later responded by

Celebrating the Family: The Importance of Rituals

by Evan Imber-Black, Ph.D.
having “chicken birthday cakes,” “hamburger birthday cakes,” and “spaghetti birthday cakes.” Through this ritual, Sammy could feel like a regular kid and announce what was different about him with humor.

Children are natural ritual makers. They love the pageantry and drama that accompany special celebrations, and they take comfort in the familiarity of repeating daily, weekly or seasonal rituals. Give the opportunity and a little guidance, children will imaginatively participate in the preparation and implementation of family rituals.

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...children love to hear stories about the rituals in which their parents participated when they were young...

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Sitting around the family dinner table and listening to stories about what dinner was like when Mom and Dad were children is fascinating to kids. Children love to hear stories about the rituals in which their parents participated when they were young. Our children instinctively know that rituals provide rootedness, while also helping us adapt to change.

Today’s children live in families that are different from families of 50, 25 or even 10 years ago. Single-parent, remarried, gay or lesbian-parented, intermarried, and two-career families require rituals that differ from the rituals of a generation ago. Today’s rituals need to both borrow from the past and be reshaped by families to meet their present needs.

All rituals contain symbols that embrace meaning—the Christmas tree, the menorah, special china, a beloved stuffed animal. They also have symbolic actions—the wedding procession, the candle-lighting, the repeated seating arrangements at a family dinner, the storybook that must be read just so every night—that are the drama at the heart of any ritual. Rituals occur at special times—an expected dinnertime, after-school milk and cookies, bedtime or a birthday, an anniversary or holiday. Preparing for this special time brings us into the ritual. And rituals occur in special places, whether it’s in your living room, at the kitchen table, in the backyard or in a church, synagogue or mosque. Entering this special space helps us draw a boundary separating ordinary life from our ritual life.

Rituals that stay vibrant and meaningful both draw on what’s familiar and make room for what’s new in our lives. We make rituals, capturing what we
experienced in our families of origin, while simultaneously inventing what’s relevant to our lives today. Rituals help us express who we are to one another and what we believe in and value. Powerfully, rituals both enable us to heal from hurt and losses and to celebrate.

The rituals in our lives contribute to our changing sense of self over time. They connect us to the generations that came before us, while simultaneously propelling us into the future. Our rituals link together our history, our present lives, and what we want most for our children and grandchildren. They magically reveal how we are like each other and how we are different.

Take a moment to think about a ritual in your family’s life. Imagine what this ritual will be like in your family’s future-tomorrow, next month, a year from now, 25 years from now. What subtle changes will have occurred? What major changes? And what will have remained the same? Are these symbols, actions and beliefs that you hope to pass on to your children? How will this happen?

The rituals in our lives connect us with what is universal in human experience, and with what is unique in each life, family and culture. I wish you meaningful rituals with all of the people you love. ♦
Tips for Families:

– Set aside time for special occasions and family celebrations

– Sit down together for some meals on a regular basis

– Note key life-cycle passages, e.g. graduation, anniversaries, in a special way

– Don’t let significant life events such as an illness, divorce or death overwhelm your family rituals

– Make room for creativity, spontaneity and novelty in your rituals

– Experiment with changing part of a ritual and evaluate the reactions

– Make sure that the prescribed roles in rituals are not more important than the meanings as well as the feelings of family members

– If you’re an intermarried family, honor multiple religious and ethnic heritages

– After a ritual is over, evaluate your sense of satisfaction and renewal of relationships

– Think about new rituals you’d like to create

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Jennifer could hardly keep from skipping around the dining room table as she waited for Christmas dinner to begin. Her mother had promised to cook all her favorite foods, just like she used to, and her grandmother was coming any minute. She had a surprise for everyone as she clutched the special book of Christmas carols she had learned in school. Everything would be perfect, she thought.

But, when the doorbell rang, her smile suddenly disappeared and she could hardly keep back the tears. It was her stepfather’s mother, and she had Jennifer’s horrible little stepbrother in tow. Jennifer had completely forgotten they were coming.

Nothing puts the landscape of family life in sharper relief than holidays. Somehow, whether because of what we “always” had, or “always” missed, fueled by the media’s suggestions of weeks of perfect planning and bliss, we all bring tremendous expectations to the holidays. It seems that certain days on the calendar require a magical aura in order to be measured a success. No wonder so many families experience an unusually high amount of stress around the holidays.

If a first marriage brings together people from two sets of families, a stepfamily may represent members from three, four or more families. How is all
this supposed to work? Here are three important suggestions to ease the transition for stepfamilies celebrating the holidays together.

Make the time and emotional space to address those who will not be attending.

One of the most difficult aspects to address, especially at the beginning of stepfamily life, is the sense of loss regarding the important people who are not present. For a parent whose child is eating Christmas dinner or lighting the Chanukah menorah with a former spouse, the pain may be very intense. This pain may be lessened, or exacerbated, by the presence of stepchildren.

...we all bring tremendous expectations to the holidays...

For children who remember holidays with both parents together, having to be with one or the other can be very difficult. As a result, the stepparent may “take the heat” in the child’s mind for making it impossible for the parents to reconcile. Some families may try to avoid the holidays altogether rather than face the pain and confusion of the transition.

The good news is that it is a period of transition, and most families will eventually adjust very well. There are many ways to smooth the transition. Talk with your children well in advance about the holiday, so they are clear as to where they will celebrate and who will attend. Most children feel less ambushed if they know in advance who is coming. Help them anticipate what the day will be like. Talk about what it may be like to have people they don’t know so well at the table and look for new, nonthreatening ways they can get to know new family members. Some children like the idea of interviewing stepgrandparents, or at least asking them questions about what they like about the holidays.

Provide suggestions for how children can share their feelings with the absent parent.

Some families celebrate two Thanksgivings or have an early Christmas on the years that they do not have their children with them. Other holidays, like Chanukah, have eight days that can be divided. Help your children call or write to the parent they will not be seeing.
Allow enough planning to address the logistical issues of including family members, especially children, who need to travel between households.

The logistics of getting the family together should not be underestimated and need to be an important part of the holiday preparation, especially if children are traveling any distance. Parents should talk well in advance about when the child will travel and with whom. If there are expenses involved, this also needs to be settled in advance.

Carefully coordinate your plans with your ex-spouse to avoid scenarios like the following: You’ve made all the plans to take your child to the holiday parade, then discover on that morning that your child’s other parent wasn’t planning on dropping your child off with you until after stopping by relatives for a holiday brunch. There’s nothing wrong with either plan, only that they can’t coexist. Arguing the merits of brunch vs. parade is likely to put everyone else on edge. Again, good planning is crucial. It’s hard for anyone to enjoy the day if plans have collided at the last minute.

Make a “place at the table” for all who attend, incorporating rituals and traditions that acknowledge the different family members in attendance.

There is a period of awkwardness to be anticipated when celebrating holidays in a new family. No matter how much one loves his or her spouse or stepchildren, there are things you just don’t know about people until you have celebrated holidays together. It only adds to the awkwardness to realize that you and your children know your routine better than you and your new spouse do.

But, it can be fun for families to come up with creative ways to get to know and include each other’s special requests around the holidays. Many children love to be included in planning special times. The adults in the stepfamily can call a family meeting at which each member can express his view on what he would like to include in the holiday.

One stepfamily recalled with laughter their first Christmas together. The wife and her children had always participated in a special ritual around opening gifts. So on Christmas morning, they opened their gifts one at a time and the gift giver was carefully thanked. At the same time, however, the husband and his children tore through their gifts as fast as humanly possible. No one had thought to discuss a method for opening presents because everyone “knew” just how it was supposed to be. We always take our own traditions as a given. Discussing in advance what is crucial to each person during the holiday won’t always result in perfect harmony, but it can avoid some uncomfortable surprises and lead to some creative compromises.
Tips for Families

– Plan ahead. Children and adults need to know where they are going, how they are getting there, who will be there, how long they are staying, and when and how they are getting home.

– Create new ways of celebrating such as two Christmases or splitting the nights of Chanukah so that children don’t feel torn

– Include children in the planning of the celebration

– Include old favorites as well as new innovations

– Help children contact the parent they won’t be seeing during the holidays

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MOST OF US LOOK forward to sharing the December holidays with our extended families. However, for those parents and children who will be celebrating the holidays alone, thoughts of the holidays can be daunting—if not depressing. Holidays and family gatherings are interconnected. What kind of planning makes sense for these families?

For starters, it’s worth bearing in mind the essential purposes of the holidays. First, they are opportunities to reaffirm our identity as a members of a family, religious and even ethnic group. We hang Christmas stockings, light the Chanukah menorah, put out muhundi (one ear for corn for each child) at Kwanzaa, attend religious services, and eat special foods. With today’s ever-increasing changes and disruptions, most of us—grownups and children alike—seem to have an even greater yearning for this sense of membership in a community. Secondly, the holiday rituals give us and our children a sense of continuity—by repeating our families’ time-honored rituals we link our current lives with the past, and feel comforted in knowing there will be more holidays such as these in the years ahead.

So, if you find yourself away from your family of origin, how can your holidays provide these feelings of affiliation and continuity? Some of us may need to create, or somehow reinvent holiday celebrations almost from scratch;
although the task may be difficult, there is a silver (not tinsel!) lining. By keeping the key concepts of connection and continuity in mind, parents are in the position of creating unique family rituals that will become a part of their children’s lives in the future. Celebrations can be tailored to their family’s particular needs, values and life style. The following are some guidelines that may make the planning easier.

Spend time with each other

Find or invent activities that bring you and your children together—whether it’s preparing a special meal, decorating your home, sending cards to distant relatives, or just sitting down with your kids to tell them about what the holidays were like when you were growing up. While planning your menu and decorating the house, try to find a balance between delighting children with surprises and including them in the preparation. And, while an outing to the theater if a movie makes the day exciting, be sure to set aside time for face-to-face—not just shoulder-to-shoulder—time with the kids.

Remember, your children will take their cues from you...

Share the holidays with other families of friends.

Sharing holiday festivities with one or more families or friends—who are in similar situations—allows us to create another kind of family. These chosen families can be just as loving and supportive as genetically related families. As you may have already discovered, friends without children often make the most cherished “uncles” and “aunts.” And, who knows, you may find that you and your friends may want to share other holidays in the course of the year.

If your family has been invited to take part in another family’s holiday gathering you may want to think about how your family—especially your children—will be received. One host mom, for example, told her guests that she planned to tell her family members that there would be special guests and that she hoped they’d share her desire to make the guests feel as welcome as possible. Several brought gifts for the guest children, and others were generous in their inclusion of the guests in their festivities. On the other hand, some families can be clannish to the extent that guests may feel outside of the “real”
family—more observers than participants. Therefore, try to anticipate what
the set-up might be like. Perhaps you might diplomatically discuss your con-
cerns with any friends who extend invitations. Most important, however, is to
remember that your children are likely to take their cues from you. If you dis-
tance yourself from the gathered guests, your children are likely to do the
same; if you join in, your kids will sense that they can too.

“In-house” rituals
In addition to sharing the holidays with friends, it’s also vital to create “in-
house” family rituals: make some part of the day a special time for rituals that
are just for yourselves and your children, and ones we can repeat in years to
come. On Christmas morning, for example, a mother who had recently moved
to New York and had few local friends, took out her family photo album and
invited her kids to help her turn the pages as she identified all of her relatives.
She and the children drew a family tree so that the children would be able to
see their relationship to other family members. She also told her kids stories
about her relatives, and about past holidays spent with her family.

One couple turned the usually perfunctory phone calls to relatives into a
more formal—and enjoyable—ritual by preparing the children for the phone
calls days ahead. Preparation included pre-calls to relatives in order to find the
best time to call. When the calls were made, the parents had photos ready to
help their children visualize the otherwise disconnected voices on the phone.
Also, if audio or video tapes are sent from far-away relatives, you may want
to save them to play at a special time during the holidays.

Love, not stuff
When parents worry that their children may feel lonely or deprived when
celebrating the holidays away from extended families, they may—with the
best of intentions—attempt to fix the situation by providing their kids with
numerous and expensive gifts and lavish outings. Isolated families are, there-
fore, more likely to succumb to the raging commercialism that threatens to
obscure the real importance of holidays. It may be helpful to remember that
children thrive when they feel loved, connected and involved in the daily and
holiday rituals of their families—no matter how small, isolated or unique their
families may be. ✦
Tips for Families:
- Plan activities with children in mind
- Include children in planning, but save some things as surprises
- Make sure to spend some real face-to-face time
- Include others in your plans
- Make a ritual out of calling relatives
- Give love, not stuff
LAST MOTHER’S DAY, MY young friend Anne Marie cried herself to sleep. The first year after what she thought of as her “failed marriage,” there was no one around to help her children set up a celebration. Her own mother had died when she was 18, and as the mother of three young children, she felt very alone. “I didn’t feel like a mother,” she told me. “I needed a mother myself.”

Michelle, a 44-year-old professional woman, had adopted a Chinese baby girl nine months earlier. “I always wanted to be a mother,” she told me. “But I didn’t imagine it would be like this. I don’t feel like a mother. I sent my mother roses for Mother’s Day, but I didn’t even think that Mother’s Day was for me as well.”

Virginia left her abusive husband less than a year ago. She fought valiantly for custody of her two young sons. Now that she has won, she’s filled with doubts. Can a woman raise boys to be men without a male in the house? Her mother-in-law says she will turn them into sissies—mama’s boys. Virginia certainly wouldn’t expect her boys to recognize Mother’s Day.

These are my Mother’s Day presents for these women and for the thousands of other courageous single women and their children:

1. You and your children are not parts of a “broken family.” You are a family—maybe not the traditional family of the 50’s but very much a family
of the late 20th and early 21st century. Your children are not your partners or your burdens. Children as young as three (and sometimes even younger) can not only accept, but enjoy that concept.

There are many old ideas out there to watch out for, such as the notion that children should be carefree, that sharing your life with children is to “parentify” them. There are also a great many ways to idealize the two-parent family. You probably grew up on “Father Knows Best” —just don’t get stuck there. For now, you know best.

2. If your children spend some time with their other parent—that’s great! You have some time to yourself. Enjoy it. After days with little children, time alone is a precious luxury—make the most of it. Don’t waste your time worrying whether he might be spoiling them or neglecting them. So, they didn’t have a bath. You did—a nice, luxurious bubble bath.

Don’t buy into the notion that boys need a male role model...

When you ask them what they did with Daddy, that’s only half the conversation. Share your story as well. So they went to the circus; you went to lunch and a grown-up movie. They had a good time without you. Terrific. You had a good time without them. What a great lesson for all of you! You might be a mother, but that’s not your whole identity. It’s never too early for your children to see you as a separate person. It’s too easy to lose yourself in the stereotype of a “good mother.” You are not June Cleaver. Be proud of it.

3. If there is not another parent in the picture, stop worrying. One good parent is more than adequate. You are fortunate to live in a time when rigid role expectations based on gender are being seriously questioned. A mother who works either because she has to or wants to is not a bad mother, just a busy person. You still need some time for yourself. A grandparent, aunt or sitter can help. The important thing is that you legitimize and actualize your own needs.

4. Don’t buy into the notion that boys need a male role model or they’ll grow up to be sissies, or that girls need a male love object or they’ll grow up unable to relate to men. Learn to value in yourself those so-called feminine qualities—openness, caring, sensitivity, emotionality, connectedness—as well as the strength and competence which enable you to do what you need to. Then pass all of these qualities on to your sons as well as your daughters.
Caring and competence is a winning combination for both genders—for you as well as your children.

5. *Last but not least, remember that you are not alone.* Many young children are now living in mother-headed households. You will find other moms like you in the playground, at preschool, in the supermarket, everywhere. Reach out, find ways to connect. Extending your network will help broaden your world and your children’s. Then join another or even two or three other families like yours, so that you can appreciate each other. Toast each other and join in celebrating Mother’s Day together.

**Tips for Families**
- Realize you are a family and enjoy the identity
- Enjoy your time with the children as well as without them.
- Share what you did on your “day off” as well as learning what the children did.
- Understand that one good parent is enough.
- Value your feminine qualities and pass on caring and competence to your children, regardless of gender.
- Extend yourself and join others

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Marge shook her head as the tears continued down her cheeks. “I don’t know what to do anymore,” she sobbed. “I’m exhausted, my parents are worn out. I’m scared for them and I’m worried about my son Timmy. He’s only seven years old and he’s acting so crazy. I’m afraid for him and I don’t know what to do anymore.”

Marge explained that her husband, Frank, had suddenly left her for another woman. She described the shock and disbelief that had engulfed her close-knit family. Her parents had always thought of Frank as their own son, she told me, and she was afraid that this calamity would cause her father to have a heart attack and her mother to have a nervous breakdown. She described their ongoing frantic and tearful discussions about money and about her two sons being brought up in a home without their father.

She told me that the weeks of crying had come to an abrupt end when the problems with Timmy arose. Timmy was having violent temper tantrums at home, three and four times a day. He was destroying furniture, throwing things and refusing to go to sleep, often keeping the family awake until two or three in the morning. He had once grabbed a knife from the kitchen, threatening to kill himself and a few times had run to the window threatening to jump. They had tried reasoning, pleading and placating him with treats and rewards, but

Feeling Down
Could your child be depressed?

by Gloria R. Klein, M.S.W.
to no avail. He was worse, she explained, after coming back from a visit with his father. They thought that he might have to go to a hospital and that he was having a “nervous breakdown.”

Our treatment for Timmy included working with the available family members. Frank did not respond to any suggestions of a meeting or discussion. We worked with the mother and grandparents to help them through their grief and anger. We helped the grandparents provide support for Marge in restoring structure to the lives of her children and the household. Marge and her parents became aware of how their conversations affected the children and worked hard to keep their composure and limit their discussions around them. Marge began to set goals for the sessions and insightfully suggested who should participate.

Family therapy is often the most effective treatment for a child with symptoms of depression.

As she demonstrated increasing strength, control and stability, Timmy’s severe reactive symptoms abated. As his fears decreased, Timmy was able to talk about how he had thought that his mother and grandparents were going to die. In the process of family therapy, he had learned that although they had been going through a tough and painful time, they would be all right.

This scenario, or its equivalent, has been played out many times. For parents, it may have begun with a notice from the teacher or baby-sitter, complaining that their son or daughter’s behavior has become problematic or of concern. More often, parents are already aware of persistent mood or behavior changes in their child, and the additional complaint just confirms their sense that something is wrong.

Children are typically thought to lead happy, carefree lives, but research studies, despite some differences, reveal otherwise. The estimate is that at any given time, as many as one in every 33 children under the age of 12 may be depressed. Like adults, they can experience occasional periods of sadness when things go wrong, when frustrated, disappointed or sad about a loss in their lives, and, as with adults, this feeling fades relatively quickly. In the case of some young children, however, their limited vocabulary, as well as a lack of understanding of complex concepts such as self-esteem and guilt, stands in the way of being able to put their feelings into words. We may then see chil-
dren whose feelings of pain and frustration are expressed by angrily acting out or by withdrawal.

“Normal” behaviors vary considerably from one childhood stage to another. It is often difficult to know whether a child is going through the tiresome threes, sulky sevens, latent adolescence or a more serious problem. A child’s depression, when mixed with other types of behavior, including hyperactivity, delinquency, school problems or psychosomatic complaints, may go unrecognized or be misunderstood, leading to a further increase in stress, symptoms and severity.

Causes of depression:

Ongoing research about the causes of depression examines the developmental roles of biochemistry, heredity and environment. However, there is controversy among those whose studies support biological factors as causative in depression. For example, some studies report that depression results from an imbalance of important chemicals in the brain and that, for some children, the causative factor is wholly chemical. Other studies describe a genetic predisposition towards depression and target this as a major risk factor when combined with stressful circumstances. There is also a “chicken-egg” controversy on whether biochemical imbalances cause depression or if depression causes the imbalances.

Adults sometimes forget that children are powerless and have little to no control over their lives. This can be a frightening and frustrating state of affairs to live through day by day, particularly under stressful circumstances. The loss of love or attention from someone whom a child is dependent on for care and nurturing may lead to a depressive episode. A parent struggling against his or her own depression frequently has difficulty demonstrating affection and communicating with his or her child. We might then see youngsters who are also exhibiting depressive symptoms. A chronic illness and/or hospitalization of a parent or child; a severe and limiting physical or mental disability of a caretaker or child; divorce; remarriage; learning problems; poverty; physical, emotional or sexual abuse; and witnessing domestic violence are additional risk factors.

The fact is that depression is the number one mental health problems in the world today. In this complicated world, depression happens to children as well as adults. It can cause pain and suffering not only to those who feel depressed, but also to those who care about them.

In the Depression in Context Project at the Ackerman Institute, our work is based on the premise that depression in children and adults evolves from a
A combination of social, cultural, interpersonal and biological factors. With the help of family members, we are able to explore a wide area of these factors and work together to use and strengthen the child’s and family’s resources to combat depression. Despite controversy regarding who or what is to blame, the good news is that depression is treatable and that for the mildly to the most severely depressed, help is available.

If you think that your child may be depressed, what can you do to help?

- Let your pediatrician know what’s going on with your child, and ask for a full physical check-up. Medical conditions or medications can sometimes produce behavioral symptoms.
- Encourage your child to talk to you by arranging for the two of you to spend time together involved in activities that encourage conversation. Doing errands, chores, reading or playing quiet games together provide opportunities for both of you to become more relaxed and for conversation to flow naturally.
- As you listen to your child, let him know that you accept and respect his feelings, although you might disagree with him. Taking your child’s worries and concerns seriously lets him know that you understand and will try to help. Avoid ridicule, belittling remarks (e.g., “That’s so silly!”) and telling him what and how he should feel.
- When the depression is reactive to an ongoing situation, it is important for the parent to intervene, rather than letting the youngster “tough it out.” It takes time for children to develop the maturation and skills to cope with perceived emotional or physical threats.

Where can you go for help?

In addition to reading matter that you can find at libraries and bookstores, there are many other sources available that may address your concerns. The Internet provides listings of organizations, reports, chat rooms, groups and other material about childhood depression and treatment.

Therapy options:

Family therapy is often the most effective treatment for a young child with symptoms of depression. It supports family cohesiveness and strengthens parental effectiveness. Other forms of treatment include play therapy, through which a youngster is encouraged to express his feelings and problems through play, and behavior therapy, which includes rewards for good behavior and techniques to extinguish negative behavior. Psychodynamic psychotherapy is
least often the treatment of choice since children are usually unable to engage in its process.

Medication is rarely considered for young children who are diagnosed with depression. However, if the depression appears intractable and/or there are indications of suicide, medications should be considered as an adjunct to therapy. It is always important for the parent to be actively engaged in knowing and understanding the possible effects of any therapeutic intervention before setting it in motion.

**Tips for Families**

Symptoms of childhood depression:

- a persistent gloomy mood
- apathy
- difficulty concentrating
- sleeping and eating disturbances
- sudden clinging behavior
- repeated temper tantrums
- irritability
- restlessness
- isolation
- aches and pains that don't get better.

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One Drink Too Many
How Alcoholism Affects the Entire Family

by Peter Steinglass, M.D.

Judy grew up in a family where there was a serious alcoholism problem. For years, her father would, like clockwork, engage in a weekend drinking ritual in which he would start drinking Friday afternoon. He wouldn’t sober up until he had to return to work on Monday. Family time “stood still” every weekend. A family that usually ate together never did so on weekends. Talking stopped. No friends or relatives came to visit. It was as if every weekend the family had been “taken captive” by alcoholism. Family members would go to their separate corners, and life would be suspended for 72 hours.

David’s memories are different. In his family, his mother’s drinking bouts were completely unpredictable. Whenever they occurred, they were accompanied by emotional and physical explosions as well. He remembers hiding in his room, hearing his mother bellowing verbal abuse at his father. He also remembers the many occasions when neighbors called the police because of their concerns that drunkenness would turn to physical violence with tragic consequences.

For Alicia, it was yet another story. She had two sets of memories about her father. There was the father who was there for her, a warm and attentive parent who praised her and in whom she confided. Then there was the father who, from time to time, simply disappeared. She would wonder where he had gone and whether or when he would return. But she also knew that she couldn’t talk
to her mother about it because all she would get in response to her questions were vague answers that only made her more fearful that something terrible and unspeakable was going on.

What these people share is that they all grew up in families struggling with alcoholism. But what even these brief vignettes make clear is that experiences with alcoholism are often different. For Judy, alcoholism was both a predictable and psychologically manageable event. For David, it was an overwhelming and devastating apart of his childhood. For Alicia, it was as if she had grown up with two fathers, not one. For David, alcoholism was a public event, one that spilled out of his house and into the surrounding community. For Judy and Alicia, it was a family secret, shrouded in mystery, evoking confusion, something ominous.

...as many as one in seven adults in the U.S. has a serious drinking problem...

Alcoholism is an extremely frequent problem in families. Surveys of drinking behavior in the U.S. indicate that as many as one in seven adults (15 percent) has a serious drinking problem. After anxiety disorder, alcoholism is the second most common psychiatric disorder among adults. It is significantly more common than many of the disorders that receive the bulk of attention these days, such as depression or learning disabilities.

It is also a public health problem of the first order. Its impact goes far beyond the medical and psychological consequences it has for the individual who is doing the drinking. Alcohol abuse is the single most prevalent cause of vehicular homicides. It has a strong association with child abuse, incest and wife battering. Alcoholism has profound economic consequences, not only because of absenteeism but also because of the number of industrial accidents that occur when workers are intoxicated.

It is extremely important to remember that alcoholism is a familiar condition. For example, if you are the son of an alcoholic father, you have a four times greater likelihood of becoming an alcoholic yourself than someone who doesn’t have an alcoholic father. If your are an alcoholic woman, there’s a 40 percent likelihood that your father was also an alcoholic. The message is clear—if you have an alcoholic parent, you are at a very high risk of having alcohol problems yourself at some point in your life.
Many people will read these statistics and experience feelings of helplessness. Such feelings are exactly the wrong response. Being “at risk” doesn’t mean you can’t take action to improve the odds of protecting yourself against alcoholism. But to do so means recognizing and confronting five popular stereotypes about alcoholism, all of which are false.

First, many people continue to think of alcoholism as a moral failing—a “weakness”—rather than a disease. They think that self-discipline and improved personal values are the answer. The fact is that alcoholism is a complex condition caused by a combination of biological and psychological factors.

Second, many people are unaware that there are many different forms of alcoholism. Instead, they think that alcoholism always looks the same. Thus, if someone doesn’t match the stereotypic image of what an alcoholic should look like, there is no cause for worry. But as the experiences of Jane, David and Alicia make clear, there are many different types of alcoholism, just as there are many different types of cancer. Some types of alcoholism probably have a genetic predisposition; some don’t. Some types of alcoholism are associated with violent, antisocial behavior; some aren’t. Some people with alcoholism problems will have withdrawal symptoms if they try to stop drinking; others won’t.

Third, many people think there is little one can do to prevent alcoholism. Their attitude is that if someone is destined to have drinking problem, all they can do is wait for it to happen and then hope they can treat it afterwards. But the real answer to dealing with alcoholism effectively is to focus our efforts on prevention. This means much stronger efforts at public education, early detection and overcoming public stereotypes about drinking.

Fourth, many people think Alcoholics Anonymous (AA) is the only way to treat alcoholism. AA works well for some people, but not for everyone. Others need additional therapy along with attending AA groups to keep their drinking behavior under control. Still others find that the AA model is not useful for them. What is most important to keep in mind is that there are many different approaches to the treatment of alcoholism. Just as there are many different types of alcoholism, there must be alternative ways of approaching treatment.

Fifth, but maybe most important of all, many people think of alcoholism as a personal failing, and therefore it’s something that the individual must handle by him or herself. This couldn’t be farther from the truth. Alcoholism is a chronic condition. As with all chronic conditions, be they medical problems, serious psychiatric disorders, learning difficulties in children, or a long-standing economic hardship, people handle such problems much better when they tackle them together. One way of successfully tackling alcoholism “together”
is through programs like AA. But equally important is to make sure that families are actively engaged in the process. Some families will do this by becoming involved in Alanon programs—a self-help program for family members of alcoholics, analogous to AA. Others will do so by becoming partners with their alcoholic relative in a program of psychotherapy. Whatever the path, the key is to be actively involved in shaping the future.

Suppose you are worried about your own level of alcohol consumption or that of a family member. What should you do in such a situation? The first step is to raise your concern openly, rather than hoping the problem will “just go away.” In some families, people are accustomed to raising tough issues and asking direct questions. For this type of family, the approach should be a direct one:

“I’ve noticed we seem to be drinking much more lately. What do you think?”

“You really drank a lot last night. That was the third time this month you went over the edge. I’m worried.”

...alcoholism tends to be underdiagnosed by both therapists and physicians.

The goal here is to raise the issue, compare notes and develop a plan for what to do next. One plan might be to see if drinking could be substantially reduced over the next month. Or it might be to talk to relatives and close friends about your concerns, and get feedback from others about the drinking behavior. Each family will develop its own plan. The important thing is that some direct action is proposed and carried out about facing drinking head-on.

In other families, open communication about problems is not customary. For them, the first step probably will be consulting a professional about what to do. This is a perfectly reasonable alternative, but it is very important to keep in mind that many physicians and mental health professionals are inexperienced in dealing with alcoholism. So if you decide to go the “professional route,” make sure you ask about the professional level of experience in diagnosing and treating alcoholism. Remember that alcoholism tends to be underdiagnosed by both therapists and physicians. (In some studies, doctors missed the diagnosis of alcoholism in as many as three out of four cases.) Help is available, but you must take an active role in finding someone with the right credentials. Make sure that when you go to speak to a professional, you go as a family. That way, the therapist or physician will get the most clear and complete picture of what
is going on, and the family is much more likely to get the help it needs.

These same issues apply to the question of how to talk with children about a family member’s drinking problem. Make sure children are included in the family discussions about alcohol. They are already worried; open discussions come as a relief, not as a source of anxiety. If you consult with a professional, bring your children along as well. They are often a wonderful source of “data” about what has been going on in the family and may even be the strongest advocates of the family to do something about it. Alcoholism is a family problem, best solved by the family together.

**Tips for Families:**

– Don’t hope the behavior will “just go away”
– Recognize that alcoholism is a disease
– Recognize that alcoholism is a familial condition
– Recognize that there are many different forms of alcoholism
– Recognize that there are many different treatments for alcoholism
– Don’t hope that the alcoholism will “just go away”
– If possible, raise the issue of alcoholism directly
– Develop a plan for what to do next
– Propose direct action
– If necessary, see a professional
– Make sure he or she is trained in diagnosing and treating alcoholism
– Involve the whole family in discussions about the problem
– Bring children to family therapy sessions

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HE COULD BE HEARD all the way down the hall. “I hate my name! Don’t call me Daniel. I want another name. I want Joey’s name (his two-year-old broth-
er).”

Daniel is five years old and he has leukemia. His face is yellow and he is losing his hair. When I ask his parents what the problem is, they respond in whispers as though Daniel can’t hear them.

The problem is the constant fighting between Daniel and his mother. The father says they are both five years old. The mother agrees. But neither parent knows what to do. Their son acts like a tyrant who is very sick and unhappy. The father and the boy speak to each other in a kind of secret code that only they can understand. So the mother is on the outs with her son and her hus-
band, and the father has an exclusive closeness with his son. This is not a sur-
prising scenario in a family where a child has a chronic illness. Instead of fam-
ily alliances shifting as circumstances dictate, they get stuck. It is as though the family becomes afraid to move.

At the Ackerman Institute for the Family, we have found that when a child is first diagnosed with a chronic illness, helping the family talk can bring everyone together. First, the family must talk to the child, starting with answering his or her questions. From there, additional information can be
given piece by piece. If you try to explain the whole illness as you would the solar system, you will confuse the child even more. Try to begin with what the child knows. Ask your child, “What do you think has happened?” Then you can correct information before adding to it. Explain each piece in simple terms: “Your illness affects the blood and you need medicine to help your body fight the illness that will sometimes make you tired.” End these conversations with reassurances that everyone in the family is there to help.

It is vital for parents to share caretaking tasks as equally as they can...

If your child can still attend school but must be absent from time to time, help her plan ahead about what she will tell friends. For instance, “I have to rest sometimes after taking my medicine, but you can call me or maybe even bring me my homework. I’ll be back to school.” When the situation changes, perhaps because someone teases your child or he must wear a hat, help provide your child with an honest, simple explanation to give to peers. Your child must feel comfortable with the information because his social group is very important to him and he will rely on their support throughout this time.

Talk to her friends’ parents. It’s important for you to be clear with them that she is not contagious so you can plan play dates, make phone calls or send notes back and forth. That way your children will feel caught up in activities that are important to them. Give up as little as possible—plan and go to birthday parties, shop for new sneakers—do whatever you child is up to, whenever he can.

The family must also talk to the doctor and other health professionals, close family members and friends, and a hospital social worker, if the child is hospitalized. It’s also a good idea for everyone in the family to talk about the future together because that allows you to look forward to a time when the illness may be under control and normal life resumes. Talking together also helps turn anxiety into questions that can be answered and shared. It’s important to gain the mutual support that will come from sharing the illness experience with others who care about your family. Together, with outside support, the family will discover they have many resources “to fight this thing.”

Initially, the family needs to find out what to do about the illness. It is difficult at the outset to continue planning for ongoing future events such as trips or school meetings. Many things may be put on temporary hold, including, unfortunately,
the needs of other children in the family. But, after educating themselves about the ups and downs of the illness, family members will be eager to know what they can do to help as well as what time requirements they should expect.

If this is a crisis illness or a management illness such as asthma, diabetes or epilepsy, everyone in the family can help when a crisis occurs. If the other children participate around the crisis, it will relieve their own anxiety. Even very young children can have special helping tasks.

It is vital for parents to share the caretaking tasks as equally as they can to make sure that one parent doesn’t become the delegate of the illness: the parent who is always speaking to the doctor, tending to the ill child, and is consequently rarely available to anyone else in the family.

Additionally, when the tasks are shared between parents, then someone is always free to see to the special needs of the other children. Life does go on and it’s very important that well siblings feel they can ask for and receive their parents’ time and attention. Some of them may be concerned that they too may become ill and need steady reassurance that they’re okay. Many well siblings who have grown up in households where an ill child received all of the parents’ attention describe having to struggle hard later in life to express their own needs. So don’t depend on your other children to be okay. Take care of them too, for they have their own worries and needs.

Finally, don’t forget that if all goes well, the child will be able to return to regular life and the family will take up its normal developmental course. To help Daniel’s family with their feelings about being overwhelmed, we asked the family to construct one day each week for Daniel where various family members did things that Daniel loved and had chosen: some sang his favorite songs, his grandmother read to him, his father built a model airplane with him, his mother baked cookies, and he and his grandfather played Candyland.

No matter how sick Daniel was, these events took place, even if he was in a medication coma and they had to take place alongside his bed. The idea was that the family’s experiences were larger than the illness. Family members looked forward to their time with Daniel, which took place each week. Bright or dull, like the sun, it was there.

Three years have passed since the yelling in the hall. Today, a bright-eyed boy sits before me. It is Daniel. I ask him which new change in his life he likes best and he says, “I like my name, Daniel. Daniel is a really good name.”
**Family Matters • Life Goes On**

**Tips for Families:**

– Let friends or extended family occasionally care for your sick child and other children
– Parents should spend time together to maintain intimacy and support
– Learn to agree about decisions that surround your child’s treatment
– Parents should be sensitive to each other’s anxiety barometer
– As soon as your child is able, let him manage some part of his illness such as counting pills or telling you when it is time to take them
– Touching, stroking, holding hands and smiling are the deepest reassurances we can give each other

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When Mommy Has a Boo-Boo
How to help children deal with a parent’s illness

by Barbara Russek, Psy.D.

Susan, age 8, was excited at first that she would be able to stay home from school and play at her aunt’s house while her mother was in the hospital for a short stay. This plan seemed convenient since her aunt lived a distance from Susan’s school. However, when her aunt noticed that Susan was listless and unhappy at home, she changed the plan and decided to bring her to school each morning. Susan’s teacher reported that Susan told several peers and the teacher about her mother’s illness and participated fully in the day’s activities.

• Sara, age 4, and Jacob, age 6, knew their mother was going to the hospital to have a “boo-boo” fixed, and that they would not be allowed to visit her. They decided to draw her pictures she could hang in her room so she wouldn’t miss them too much. They each gave her their favorite stuffed animals to hold while in her hospital bed after surgery.

• During a play session with a dollhouse, Jonathon, age 4, whose mother had breast cancer, enacted a scene of a sick mother being comforted and cared for by her children. When the teacher repeatedly asked “and then what happened,” Jonathon sidestepped the question, revealing his understanding of the uncertainty about the outcome of his mother’s illness, although this uncertainty had never been discussed openly with the children in the family.

When a parent becomes ill, family members often wonder what to tell
young children. Is it best to protect them by sending them off on a visit to Grandma and concealing the illness? Should a parent’s absence be explained as a vacation? Or, is it better to be open and tell children the truth? In that case, how many details should be provided to answer the children’s inevitable questions? Does it matter if conversations about the illness and treatment decisions are held in front of the children, when they probably don’t understand what is being said anyway? In the case of severe illness where the prognosis is uncertain, how is it best to respond to questions about when Mommy or Daddy will get better and come home?

At a time when they are feeling ill and preoccupied with worry about themselves, it may seem overwhelming for parents to have to deal with their children. Yet including them in an age-appropriate manner may provide unexpected support to an ill parent while offering an opportunity for the family to draw closer together and for the children to master their fear and anxiety.

Young children are most often concerned about the effect a parent’s illness will have on their daily routines. Who will take them to and from school? Where will they eat dinner and who will help with their homework? Can they still go to their best friend’s birthday party? These concerns are not a sign of selfishness or indifference. Rather, they reflect that one of the best ways to help children feel secure during a family emergency is to reassure them that many aspects of their life will stay the same, and that they will remain connected to the familiar people and places outside the family that make up their world. Providing in advance, simple, clear explanations of any changes that are going to occur in their routines, can also help things go smoothly for children. Allowing them to have a say in making the plans can enhance their sense of participation and control of events that often seem beyond anyone’s control.

Keeping siblings together whenever possible provides additional support.

Deciding how to handle sharing the details of a parent’s illness and prognosis can often be the most difficult part of helping a young child. For infants and toddlers, the main issue is coping with the impact of the decreased availability of mother, either due to physical separation or to her tension and preoccupation over her own, a spouse or a partner’s health problems. Minimizing separations from the usual caregiver whenever possible or providing a familiar substitute caregiver will reduce stress on very young children.

Older children, however, usually have many questions and fears that will need to be addressed. Whether a family chooses to explain a parent’s illness and treatment openly will depend on many factors, including the family’s past experience with illness; the children’s personal experience with hospitals,
surgery and treatment procedures; and the children’s and parent’s level of anxiety and comfort with open expression of emotions. Something else to consider is the likely impact on other people (relatives, friends, peers) should children share details of the illness with them. Even when parents have elected to keep the details of an illness secret, children may show uncanny awareness of the actual situation.

Children are often concerned about the effect a parent’s illness will have on their daily routines...

Parents need to keep in mind that providing details of their illness to older children while attempting to conceal them from younger ones may place older siblings in an awkward position. Families might consider the alternative of open discussion with the entire family in terms young children can understand. Emphasizing hope and confidence that the doctors are working very hard to help Mommy or Daddy while acknowledging that everyone feels a little sad and worried, can enhance young children’s sense of being included in and supported by their family at a difficult time. The underlying message becomes that the family has the strength to deal with these events, that members are available to help each other and that the family is open to receiving help from their extended family and people within their community. While no family welcomes illness in a parent, the experience of dealing with this emergency can enhance the family’s communication and provide important lessons to young children that will serve them well throughout life.

The process of calling on friends or relatives for help emphasizes to children and parents alike that they are not alone, reminds them of the larger network of people of which their family is a part, and ensures the family will receive the assistance and support they need at a difficult time. Informing teachers in school about a parent’s illness can help them be alert to changes in the child’s behavior, mood or work and enables them to be nurturing and empathic, rather than critical and punitive. Children may be expected to revert to behaviors characteristic of an earlier age in response to the stress of a parent’s illness. Old problems, seemingly resolved, may resurface, such as tearful clinging at the time of separation from a parent or other caregiver. When the school has been kept informed, teachers could take the opportunity to
invite peers to share similar experiences, decreasing the children’s sense of being alone and different because of what has happened in their family.

**Tips for Families**
- Reassure children that their daily routine will continue.
- Decide how much information you want to share with the children and how open you want to be.
- Inform teachers and other personnel at the school.
- Let children know it’s alright to call on friends and family for help.
- Don’t be alarmed if children revert to earlier behavior.

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Why is Mommy So Sad?
When Mom is depressed, the entire family feels it

by Peggy Papp, M.S.W.

Everyone gets down in the dumps from time to time, especially mothers when they feel overwhelmed by all their conflicting responsibilities or trapped by their daily routines. Generally, their blue moods are temporary and pass after a few days as they renew their efforts to cope with life’s difficulties. However, sometimes life events, such as the death of a parent or a divorce, can catapult a mother into a depression that lasts over a long period of time. When she can’t get out of bed, finds it difficult to function, feels hopeless, can’t stop crying and withdraws from close relationships, it is a sign she needs to tell her family members how bad she is feeling, and to perhaps seek professional help. Only if family members understand what is happening will they be able to make the many emotional and physical adjustments necessary to cope with the situation.

Children are especially sensitive to a mother’s moods and immediately sense when something is making her unhappy. They also have vivid imaginations and when they don’t understand what is happening, they become confused and anxious. In searching for a way to explain the inexplicable, they create private beliefs, myths and fantasies that are often worse than the reality of the situation. They usually blame themselves, convinced they have done something wrong.

The most helpful thing a mother can do is explain how she is feeling so her children don’t think it is their fault. She might say, “I haven’t been feeling well
lately. It’s a condition called depression. That’s why I’ve been grouchy and haven’t been spending very much time with you. A doctor is helping me get better but it may take some time. It’s nothing you have done and I still love you very much even though I may not be able to show it now.”

Of course, what mothers tell their children will depend on the children’s ages and what they are capable of understanding. The biggest mistake parents can make is not talking about the depression, pretending it doesn’t exist or trying to cover it up. It is natural to want to shield children from painful situations, but pain they understand is easier for them to cope with than the hurt that they imagine. It is also important to give them the opportunity to ask questions and for parents to answer them as honestly as possible.

The mother should schedule some pleasurable time with her children every day, even if it’s limited, so they don’t feel rejected or abandoned by her. It will provide the children with a positive connection to which they can look forward. If fathers can make themselves more available, it will help fill the void. Neighbors, friends or relatives can also help out by taking the children for visits or outings.

The stress level in the whole family is bound to rise as family members attempt to deal with their conflicting feelings about the depression. It is not unusual for a husband to alternate between feeling empathic, understanding and supportive and feeling overburdened, neglected and unappreciated. At times, he may become angry at having so many unwanted and unexpected demands thrust upon him and frustrated because he is helpless to cure his wife’s depression. Besides being bewildered and worried, he will probably feel guilty and wonder if he has done something to cause it. These feelings will stand in his way of being as helpful as he can be to his wife. Family counseling sessions for the whole family, including the children, can provide a safe place for many of these unspoken thoughts and feelings to be understood and dealt with.

When the children are not given the opportunity to express their anxiety, it is often released through their behavior. At home, they may become hyperactive, irritable or demanding in a misguided attempt to divert their mother from her unhappiness. Depending on their temperament and personality, they may reflect their mother’s sadness with frequent and prolonged crying spells. Some take on a clown role to try to bring a smile to their mother’s face. Others may exhibit problematic behavior at school, including disruptive behavior in class, frequent fighting with classmates or failure in their subjects because of an inability to concentrate.

I recall the case of 10-year-old Jonathan and his family who were referred
to the Ackerman Institute for the Family by a school guidance counselor. Jonathan was hitting other children, his grades had gone down steadily during the past year and his teacher reported that he seemed unable to sit still and concentrate in class. During our first session, he was extremely nervous, scattering toys around the room, teasing his six-year-old sister and making faces into the one-way mirror. His mother, who had been a widow for four years, looked sad and tired. She spoke slowly, barely above a whisper, as she explained how she had no idea why Jonathan was behaving this way and felt she had no control over him.

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**The biggest mistake parents make is not talking about the depression...**

When talking about her family history, she suddenly burst into tears, revealing her sadness about her mother’s death a year ago. Jonathan immediately quieted down and looked at his mother. I asked him if he worried about her a lot and he said, “Sometimes—when she spends so much time in her room and doesn’t eat dinner with us.” His mother explained that she didn’t want to burden the children with her sadness and so she tried to hide it by removing herself from them when she felt she needed to cry. Clearly, Jonathan’s behavior was a reaction to his mother having withdrawn herself from him and his sister.

During the process of counseling, the mother came to realize it was better to share her grief with her children so they were no longer confused and mystified about why she was so unhappy. All three were able to talk about how much they missed grandma and to comfort each other. They shared their positive memories of her and at one point brought in photo albums filled with pictures of happy times together. As a result of these changes, Jonathan’s behavior began to improve. When depression is openly discussed and shared with others, its devastating effects can be diminished.◆
Tips for Families:

– Recognize signs of depression: feeling sad, loss of appetite, difficulty sleeping, sleeping too much, feeling tired, rundown or restless, feeling worthless or guilty, trouble concentrating, remembering or making decisions, thoughts of death or suicide
– Allow children to express their anxiety about the family member who’s depressed
– Schedule some pleasurable time with children even if it’s limited
– If necessary, seek professional family counseling
– Discuss the problem openly with children
Debbie and Peter, parents of two school-aged children, Mary, 13, and Tom, 8, contacted me in a panic. Mary had been sent home from school because she was drunk. Scared and feeling powerless, Debbie and Peter brought the family to see me for family therapy.

“I never believed this could happen to my daughter,” sighed Debbie. “Mary has always been such a quiet, good child.”

Bewildered, Peter asked, “How did this happen? We told her that drinking, smoking and other drugs were bad for her and that she shouldn’t get started with them.”

Debbie and Peter were shocked that they had been unaware of Mary’s drinking. Unfortunately, this family’s experience is all too common. Many young people in treatment programs say they had used alcohol, tobacco and other drugs (ATOD) for at least two years before their parents ever knew about it.

“Now that I know Mary has been drinking, I think back to those times when I used to get after her for sleeping all the time and not cleaning up her room. To be honest, I thought she was being lazy. It never occurred to me that she had been drinking,” said Debbie.

Shaking his head in agreement, Peter noted that Mary had been having a lot of accidents—“I just thought she was at that awkward stage.”
Like Debbie and Peter, you may recognize signs of trouble in your child, such as: lasting fatigue; mood and personality changes; drop in grades; and new friends who are less interested in standard home and school activities. An effective way for parents to show care and concern for their children is to honestly discuss the use and abuse of ATOD with them. Consulting a physician to rule out a physical cause of the warning signs is a good first step. This should often be followed or accompanied by a comprehensive evaluation by a child and adolescent psychiatrist.

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"I watched you drink...and thought if it made you feel better, it would make me feel better, too..."

Mary began drinking when she was 11. At the time I saw the family, Mary had been consuming alcohol on a weekly basis. Most teenagers will have some experiences with ATOD. Most will experiment and stop, or continue to use ATOD casually without significant problems. Some will use regularly, with varying degrees of physical, emotional and social problems. Some will develop a dependency and be destructive to themselves and others for many years. Some will die, and some will cause others to die. Some people grow out of their use of ATOD. But since there is no certain way to predict which children will develop serious problems, all use should be considered dangerous.

Peter asked Mary, "'What made you start?"

"I watched you drink," Mary answered with a hint of ridicule, "and thought if it made you feel better, it would make me feel better, too. And it did."

Debbie and Peter were stunned. They didn’t consider themselves heavy or problem drinkers. “I have a couple of glasses of wine with dinner and Peter has a few beers while he’s relaxing in front of the TV,” noted Debbie.

“Exactly!” countered Mary. “From watching you, I thought relaxation came out of a bottle.”

Research confirms the importance of the role of parents. Numerous studies indicated that parental attitudes and practices related to ATOD are the strongest social influence on children’s use of ATOD. A child’s experience at home is the largest single factor in whether or not he or she will have an ATOD problem early in life.

While Mary had begun drinking at home, she had also been strongly influ-
enced by friends. Like Mary, many of her friends were not supervised when they came home from school. They would go to each other’s houses and drink. It is not uncommon for sixth graders to be offered beer and cigarettes and to know other children who smoke and drink alcohol. These late elementary school years are crucial to decisions about the use of ATOD. The greatest risk for starting to smoke comes in the sixth and seventh grade.

Children’s self-images are determined in part by the extent to which they are accepted by peers, especially popular peers. As a result, a lot of “followers” are unable to make independent decisions and choices.

Debbie and Peter were still in disbelief. Frantic, Debbie turned to Tom, who had been quiet throughout the session, and asked, “You’re not drinking, are you?”

“No, way, Mom! Don’t you remember that time you gave me some wine on your birthday, and I spit it out because I didn’t like the taste?”

The role of parents of preadolescent children is especially important, because children in this age group generally have non-use attitudes and behaviors that can be reinforced. Waiting until after they reach the age when they are more easily influenced by peers or after they have started using ATOD makes prevention more difficult. Strong parental support early on can help children resist their first exposure to ATOD.

For Debbie and Peter, discovering Mary’s alcohol use was a wake-up call. They realized that in many ways they really didn’t know what was going on with their children.

“When I think about it, we’re always rushing around each other. This session is the first time in a long, long while that we’ve all sat down and talked about what’s going on in the family,” said Debbie.

If you think that school lectures, TV messages and slogans like “Just Say No” are enough to protect your children from future ATOD use, you are wrong! The War on ATOD requires an all out offensive strategy, a comprehensive prevention plan that includes: education, strong family bonds, effective communication and community participation.

Parents can strengthen their influence by having strong, loving relationships with their children, by really listening to them, by teaching standards of right and wrong, by setting and enforcing rules for behavior and by knowing the facts about ATOD.

Your prevention plan should be tailored to your children’s ages and knowledge. How prepared are your children to say “no,” if pressured? What exactly do your children know about ATOD? Quiz your children on their knowledge of ATOD and test their level of prevention skills.
ATOD prevention may seem unnecessary for preschoolers, but the attitudes and habits learned early can have an important bearing on the decisions children make later. Three and four-year-olds are not yet ready to learn complex facts about ATOD, but they can learn decision-making and problem-solving skills that they will need to refuse ATOD later.

The prevention guide that follows will help you to focus on steps that have been proven to be effective in protecting children against using ATOD. As you read this guide, I’m sure you will note that you are already doing many of these steps.

1. Education
   Between the ages of five to nine, children need rules to guide their behavior and information to make good choices and decisions. At a minimum, by the time children are nine, they should understand:
   - What an illicit drug is, why it is illegal, what it looks like and what harm it can do
   - How foods, poisons, medicines and illicit drugs differ
   - How medicines may help during illness, when prescribed by a doctor and administered by a responsible adult, but also how medicines are drugs that can be harmful if misused
   - What the school and home rules are about ATOD and how using alcohol and other drugs is illegal for all children.

   Studies have shown that perceived risk of harm is a key correlate of ATOD use. Parents need to know the facts about the dangers of ATOD use and understand the factors that may put their children at risk. A shallow knowledge of health risks is not enough to convince a teenager not to use ATOD. In spite of health warnings, teenagers continue to get hooked on tobacco, even though they know it is bad for them. Educate your children to the immediate negative consequences of using ATOD. Telling them about bad breath, stained teeth and fingers and burnt clothing is more likely to make an impression with junior high school students who are smoking then telling them that they will get lung cancer or heart disease in several decades.

2. Media Advertising
   Counter in words and actions the absurdity of media advertising that promotes the myth that life will be more pleasurable if you drink alcohol and smoke cigarettes. Take the opportunity when beer commercials are on TV or when you see a print advertisement pushing ATOD, to talk to your children about the untruthfulness of these messages and to reinforce the reality that ATOD do not promote a happier or healthier life, rather they have the potential to destroy lives.
3. **Family History**

Research shows a strong correlation between family patterns of ATOD use and early ATOD abuse among adolescents. Conduct a family history to determine whether your family shows signs of ATOD addictions. Children who have family members with addictions are significantly more vulnerable to using ATOD and developing serious addiction-related problems. Be aware of the role ATOD play in your extended and intimate family life. Look at the part ATOD use has at family events such as celebrations, holidays and funerals. Reevaluate cultural and familial beliefs and practices that promote ATOD use.

4. **Role Models**

Adults must model what they want their youth to become. Be aware of your own behaviors. Look for conflicts between your words and actions. If you drink, do so responsibly. The next time you light up or take a drink when you get stressed out, ask yourself what message you are sending your children about the relationship between ATOD and coping with life stressors. Provide mentoring and positive role modeling for youth that does not include ATOD. Promote alternative activities that increase opportunities for children to obtain increased guidance and support from responsible adults.

5. **ATOD Free Zone**

Create an environment where it is not acceptable to smoke, be drunk or be high on drugs. If a family member has a problem with ATOD, address it, even if it cannot be resolved right away. The vast majority of children are introduced to ATOD in their homes. Be aware of how you might be involving your children in ATOD activities and rituals, such as having them buy or light your cigarettes, mix your drink or bring you a beer. Don’t offer children any alcoholic beverage. Alcohol is an acquired taste. Giving kids sips of alcohol breaks down their protective barriers at an early age. Abstinence is the most effective early prevention strategy. Think twice before smoking and drinking at your children’s ball games, family picnics and other family events like holidays, vacations and celebrations.

6. **Effective Parenting**

Good parenting skills and healthy family functioning is the first line of defense against ATOD abuse. Being honest in all your dealings with your children and others is the single most important strategy for building a trusting and respectful relationship with your children and other family members. Acknowledge family problems, not necessarily in detail, but enough to validate feelings family members may be experiencing as a result of unspoken family tensions. Discuss and model appropriate ways to express feelings and
manage stress and frustration. Be a good listener. Let kids know they can talk to you about anything, that homes is a place to bring concerns without harsh judgement or lectures. And most importantly, let your children know through your words and actions that you love them.

7. Parent/Child Bond

Counteract peer influence with parent influence by strengthening your bond with your children. If your kids have a sense of belonging within their own families, they will be less likely to seek it elsewhere. Establish or renew family traditions and rituals, such as Sunday brunches, religious worship, cooking together—activities that create good memories for your family. Make regular time for each child, time when you can give them your full attention. Playing together, reading a book and taking a walk are special times that help to build strong bonds of trust and affection between you and your children.

8. Prevention Tools

Give your children tools to resist temptations. Teach them the decision-making and problem-solving skills that they will need to refuse ATOD later. Hold family meetings to problem solve and plan activities. Help your kids build: 1) self-esteem and self-worth by giving them lots of praise and respect; 2) social skills to enable the development of a strong self-image that leads to positive life decisions; and 3) academic/vocational skills to allow them the potential of developing into contributing members of society. Set clear expectations of behavior about ATOD so children can choose to act in ways that won’t upset you. Communicate values openly and reinforce them, don’t assume that your children have absorbed them. Social, family and religious values give young people reasons to say no and help them stick to their decisions.

9. Healthy Lifestyles

Teach your children to respect their bodies and care for themselves in healthful and life promoting ways. Provide well-balanced meals and keep your refrigerator and pantry stocked with appealing alternatives to junk food. Expose children to activities like sports, art, music and reading so that they develop avid interests. Kids are more likely to experiment when they are bored. Introducing children to a variety of activities gives them wholesome things to turn to when they have time on their hands. Scouts, religious-sponsored youth programs and community sponsored youth organizations are excellent ways for children to meet others their own age. And always make time for family fun, free of ATOD.

10. Community Involvement

Parents may not head troubled families or live in high-risk communities,
but their children are still vulnerable to problems associated with ATOD use. Join with other families in the community to strengthen and reinforce the positive values and lessons your children are learning at home. Get to know your neighbors and the parents of your children’s friends, and discuss with them how to discourage experimentation with ATOD. Work with local merchants and police to make sure that stores are not selling cigarettes or liquor to minors. Learn as much as you can about the ATOD policy debate. Meet with public officials in your community. Ask them about their plans to reduce levels of ATOD abuse, such as improving prevention and treatment services. Tell your employers, insurers and legislators that ATOD addictions should be covered like other treatable diseases.

A final note about Mary and her family: They continued in family therapy for six months. Mary was fortunate—she had not developed a dependency and was able to stop drinking without additional treatment. The family developed a prevention plan in which roles, rules, values, communication, expectations and consequences were explored and clarified. This plan evolved into a guide for their family life.

**Tips for Families**

If your child:

– is constantly tired
– is getting lower or bad grades
– has new friends who are not interested in standard family and school activities
– exhibits mood and personality changes

he or she may be abusing ATOD.

First steps include:

– discussing the problem openly with your child
– a check-up by the family physician
– consultation and/or therapy with a professional, if needed

*Sari Kutch, C.S.W., is a recent graduate of the family therapy training program at the Ackerman Institute and also has a private practice in New York City.*
It was a brisk, autumn evening—a Friday. I was six years old and playing on a neighbor’s front lawn with friends. One moment I was laughing and throwing a ball and then the next I was running away from a dog that had broken loose from its leash. The dog jumped on me and I fell in the street. Lunging at my head, the dog’s teeth tore into my right ear, ripping open my ear lobe. I ran home screaming and crying. As I entered the house, my mother yelled and ran to cover my ear with a towel—to stop the bleeding. I was glad to have my mother’s attention and concern but the expression of fear on her face and in her voice fueled my own terror. My father, who was finishing his supper, calmly took a look at the ear and announced that we’d have to go to the hospital to get it stitched up.

I vividly remember the sights, sounds, and smells of the local hospital emergency room. My heart pounded wildly as I scanned the metallic trays and the faces of the doctors, nurses, and clerks in white coats. My main concern was who and what was going to hurt me here. Needles, scissors, injections, stitches—I knew and feared what was to come. My father spoke to me the entire time in a soft soothing tone. I remember little of what he said but I do remember that he put me at ease. He never left me alone, I remember that too.

The plastic surgeon who came to sew up my ear was funny. He made jokes
and it seemed to me that this was not that big a deal, well, at least not for him. My father joked back telling the surgeon that he thought he could sew it up himself. It looked so simple my father said. I sensed my Dad’s relief and felt better. I was also very relieved when the doctor told me that in a few short weeks no one would ever notice that I had had my ear lobe nearly chewed off. I had been very upset and anxious about how deformed my ear was going to look. I was also relieved that the surgeon did not make fun of me or lecture me for running away from the dog. I knew that it had been stupid. I had been wrong. If I hadn’t run away, the dog would probably not have run after me but I was scared and I felt ashamed of that. I was sure it was my own fault that I had been bitten.

...children...have far less experience with illness...and trauma...

I remember the syringe of novocaine the surgeon used to numb my ear. It looked huge as he held it over me—like a cartoon in which the needle seems to grow bigger and bigger. I had never seen a needle that big. I was scared that it would go right through my head and come out the other side. The pain of the injection, in contrast to my terror, was mild. My father held my hand tightly throughout the entire time. The rest of the cutting and stitching went smoothly.

My story demonstrates some of the thoughts and emotions a child might experience in the emergency room. It also demonstrates some of the things which parents might do, or avoid doing, to lessen the trauma of that experience. Being in an ER can be frightening and disarming for adults but even more so for children who have far less authority and autonomy, and far less experience with illness, trauma, and the health care system. One major lesson from this vignette is that children do have many powerful and vivid thoughts and feelings. There’s an awful lot going on in a child’s mind in such a situation. To begin, the questions children ask and answer for themselves are often similar to the questions that pop into adult patient’s minds.

- The Diagnosis and Cause: What is wrong with my body? What happened? What’s broken? What caused this problem? What is it that I did that caused this to happen?
- Prognosis: Can it be fixed or is it permanent? Will I be disabled or disfigured? Will I die? Is my life over? How will this affect my life—playing with friends, going to school? How long will it take before I’m back to normal?
Before I can play?

- The Treatment: What will the treatment be? Will it hurt me? Will it scar me? Will I have to be treated for a long time? Will this treatment interfere with my life?

Just like many adult patients, children will often not ask these questions aloud but instead jump to their own answers and conclusions that may be far more exaggerated and grave than the situation itself. One helpful hint might be to openly address these issues with your child as soon as you are aware of the answers yourself.

Another set of hidden and unspoken thoughts and emotions that patients often experience are the deeper, gut level meanings, beliefs, and fears that the illness, trauma, and medical treatment generate. In my story, for example, I was afraid of the pain I was going to experience during the cutting and stitching. But, on a deeper level, I was embarrassed and ashamed because I believed that I had caused the dog to bite me by running away instead of standing still. My underlying belief was that the accident was my own fault because I was a coward (a sissy) and that this was some sort of punishment. The dog bite and the medical treatment seemed to be the punishment. I was also terrified of the permanent disfigurement. In fact, it took me years not to feel self-conscious about the way my right ear lobe looked even though no one ever noticed it unless I pointed it out. So, in addition to dealing with the more concrete topics of diagnosis, treatment, and prognosis it would be helpful to discuss with your children their own underlying beliefs, fears, and understandings focusing on issues such as cause, blame, guilt, fear, punishment, embarrassment, shame, responsibility, disfigurement and disability, and time. The key in this part of the discussion is to listen to rather than talk at the child. Also, keep in mind that a child’s vivid imagination and sense of immediacy can cause them to have much more exaggerated and acute fears and terrors than adult patients.

Finally, the stress of one’s own child being ill or injured coupled with the confusion and frustration of an emergency room setting can be overwhelming. Parents may share some of the same distressing thoughts and emotions as their children such as self-blame, guilt, fear, embarrassment and terror. If two parents are present it might be useful to have one deal more directly with the hospital staff and another focus on the child. It also might be useful to apply a compassionate, empathetic, calming influence toward oneself and one’s parenting partner as a first step in caring for one’s child during the emergency room visit. ♦
Tips for Families:

– Assure your child that you are physically present and will not leave. Touch, hold and stroke your child.

– Demonstrate your emotional support and love. Encourage and soothe your child with words, gifts, special activities, and/or favorite foods.

– Explain what is going on at each step.

– Listen to your child. Ask what he or she thinks is happening.

– Reframe the experience in positive terms. For example, you might say, “It’s a good thing we got to the doctor so soon because she’s taking care of it before it got really bad.”

– Point out to children their own resources and strengths without negating their fears. For example, “You’re so patient and brave” or “You acted like such a grown-up when the nurse cleaned the cut.”

– Assure your children that they will return to their normal lives after the emergency room experience is over. Reassure them that their friends and family are waiting for them back home.

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Pay Day
Should you give your child an allowance?

by Rachel Ackerman, M.S.W. and Jennifer Bassoff Wilens, M.S.W.

Seven-year-old Sarah was never willing to do any household chores, so her parents developed an allowance system that linked the amount of Sarah’s allowance with the number of chores she accomplished that week. A list of chores was kept on the refrigerator, and Sarah would mark the list each time she finished a specific chore. This helped her keep track of the amount of allowance she would receive each week. Over several months, Sarah became motivated to help out with chores around the house so that she could earn money. By structuring the allowance system in this manner, Sarah’s parents enabled her to feel that she had a choice in how much she would participate around the house, and she learned to understand the consequences of her level of participation.

Howie, 9, always requested Beanie Babies from his parents. Howie’s parents became exasperated and they decided to give him a weekly allowance, so he could learn to save his money and eventually purchase a Beanie Baby on his own. After a few weeks, Howie’s pleas stopped, and he began to speak about the possibility of selling lemonade so that he could save more money to buy Beanie Babies.

As the above examples illustrate, parents may choose to implement an allowance system for a variety of different reasons. It is important to note that
there is no one standard way for parents to provide their children with an allowance. Some parents may choose to link an allowance to chores while others do not. Some parents set guidelines as to how children can spend their allowance while other parents prefer to allow their children to learn through their own trial and error. Each method has its advantages and disadvantages.

Because each family and their financial situation is unique, a family should discuss the reasons for implementing a particular allowance system and choose a method or combination of methods that is tailored to meet their goals. Ultimately, a family’s attitudes and values should determine guidelines for providing an allowance. No matter which system you choose to implement, the key to making an allowance a successful learning experience is good communication, guidance and consistency.

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**The overall goal of an allowance is to help children learn how to manage money…**

As parents and therapists, we believe it is important to consider different variables when deciding how to implement allowances for our children. The more thought that you put into designing a system of allowances, the better able you will be to ensure its success. Here are some points to consider when contemplating how you will implement a system of allowances for your children:

*What Does Money Mean to You?*

Before deciding whether your children should receive an allowance, each parent should identify and explore his or her own values and attitudes toward money. All of us have developed opinions about money based on individual observations and experiences. How your family of origin dealt with money will greatly affect your own views on money and, in turn, how you will approach the topic of money with your children. By first exploring your own feelings about money, you can more clearly identify what values and attitudes you want to instill in your children. Prior to talking to your children, it is also important for parents to discuss and share their feelings about money with each other since money management and finances are often an emotional topic for couples. Parents need to be in agreement about basic principles of money management so that they can convey consistent and unified messages to their children and develop an allowance system that will be a successful learning experience.
What Lessons Do You Want Your Children to Learn?

The overall goal of an allowance is to provide children with the opportunity to learn to manage money through their own successes and failures. An allowance is one of the most effective ways of teaching children how to spend money wisely. When children use their own money, they gain “hands-on” experience that will foster future money-management skills.

There are numerous educational benefits to giving an allowance. For example, an allowance promotes independence by giving children control and power over a sum of money. Additionally, children can learn methods of effective organization and financial planning.

David, 8, was very disorganized and had difficulty keeping track of his possessions. His father, Bob, would become frustrated with David and often yell at him for being so irresponsible. Bob decided to allot David an allowance in hopes that it would help David become more organized. During the first two weeks, David lost most of his allowance. To solve this problem, Bob encouraged David to find a safe place for his money. Next, Bob suggested that David create two lists, one tracking the amount of money he saved each week and another showing the money he spent. Over time, David stopped losing money and was even able to save some for his personal use.

In addition to teaching children about saving money, parents can also use an allowance to educate children about charity and sharing. Encouraging your children to donate a part of their allowance to a charity teaches them that money can do good things for other people.

Sally, 10, was angry that she did not get as much allowance as her best friend, Jean. Sally’s parents decided to increase her allowance on the condition that a portion of her allowance would go to a charity of her choice. To make this a valuable experience, Sally’s parents helped her research local charities and determine where she would donate the money. Sally became very excited about helping others and for the holidays, she bought a beautiful doll house for a toy fund in the community.

What Needs to Be Communicated to Your Children?

If you decide to give your children an allowance, you should discuss this decision with them, so they understand why they are receiving an allowance and what expectations you have of them. Parents should clarify how a child may earn an allowance and set standards on how money could be spent. If you decide to pay an allowance to your children for work that they perform as a member of the family, it is necessary to explain this to them and to define their general household duties. If your decision is to link allowances to more spe-
pecific household chores, it is important to describe what tasks they will need to perform in order to “earn” their “wage.” It’s also important for parents to pay allowances on a regular schedule so that children are taught the importance of honoring an obligation.

There are many lessons to be learned about money in today’s complex society. An allowance can provide your children with the opportunity to learn important money management skills as well as other life lessons. By communicating with your children in an open, honest and consistent manner, you can make your allowance system a valuable educational tool. Remember, firsthand experience is vital to learning smart money management skills.

**Tips for Families**

- Discuss the allowance with the children as well as your expectations
- Pay allowances regularly and consistently; select a day of the week and time when the children will receive their allowances
- Describe the chores that need to be done if you decide the children should “earn” their “wage”
- Help children learn to be accountable for how they spend their money

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Valuable Lessons
Confronting the issue of money with your children

by Judith Stern Peck, M.S.W.

At a recent seminar on money management, parents described their feelings about teaching their kids to be responsible in money matters:

John, a father of three, proudly recounted how he had given his son a monthly stipend when he went off to college. He stopped it during the summer break so that his son would get a job and develop a sense of self through working.

Steve, father of four, told how he had given his college-age children a budget for the year to cover their tuition and expenses with the premise that his children would learn to manage and allocate their money.

Lisa, a pregnant woman in her 30s, described how her parents gave her anything she wanted without any responsibility or money management skills. Today, she worries about how to raise her children and how to teach them what she was never taught.

These testimonies are not surprising. It is significant that many parents are asking the following questions:

At what age do I teach my children about the responsibility of money?
How do I help them achieve and maintain an incentive to work?

The issue of money has become more topical and less of a taboo subject. Historically our society has been reluctant to talk about money. It has been cloaked with mystery and not addressed in families until children are at the
age (between 9–10) to receive an allowance.

Given the world we are living in, I would suggest opening up the conversations about money at an earlier stage of life. In parenting today, a guiding principle is to promote a transparency in explanations that are age-appropriate. In applying this to money conversation, we open the door not only to money but to values as well.

Historically, our society has been reluctant to talk about money...

Your Early Experiences
Take a moment to reflect on your own experience growing up and how your parents handled the subject of money with you, overtly as well as covertly. Ask yourself these questions:

- Was your family financially secure?
- Was talking about money considered taboo?
- What was the family values concerning money?
- Did example or instruction teach these values?
- Did you have any early work experiences?

It is important for parents to understand the meaning that money has had in their lives. We all grow up in families where there are multiple messages transmitted. Are we aware of these messages and their impact on our lives? The way money was handled in our childhood has a powerful effect on how we relate to money in adulthood. The clearer we are about this, the better we can understand the messages we convey on the subject.

Common Ground
Consider the following questions:

- What are the differences between your family experiences and your spouse’s?
- Do you share common values reflected in your family finances?
- Have you figured out a way to agree/disagree?

Naturally, each of us has had different experiences in our life journeys. As adults in a marriage, it is important to understand the different perspectives we have about money and to maintain an ongoing dialogue about the similarities and differences. Each couple has to form its own family financial plan based
on a shared vision. There will be differences of opinion and the more transparent these issues are, the easier they will be resolved by “problem-solving” rather than arguments and tension. And, as a result, your children will have a clear message about money.

When to Start
When is an appropriate time to start teaching your children about money? What you tell your children largely depends on their age and stage of development. Going into a long dissertation with a 3-year-old in the toy store probably won’t work well. Rather, giving choices within boundaries will probably prove to be more effective at this stage. Buying a bank for elementary school-aged children and teaching them how to save from their allowance will have an impact. Taking your children Christmas shopping with a limited budget will help them understand the concept of giving as well as limitations.

We cannot expect children to understand abstract concepts at the early stages of life. As they get older, the ability to teach budgeting and money management, the tasks that both John and Steve set out for their children, are better understood.

Teaching children about money is not easy—particularly when you must confront your own internal taboos. Couple this with the challenge that the values you live are the values your child hears, sees and learns, and you will be on your way to helping your child develop the “internal software” for being a responsible, sensitive adult about money issues. ♦

**Tips for Families**

- Understand your experiences with money and decide how to teach your children about it
- Discuss the differences between your ideas about money and your spouse’s; if there is conflict, decide how to resolve it
- Teach by example; take your children shopping with a limited budget
- Don’t expect young children to understand abstract concepts
- Give choices within boundaries
- Help children learn to save

Judith Stern Peck, M.S.W., is Director of the Family Wealth and Family Life Project at the Ackerman Institute. She is a family therapist and principal of JSP Associates, which provides education and consultation services to family businesses and family foundations.
After a long day home with the kids, Jill prepared dinner and waited for Michael to come home, or at least call. It was getting later and later, and still no sign of him.

Michael was in the car racing home. Realizing he was over an hour late, he contemplated whether he should tell Jill about the long meeting with his boss and the criticism of the report he was scheduled to present at the staff meeting tomorrow (only one in a series of criticisms from his boss) and his overall concerns about keeping his job. Maybe he should just tell her he was stuck in traffic, but he already used that excuse three times, and he didn’t think she would buy it again.

He was right. As soon as he walked through the door, Jill jumped on him with, “Where have you been? You obviously don’t care about me, but to let your children sit around and wait for you when they’re tired and hungry—you just don’t have any feelings at all!”

Michael shot back with, “Get off my back. You have no idea what I go through to keep this family together while you stay at home and play.”

With each of them stung by the other’s words, the verbal dueling escalated into profanity and name calling, while the children listened from the living room. Finally, Michael shouted, “I’ve had it,” and retreated upstairs to the bed-
Family Matters • Fighting in Front of the Children

room, without any dinner. A stony silence descended on the house while Jill got the children ready for bed.

When parents fight, what effect does it have on their children? The answer depends on the type of fight. A constructive fight—where participants express their feelings honestly, listen to one another, attempt to see the other’s point and come to a solution—can be a rich learning experience for children. Since conflict is inherent in all relationships, children have the opportunity to learn skills to resolve these conflicts productively. They can learn that it is possible to argue with someone you love deeply. They may even learn that love can be strengthened by constructive fighting, as partners let each other know what is important to them, and how they are affected by the other.

Some parents try to spare themselves and their children...by avoiding open conflict.

In a destructive fight, on the other hand, participants try to hurt, put down or punish the other, while trying to protect and defend themselves. There is little honesty and much exaggeration. It is these destructive fights that have such a negative impact on children—so much so, that children may become aggressive, impulsive, anxious or exhibit other emotional problems.

Michael and Jill made two mistakes early in their interaction with one another that made it very hard for them to fight constructively. Michael could have called from work saying that he would be late because he had to redo his report. (In fact, he might have shared with her much earlier his problems at work.) This might have opened up a discussion of his concerns, making Jill aware of the pressures he faced. But he was too proud to let her in on his difficulties. Jill, on the other hand, feeling like a second class citizen since she decided to be a stay-at-home mom after the birth of their second child, worried that Michael no longer respected her because she didn’t work outside the home. She was also too proud to voice these concerns to her husband. Instead of talking about what was really bothering them, they ended up in a destructive fight.

Let’s look more specifically at the effects destructive fighting has on children:

• Children use destructive fighting as a model for how to deal with conflicts. They learn to avoid taking responsibility for harmful actions by ignoring the other person, by trying to talk their way out of a situation or by attacking. Rather than honestly expressing their feelings of hurt and disappointment with
what someone else has done, they learn to react reflexively with anger and accusations or to withdraw into silence and tension. Children will then take what they have learned into their future marital relationships, as well as their relationships with friends, bosses and children.

- Destructive fighting disrupts the parent-child relationship. Parents who are fighting are less available to their children. They are emotionally preoccupied, which may make it difficult for them to give children enough positive attention or to set effective limits. As a result, children often act out as a way to make their parents focus on them.

- Destructive fighting often leaves children worrying about their family’s stability. Do Mommy and Daddy hate each other? Are they going to get a divorce? What will happen to me? When Mommy and Daddy get mad at me, do they still love me? This interferes with the development of children’s emotional security, leaving them vulnerable for future problems.

- Destructive fighting can set up loyalty conflicts for the children. In the vignette above, the children might wonder if their father really does care about them, and may begin to subtly side with their mother. Some children feel a need to protect their parents—either from verbal or even physical abuse. In doing so, however, they have to cope with their own fears and the potential reprisals that might follow. If they don’t try, then they have to deal with their own feelings of guilt and ineffectiveness. In any event, siding with or protecting one parent disrupts the relationship with both parents. It also gets in the way of a child learning to see the complexities of a situation (e.g., that there are valid aspects of each position in a dispute).

- Destructive fighting may make it hard for children to learn to tolerate and deal with negative emotions. Without strong negative emotions, it is not possible to have strong positive emotions. They are all part of a continuum of powerful feelings. Furthermore, negative emotions—anger, hurt, disappointment, irritation—serve as essential signals that something is wrong and needs attending to. If the expression of these emotions is destructive, some children may attempt to avoid them entirely, thereby losing the positive benefits that also flow from them.

Some parents try to spare their children and themselves unpleasant situations by avoiding open conflict. However, the tensions from the small and large aggravations of daily living build up over time and often drain the caring and passion out of the relationship. Although children may not feel these tensions, they don’t learn how to deal with conflict and may watch their parents end up in a lifeless marriage.
Other parents attempt to avoid conflict by withdrawing. Spouses stop speaking to each other. One asks, “What’s wrong?” and the other replies, “Nothing.” Children can’t see the fighting, but they sense the smoldering tensions. In such an ambiguous situation, they are likely to be confused and possibly quite anxious.

What can parents do to handle conflict in a more constructive way?

- Start with yourself. When you get angry at your spouse, look beneath the anger to discover its underlying source. Are you hurt by something your spouse did? Does this situation trigger a feeling of insecurity? Do you react by wanting to put your spouse down, so as to vent or relieve your own feelings?
- Express your feelings directly, honestly and fully to your spouse. It is OK to be angry but you can express this without being depreciating. Describe the behavior that bothers you, without calling names, and explain why it bothers you.
- Have a full discussion of the situation with your spouse, drawing on the thinking you already did about what might be fueling your reaction.
- If you find yourself moving into destructive patterns, stop the discussion and take a “time out” until you can come back and continue in a more constructive way.
- If your children witness fighting, whether constructive or destructive, talk to them afterward about what they think and feel. If you think you behaved badly, apologize to them for your behavior. Do not do this in a way that disparages the other person (e.g., “Daddy and I got into a big fight last night, and I want you to know that I’m really sorry for what happened.”).
- If you feel you must leave the house, tell your children that you are leaving and give them an idea of when you’ll be returning, and keep your promise.
- If you’re not fighting at all, this may be a sign that the relationship is also in trouble. You may have given up and learned to look elsewhere (work, hobbies, an affair) for fulfillment. It may mean that you do not have enough faith in your love to believe that it could withstand turbulence; and rather than testing this, you hold back and withdraw from conflict. This will catch up with you eventually. Examine why conflict is so scary, and get help if you need it.
- If you have trouble doing these things, consider going for couple’s counseling. For some couples, talking honestly in these ways feels risky, and they need the safety of a counselor’s office to open up and talk comfortably. Others may not be clear on the issues that trigger the angry reactions and escalate the fighting. Having a third party to facilitate discussion and teach concrete problem-solving skills can be helpful.
• Physical aggression should never be tolerated. If you threaten or use (or are on the receiving end of) physical violence, get professional help immediately. Conflict is part of life. Channeling it in constructive directions, while avoiding destructive spirals, can help couples—and their children—build stronger and longer lasting bonds.

**Tips for Families**

- Try to uncover the real reason for your anger. Are you feeling insecure, frightened, overloaded?
- Avoid name-calling. Express feelings openly and honestly.
- If you feel the discussion is getting destructive, call a “time-out.” Resume when you’ve calmed down.
- If your children witness a heated argument, talk to them about how they feel.
- Don’t avoid conflict. Conflict is a natural part of relationships.
- Get professional help, if needed.
- Do not allow physical aggression.

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What to Tell Your Children About Divorce

How much should parents tell their children?

by Evan Imber-Black, Ph.D.

When a marriage is on the verge of collapsing, parents must struggle with what to tell their children. During my 25 years as a family therapist, I have seen damage done by both extreme secrecy and excessive openness.

Some parents tell their children far too little, requiring them to live in an obviously emotionally charged and negative atmosphere with no overt discussion of what’s happening in the family. Often these parents have not been able to admit to themselves that their marriage is disintegrating, so telling the children feels impossible. Nonetheless, even very young children can sense when their parents are having problems.

Many parents have brought their children in for therapy, concerned about symptoms that are actually a response to mystification about their parents’ marriage. As one mother told me, “Our son is only three, but when we fight, which is every day now, he runs over and stands between me and my husband and yells, ‘Stop, stop!’ We tell him everything is okay, which of course it isn’t. And then he pulls us together and says, ‘Hug!’ We don’t even want to touch each other and then my son has a tantrum.”

In families where icy distance has replaced the heat of battle, children often take it upon themselves to pull their parents toward each other by misbehaving. Telling children that everything is okay when they can see for themselves
that it’s not, or refusing to tell them anything when domestic war is breaking out around them, only adds to their distress.

Other parents tell their children far too much. They confide about marital problems, tell children their plans to leave before telling their spouse and often demand one-sided loyalty. Paradoxically, such openness overload leads children to keep more secrets about their authentic feelings. As one woman told me, “When I was four, I told my mother I hated my father who had left us. But I never hated him—I loved him. She hated him and it was what she wanted to hear.”

...you and your ex-spouse are likely to be sharing graduations and weddings...

During separation and divorce, parents must walk a tightrope between secrecy and openness. Parents who pretend to have good feelings while seething with rage only confuse children. If Mom and Dad feel so good about each other, why are they splitting up? Parents who use their children as confidantes, telling them every detail of the breakup and expecting them to take sides, put children in an untenable loyalty bind.

When I first met eight-year-old Jessie, she had just started stuttering. Her parents, Sally and Paul, had divorced two years earlier. Jessie lived with her mother and visited her father every other weekend. In our first meeting, the tension between her parents was palpable. Nonetheless, Jessie, their only child, seemed to have adjusted well to their divorce—until she began stuttering. What, I wondered, was changing in this little girl’s world?

When I met separately with Paul and Sally, I was deluged with each one’s enormous blame and anger. They insisted that they kept these feelings away from Jessie and supported her relationship with the other parent. “Has anything changed recently?” I asked Paul. “I suppose so,” Paul said. “I’ve stopped hiding my girlfriend, Anne, from Jessie. I know I agreed when Sally and I divorced that I wouldn’t involve Anne in Jessie’s life, but this is two years later and it is ridiculous. Anne and I are living together now, but I’ve told Jessie not to say anything to her mother because I didn’t want the hassle.”

When I met with Sally, I discovered the other side of the equation. After every weekend visit, Sally quizzed Jessie: “What did you do? Where did you go? Who did you see? Who was with daddy?” Sally is still hurt and furious that Paul began seeing Anne during their breakup. During their divorce
mediation, Sally demanded and Paul agreed that Anne would stay out of Jessie’s life. No time limit was put on this agreement, and no mechanism was put in place to revisit the issue. Sally felt certain that Paul would break his word. In effect, she made Jessie her spy. This eight-year-old was hearing Daddy say, “Don’t tell Mommy,” and hearing Mommy say, “Tell me what Daddy is doing.”

I brought Paul and Sally together and told them that Jessie’s stuttering was the perfect metaphor for her experience. She was being asked simultaneously to speak and not speak by the two people she loved most. Only they could release her from this terrible bind by coming to some new agreement.

We worked together for three months, first focusing on issues remaining from the divorce, and then looking where the couple was two years post-divorce. Both parents were devoted to Jessie’s well-being, which made getting her out of the middle easier than it would have been with other divorced couples. Paul agreed he would not ask Jessie to keep any more secrets, while Sally agreed not to pump her daughter for information after each visit. As they put this into practice, Jessie’s stuttering disappeared.
Tips for Families

– Separate your thoughts and feelings about your ex-spouse from your children’s thoughts and feelings. If you allow your children to think and feel only the way you do, they will keep their genuine ideas and emotions secret.

– Take time to consider what you want your children to know about the causes of the divorce. Remember, life is long, and you and your ex-spouse are likely to share graduations, wedding and grandchildren’s birthday parties.

– Don’t keep an earlier marriage and divorce a secret. Children will find out at some point and experience enormous mistrust.

– Don’t make your children your confidantes. Children in divorce do best when they can remain children.

– Help your children understand the differences between privacy and secrecy in divorce. Many issues belong only to adults.

– Don’t keep the better times of your marriage a secret from your children after the divorce. Many family stories go underground when a marriage disintegrates, leaving children with a warped sense of adult relationships. Hearing what each parent admired and respected in the other helps children stay connected to both parents.

– Don’t keep genuine safety concerns a secret from children. If your ex-spouse has problems with alcohol or drugs, children need to know how to respond.

– Establish pre- and post-transitional rituals when children go from home to home. When parents and children are separated for a day, a weekend or longer, they need ways to catch up with each other that do not violate boundaries of privacy. Establish some agreed-upon ways to tell each other the stories of your time apart. Your children are just as curious about what you’ve been doing as you are about what they’ve been up to. Take care not to pry about your former spouse.

– Remember, each child will take in new and potentially loaded information in his or her own unique way. Storybooks, photographs, movies and joint activities can provide natural openings for conversation.
Amy pushed the phone call to a premature conclusion, hoping that she had not sacrificed the account as a consequence. She threw her bag over her shoulder and bounded out of the office. Luckily, there were no subway delays so she would be able to pick up her kids from school on time and head straight to the park. Work was receding from her consciousness as she began to relax and enjoy the anticipation of seeing her two children.

Amy approached the school ready to pick up her kids and skip to the park. She knew they’d love it! But, when she spotted her seven-year-old, her spirits immediately dampened. Emma was the only child in long pants, boots and a slicker. It had been raining yesterday. Amy’s ex-husband Peter had obviously ignored the message she had left for him at his office to pick up a change of clothes for the kids. Irritated, she thought about how her ex always blew her off, especially when the kids are at his place.

She found her other child, nine-year-old Matthew, sitting on a cot in the nurse’s office, his face flushed with fever. The nurse explained that he had come to school complaining of a sore throat, but wanted to try and make it through the day.

“Did you tell Daddy that you didn’t feel well this morning?” Amy asked, feeling herself tighten.
“Sort of,” he answered. She saw in his eyes that he was moving away from her emotionally.

“What did your father say?” she regretted her question immediately but it was too late.

As they walked home, Matthew retreated into his quiet persona. Emma whined all the way about how Daddy always took her to the park and Amy grew furious about how Peter never listened to anything she suggested and felt enraged that he had sent Matthew to school sick without even a call to her. Once home, she called Peter at his office, where at least she wouldn’t have to deal with his girlfriend.

Hearing Amy’s voice, Peter braced himself. He knew she wouldn’t buy that he had received the message about the kids’ clothes too late. And he hadn’t called her because he felt that whatever he did or said, she would be critical.

Divorce isn’t easy. The normal disappointments and misunderstandings of marriage can become intensified in a divorce situation. The complexities of work, parenting and economic stresses converge with the legacy of a failed marriage to create a context that is rife with possibilities for tension that can interfere with children’s adaptation to divorce. Keeping an open dialogue with children about their feelings, with an attitude that respects their connection to both parents, is essential. Work on the nature of the co-parenting relationship (no matter what the custody/visitation arrangement) is also fundamental to children’s adjustment. While collaboration with your former spouse is ideal, there are other ways to minimize the kinds of interactions that can make adjustment harder for the children.

The vignette about Amy and Peter is not unusual. Neither parent is necessarily to blame; they simply have not learned how to respond to each other in non-provoking ways. These scenes are not a cause for alarm unless there is a significant increase in frequency or intensity or if the children exhibit marked behavior changes. A wide spectrum of social factors such as culture, class, age of the parents and the nature of the support network available to a family will yield different experiences. While every situation is unique and parenting is challenging even under the best circumstance, there are certain responses divorced parents can learn to help ease the transition for their children.

In the beginning, divorce is destabilizing. We grab onto whatever offers the hope of comfort. But with the right perspectives and reactions, parents can create an atmosphere conducive to growth and open communication for children.

Unfortunately, upset by the divorce and its stresses, parents may respond automatically to what they perceive as provocation and set off a chain reaction
that inevitably backfires onto the children and themselves as well. We may be especially vulnerable to these upsetting interactions if we unconsciously subscribe to certain myths about divorce.

Common Myths of Divorce

Myths, like stereotypes, can offer uncomplicated explanations, masking the uncomfortable complex dimensions of a situation. In family life, myths can reassure us and help us avoid opening what we might fear is a Pandora’s box. (For example, the myth of the hardworking provider, who is away much of the time struggling to support the family, can conceal the true nature of that parent’s absence and inhibit expressions of feelings about the situation.) The difficulties of divorce are a natural invitation to mythological thinking. The following are three myths frequently encountered among the recently divorced and some strategies for dealing with complexities that may be protected by these myths.

Myth: Divorce is an act or event

Divorce is a process. It continues long after the papers have been signed. Even with good collaboration, becoming emotionally divorced can take months or years. For many children, their parents’ divorce may be one of the most emotionally powerful aspects of their lives. Divorce can be seen as a significant phase of individual development, as a time of profound changes in a person’s relational system.

Strategy: Give yourself, your kids and your ex time to adjust

There is no reason to believe that those of us who were unable to resolve our marital differences will become instant experts at divorce. When things go awry, don’t react as though they are written in stone. Think of the events as part of a larger process. If you jump to conclusions, chances are you will heat up the interaction. Ask questions. If Peter had made an effort to contact Amy, she might have felt less irritated and would have been less likely to respond in a way that he would interpret as critical. Similarly, if Amy had been open to asking about Peter’s logistics with the children, she might have found that he had intended to respect her instructions after all. If the tensions between the parents were reduced, the children could respond to both parents more freely, without fear that they might set off conflict.

Myth: Divorce is a new order, a fresh start

Family therapists generally think of communication as occurring in patterns in which each person responds to and is influenced by the responses of the other. Many people interact, especially in provocative situations, as though they
were on “automatic pilot.” In the situation between Amy and Peter, she anticipates failure with respect to his part of the parenting. Peter, on the other hand, assumes she is critical and is silent when he thinks he has failed her. She interprets his silence as a lack of respect and expresses her disappointment in a way that Peter sees as critical. These patterns, probably ancient for this couple, are generally predictable. Escalation is likely; no one has really started the conflict and no one knows how to get out of it. Exposed to this, a child might do something which both releases her anxiety and also creates a distraction from the pain of her parents’ conflict, as Emma subtly did by whining all the way home.

**Strategy: Experiment with new responses to old cues**

Divorce is an opportunity to stop being an expert about the other parent’s behavior. It is a chance to let go of that energy-sapping hope that your ex will “see the light” and change. If you are like Peter, and genuinely find yourself at a loss about how to deal with conflict with your ex, think about how your reticence might incite her anxiety. Try, in small ways, to begin to initiate contact. For example, Peter could have called Amy first and left a message about the kids’ clothes, adding perhaps that Matthew had muttered something about a scratchy throat, but seemed well enough to attend school. Make the phone call. It is not a capitulation to your ex-spouse; it is a peace offering on behalf of your children.

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**Divorce continues…long after the papers have been signed.**

When you automatically assume that your ex-partner undermines you, like Amy does, you are leaving little space for him to respond differently. An alternative response would be to wait for Peter to call. The challenge is to ask yourself how much of your life do you want to spend reflecting on your ex-partner’s shortcomings.

In any event, avoid disappointment and derailment by preparing yourself in advance before talking to your ex. Never call angry. Clarify your goals to yourself. Expect the results to be less than perfect. If necessary, rehearse with a friend or relative who supports your goals of keeping it cool for the sake of the children. It may be helpful to remind yourself that your ex loves your children, too.

**Myth: There is a boundary between the children’s time with each parent**

Compartmentalizing their parents, particularly in divorce, can be complicated for young children. Children experience loyalties to both parents, regardless
of the sentiments they express. Amy’s shift in tone in referring to Matthew’s father was a slip, the kind of thing that many parents occasionally do. In a divorce, however, if it occurs frequently, this message can exacerbate a child’s loyalty conflict. From the child’s perspective, he doesn’t want to defend his father because it might hurt his mother’s feelings. If, on the other hand, he agrees with his mother about his father being remiss, then he would be giving up a part of his overt solidarity with Dad. Matthew is at the difficult corner of a conflictual triangle; either way he turns, he’s in trouble. Matthew’s behavior was, for the moment, a safe strategy. He became quiet. He was not necessarily depressed. However, recurrence of this pattern could narrow his range of responses. Some sadness is a normal part of divorce, however, an unusually solemn nine-year-old may be cause for concern and require a consultation with a professional. Emma’s comparison of one parent to the other (“Daddy always takes me to the park”) can feel threatening to the parent on the receiving end. Such honesty, however, can be an indication of a secure relationship with her mother to whom she is giving her unedited emotional response.

*Strategy: Try not to put your child in a position where she/he has to defend one parent or the other*

Amy realized that she had allowed her feelings about Peter to spill onto Matthew. Again, Peter’s apparent under-involvement had put her in a difficult spot with the children. Her responses are part of being a single parent under stress. Realizing that transitional times from the care of one parent to the other are generally stressful, not only for children, but for parents, Amy might hold back on questions about Peter, acknowledging that she can be easily provoked during these times.

The most difficult message for us as parents, perhaps, is the paradox that we may have to learn with a vengeance those behavior changes that, had we learned them before, might have saved our marriages. When responding differently is too difficult, or when the children’s behaviors indicate that they may be in too much pain, a consultation with a family therapist is advisable. The good news is that even with the inevitable mistakes that we all make, we can help our children. Even a small amount of change can make a big difference. In creating an atmosphere that helps children adjust to divorce, we can also emotionally free ourselves for a new life. ◆
Tips for Families:

– Recognize that becoming emotionally divorced can take months or years
– Give yourself, your kids and your ex time to adjust
– Try to establish communication between you and your ex
– Realize that old, destructive behavior will still occur between you and your ex
– Try to reduce tensions with the shared goal of helping your children
– Try to change your responses to old cues from your ex
– Remind yourself that your ex loves your children, too
– Remember that your children will be loyal to both of you
– Understand that even a small amount of change can make a big difference

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Mr. B. called to request an appointment for his 14-year-old daughter Alison, who was behaving particularly disrespectfully toward him. She had taken money from his wallet, played hooky from school, and brought home a report card that was less than adequate. Mr. B. explained that he and his wife had been divorced for over five years and that Alison had been living with him for the last two years. Alison’s recent behavior made Mr. B. doubt his ability to raise his daughter successfully.

Mrs. J. called requesting an appointment for her four-year-old son, John, whose teacher complained that he was behaving aggressively and in a disorderly fashion in class. Mrs. J., who was raising John on her own, was also finding him behaving defiantly toward her.

In both these situations, the children’s “acting out” behavior coincided with the loss of their other parent. In Alison’s case, her mother was experiencing severe emotional problems, which interfered with her ability to tolerate contact with her daughter. In John’s case, after a bitter divorce, his father moved to another country to make a new life for himself.

With both children, as with children in general, parents and therapists need to contextualize and “decode” troubling behavior in order to bring forward the thoughts and feelings behind it. Responding in this way allows children to...
articulate the loyalty dilemmas they often feel. In the same way that parents worry about their children, children worry about the well-being of their parents.

Alison wished her father would help her mother. When asked if she worried about her mother, she said “I know she would get better if we were all together again.” Alison’s belief about the cause of her mother’s problems made her angry at her father, who she viewed as responsible for the divorce. If Alison’s dilemma were articulated, it would be “if I stop being angry and mean to Dad, I will be disloyal to my suffering mother.”

**Just as parents worry about their children, children worry about the well-being of their parents.**

John drew a picture of a monster chasing him. When asked who could stop the monster, he replied his daddy. When asked if mommy could also stop the monsters, he emphatically replied, “No!” Similar to Alison’s loyalty dilemma, John’s might be described as follows: If mommy can fight the monsters, then we don’t need daddy.

Though loyalty binds are most obvious in divorce, they are present in many other situations in which the adults in families are in conflict with one another and a child feels he or she has to take a side. For example, such binds occur whenever a parent enters into a coalition with a child against the other parent or, when a child on his own senses a parent’s need for his support against the other parent’s needs. Statements like, “you know how your mother is,” or a wink at a propitious moment, or groans over having to visit dad’s parents (who the child adores), or seeing how sad mom is while simultaneously noticing how much dad doesn’t seem to care. In each of these instances, the child will feel torn. If a child joins Dad in a secret negative belief about Mom, it means that the price of being attached to Dad requires being disloyal to Mom; if the child loves going to Dad’s parents and knows how it upsets her mother, her joy is an act of disloyalty to Mother.

These loyalty binds, some less intense than others, often manifest themselves in acting out or symptomatic behavior. Unfortunately, parents can misguidedly respond to the manifest behavior, and not the underlying issue. If, however, the issue is targeted accurately and addressed, the child’s behavior will improve with little need for the rewards and punishment that are often the
response to acting out behavior.

In the example of Alison, once her father appreciated Alison’s concern about her mother, particularly Alison’s belief that reuniting the family would help her mother recover, Mr. B. was able to be clearer with his daughter. He told her that though he would not reunite with her mother, he would become more proactive in helping his former wife secure the help she needed to get better. Mr. B. also initiated a visit between Alison and her mother. Once Mr. B. became sensitive to Alison’s belief (by actually helping his ex-wife, but not reuniting) and once he responded to Alison’s need to see her mother, Alison’s behavioral problems, grades, and general attitude greatly improved.

In John’s case, his mother suggested that she help him send a letter to his father. This gesture enabled John to allow his mother to help him fend off the monster. In a “letter” to his father, John described the monsters that had been trying to hurt him, and how his mother was getting good at fighting them. He also said how much he missed his daddy. Once John could talk about the love he had for each parent to the other parent, his fears began to abate, and his difficult behavior disappeared.

Sometimes adults turn to children for solace and understanding when they are in a dispute with another adult. It is prudent to remind ourselves that their shoulders are too small. A child needs the clear message that even when the adults are angry with one another, the child does not have to choose a side. Furthermore, often it is important for the adults to actually change the way they interact with each other. It is not enough to decode acting out behavior and have the children express their feelings. These feelings need to be considered and responded to in a realistic and practical way. Sometimes this requires the adults to modify their relationships with one another. ◆

**Tips for Families:**

- Try to keep children out of adult disputes
- Before punishing acting out behavior, contextualize it and try to decode it
- Remind yourself that your child worries about you as much as you worry about him or her

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The Time Crunch
Finding time for your family and your career

by Peter Fraenkel, Ph.D.

Tom, 36, and Cheryl, 35, were two professionals on the fast track to career success—and to family disintegration. Like many dual career couples today, the ever-increasing time demands on their work lives, the hectic pace of deadlines, the constant barrage of phone calls, faxes and e-mails to their home study (and their need to respond) and their mismatched schedules were all taking a toll on their marriage and on the quality of their relationships with their children—Trish, 7, and Jimmy, 4.

Tom, a vice-president of an investment company, rose at 5 a.m. to run, shower, dress, make his daughter’s school lunch and gulp a quick cup of coffee before running out to catch the 8:19 train. Cheryl, head of graphic design for a major advertising firm, rose at 6:30 a.m., woke the kids, showered, dressed, got the kids their breakfast, got Trish to the school bus and drove Jimmy to daycare on her way to work. Once a day, Tom and Cheryl breathlessly connected by phone to “check in,” but these micro moments of electronic intimacy were invariably cut short by some pressing business matter.

Although each day they held out the hope that they’d be able to meet for dinner as a family, these hopes were almost invariably dashed by some last-minute work “emergency.” Typically, Cheryl got home by 6 p.m., paid the baby-sitter, threw dinner together for the kids while reviewing piles of faxes,
bathed the kids, and put them to bed (except Wednesdays, Tom’s one night of “quality time” with the children, when he took over, giving Cheryl the chance to relax-time she usually spent catching up on work). Weekends were spent on errands, shuttling Trish to dance classes and Jimmy to a play group—each parent taking one child and one “To Do” list, and spending the days largely apart. By the time Saturday evening rolled around, they often collapsed into bed, too tired to go out or take advantage of the fact that they had ended up in bed, awake, at the same time.

...small changes in who does what reap significant decreases in stress...

In the last year, busyness had given way to bitterness—often directed at one another. Cheryl vented frustration at Tom that she had to manage most of the childcare along with holding down a demanding job. Tom felt betrayed by Cheryl in these moments, since she had encouraged him to accept the promotion that, while greatly increasing their income, had thrust many new responsibilities upon him. Cheryl countered that she had encouraged him because she knew he’d have been miserable passing up the opportunity, and she’d suffer as a result from his sulky moods. Their arguments went on and on. When the children started crying during their fights, Tom and Cheryl decided to seek professional help.

Sound like a couple you know—maybe you? Over the past 20 years, across socioeconomic classes, there has been an increase in time devoted to work and a decline in leisure time, resulting in a “time crunch” for many families. This time crunch affects partners’ time with each other and with their children. There are numerous theories and studies that seek to explain the flooding of family life by work. Some claim that we have become a nation of workaholics, or of people who prefer the social structure of the workplace to our “messier” relationships with our spouses and children. Other studies point to decreases in job stability and increases in layoffs which raise anxiety (especially when we have children to support) and keep us staying late at the office to prove how indispensable we are.

The vast majority of working parents find themselves caught between two ways of providing care for their children: They need to insure stable and adequate financial support for their kids, but they also need to spend quality time...
with them. A 1995 national study by the Families and Work Institute found women indicating that their “greatest family concern” was the family not having enough time together. Yet, when asked if they would elect to spend more time with their children or work to make more money, most women surprisingly said they’d work.

While both men and women struggle to balance work and family responsibilities, women shoulder the majority of the juggling act. Women do far more “trip chaining”—executing complex sequences of activities before, during and after work to keep the family gears moving. They shuttle children to and from school, lessons, play dates and doctor’s appointments; deposit and pick up laundry; shop; care for their own elderly parents, performing a myriad of duties. Men, on the other hand, are more likely to be consumed by business-related travel and other professional responsibilities that limit family interaction.

What can busy couples do to balance work and family life? Create “sacred times” for you as a couple—a weekly date (even if you stay home), a morning meditation time or a nightly “decompression” talk about the day’s events (even if only 10–15 minutes). Be creative and be consistent! Some couples balk at the idea of scheduling intimacy. These couples suffer from what I call the “myth of spontaneity”—the notion that even when their lives are completely overscheduled, somehow, they will just find the time to connect. Typically they don’t, and then blame each other rather than acknowledging their busy lives and being proactive in making intimacy happen. Even if you’re not spending as much time together as you’d ultimately prefer, knowing you can count on regular sacred time of togetherness can keep you connected while you work to change the balance of work and couple/family time.

Try using 60 Second Pleasure Points throughout the day—fun and even sensual activities that a couple can do that last only 60 seconds or less! Some pleasure points might include a quick massage, sharing a piece of fruit, an embrace, dancing and when apart, a quick phone call or an affectionate, amusing e-mail or fax.

If one partner is shouldering more of the little details of family life, sit down together and see if the other partner can take over some of them. Sometimes small changes in who does what reap significant decreases in stress.

Arrange sacred times with the kids as well, but remember, kids can’t handle emotional shorthand as well as adults—they need more time! The quality of “quality time” greatly diminishes when it’s too short. Think about doing some mindless chores with the kids while having a conversation—it’s a great way to teach them skills and responsibilities while connecting. Many kids
Family Matters • The Time Crunch

don’t like to have adult-like face-to-face conversations anyway!

Try to arrange regular family time. Several studies show that families highly value having at least one meal together daily, and many pull it off. Schedule other times that everyone can count on for fun.

For both couple and family times, make sure you turn off the beepers and cell phones, and ignore the fax machine.

Ultimately, if you wish to have more time from work for family, you may need to think carefully about the financial and career goals you’ve set, and make difficult choices to pare down work. You may be surprised to find—after some initial grumbling and suspicions, sidelong glances from your co-workers or boss as you leave only one hour past the supposed end of the workday—that you don’t lose your job after all!

The key to all these tips is regularity—creating a rhythm of family life that acknowledges realistic time pressures from work but that prioritizes and fits in time for all the relationships in the family. ♦

**Tips for Families**

– Create a “sacred” couple time
– Use 60 Second Pleasure Points
– Rearrange and share family tasks
– Create “kid time” around family chores
– Try for one meal together daily
– Turn off beepers, phones and ignore faxes for “sacred” couple and family times
IT’S WONDERFUL TO FEEL relaxed. Unfortunately, the feeling of complete relaxation often eludes both children and adults. In fact, stress has become an accepted part of our busy lives. It may result from a myriad of causes, might be transient or might be due to major life changes, such as divorce or the death of a loved one. Stress may be job-related, conflict-induced, interpersonal (i.e. shyness or loneliness), or may be due to self-defeating habits. Life’s daily hassles are full of stressors, such as waiting in line at the bank or supermarket, getting stuck in a traffic jam, or not being able to find a repairperson when the kitchen sink gets clogged! While the source of stress might be different for each of us, the result is the same. Stress causes a physiological reaction in the body. It has an impact on our respiration, heart rate, oxygen consumption and general well-being.

A little bit of stress is a good thing and brief periods may actually help us to be more alert and sharpen our memory. However, prolonged or chronic stress has deleterious effects and serious consequences on our health, cognitive functioning and spirits. At the extreme, such as in the case of trauma and abuse or the cumulative tolls of relationship issues or school-related problems, irreversible damage can occur.

Some of these changes occur in neurons, the nerve cells in the brain, and impact on our thinking and long-term memory. The neurons can be compared to relay sta-
tions that send and receive information in the form of nerve impulses. A nerve cell sends up to one thousand impulses each second to other nerve cells partly via dendrites, short branching structures that extend from the cells. Research has shown that when a person suffers from chronic stress there is a change in the dendritic material which may actually shrink, shrivel or wither away.

...children’s stresses might include “unlikely suspects”...such as the car pool...

As a psychologist and family therapist, I have been keeping a list of stresses that children report. These include what we might think of as “unlikely suspects,” such as “picture day” at school, the car pool, recess and even board games. As one might suspect, the daily hassles of school life were also high on the list, with homework and tests often at the top. For many children, difficulties making friends and concerns about social issues were prominent. In the Unique Minds Program at The Ackerman Institute for the Family in Manhattan, we find that a learning disability or an attention disorder often heads the list of individual and family stressors. These stresses are of a chronic and unrelenting kind and sap psychological and physical resources.

How a person handles stress varies widely and often depends on a multitude of factors, such as the individual’s temperament, vulnerability, coping resources and resiliency. Variations in adaptability, mood and initial responses to novel experiences, people, places, toys and foods, as well as intra-individual differences in sensory threshold, frustration tolerance and persistence, all have an impact. Genetic or inherited predispositions for anxiety also must be considered and, of course, family factors must be taken into account as they either ameliorate or exacerbate stressors. A most unfortunate aspect of stress is its “contagion factor”—it is often passed along from one family member to another.

I believe it is not the absence of stress that leads to good coping and adjustment, but rather that ability to cope with the stress created by the challenges at hand. Just how do we “turn down the volume” and diminish the impact of stress on our lives? First of all, since stress is often a family affair, shrinking it needs to be a family decision. Have a family meeting and decide to “kick stress out of the house!” Brainstorm together about how to reduce stress’ “hold” on your mind and spirit. Stop it from sapping your precious energy resources and take back your power.
I have found that families are ingenious in coming up with ways to reduce stress that suit their individual styles. Training your children to be good managers of life’s stressors and helping them to develop good coping skills are important tasks.

**Tips for Families**

Ways to relax:
- Singing, dancing, painting, crafts
- Baking
- Funny movies
- Outdoor activities/Exercise
- Reading
- Letter writing/journal keeping
- Soothing music

Just for one day:
- Stay in bed an extra 15 minutes.
- Try not to do anything in a rush.
- Take the phone off the hook.
- Don’t schedule any new appointments.
- Treat yourself to something extra special.
- Put on your PJs the minute you get home
- Catch up with friends who make you laugh.

Making the future less stressful:
- Get organized and stay organized!
- Eliminate unnecessary/unwanted distractions.
- Schedule time alone for yourself, fun times with your family and romantic get-togethers with your spouse.
- Don’t procrastinate.
- Maintain a positive outlook/sense of humor.
- Eat healthy foods, exercise and get enough rest.
- Make a list of all the things that cause you stress and devise a plan for lessening and/or managing these demands.

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We live at a time when parents have more control over the spacing of their children than they ever have before, and in a culture where the expectations are less demanding regarding family size. It is no longer a stigma to choose not to have children. And deciding to have only one child is even thought to be an ecologically responsible choice. What are the variables parents should consider when making these choices? Or do you just follow your instincts? As one couple stated, “It just seemed like the right time. We didn’t give it a whole lot of thought, just went with our hearts.”

If you have access to the Internet, check out site, service.genie.net:70/0/faqs/misc-kids.sibling-spacing for many individual vignettes by parents and siblings talking about their thoughts on the best and worse spacing between births. For every positive reason to choose a particular spacing between children, another family presented a drawback for the same spacing between births. Much depends upon the parents’ and children’s personalities, the stresses in their lives, the number of other children in the family, the availability of extended family and friends for support, and other factors.

The Choice
It is vital that you and your partner honestly evaluate how much you enjoy
being a parent. Ask yourselves whether you enjoy child rearing as much as you enjoy the hours you spend reading, working, or playing tennis. It is important not to make moral judgments during this process—not to condemn yourself as “selfish” or “irresponsible” if you decide parenting is just not for you.

On the whole, older children adored their younger sibling…

At the birth of your first child you are most likely to be astounded by the intense feelings of love and attachment which arise for your newborn. You are amazed at how you can spend hours gazing at and adoring this new being, but you also very soon become overwhelmed with the demands and pure exhaustion that you experience during the first few years of your new child’s life. Reality soon sets in. And the reality is that a baby entails a huge amount of work and self-sacrifice. You almost always give up quiet time, sleep, hobbies, intimacy with your partner, and even private time in the bathroom.

You may want to consider the financial consequences from daycare to college of increasing family size. If you are a two-parent family, who is willing to put aside his or her career dreams for a time? Some couples find their marital relationship severely strained by parenthood. They have different thoughts about child rearing and do not agree on the division of labor. A mother complained that her husband never changed a diaper nor got up in the night with their two-year-old. One study “relates marital satisfaction to whether children were planned. The researchers found that in families with unplanned children, marital adjustment declined after the birth of the second child. But when family size was planned, couples were better adjusted than were couples with one child. Planning seems to be the key, to the happiness of the children and parents.”

If you and your significant other, after many heart-felt discussions, decide to go ahead and do it again, the next question is “when?” Does it really matter how close the births of siblings are? Most literature on spacing between children breaks down the spacing into three categories: Under two years, from two years to four years, and over four years apart. The following may give you some ideas to consider:

Under two years apart is known as “cluster births”

There are obvious advantages to having children close together in age.
Some parents believe that this will lead to their children being playmates and ultimately growing up with a closer relationship to each other. They also believe that with the closer spacing, the family as a whole will be better off because both children will be going through the same developmental stages and will be interested in similar toys and activities.

Additionally, some parents decide that they want to go through the baby-care stage just once and get the exhaustive, sleepless times over with as soon as possible. For those who have left the job market, such spacing makes it possible to return to their professions sooner, if they choose to do so.

The age of the woman can also be a factor in having a second child before the first is two years old. If the first child is born after mom is thirty-five, there are increased concerns about the possibility of complications during pregnancy and delivery, and of the increased risk of birth defects.

If these reasons sound compelling to you, before jumping on to the bandwagon, consider the following drawbacks to close spacing. The first two years are filled with tough physical work (diapers, carrying the kids around, little sleep), and the younger the child, the greater the physical demands. Two young children can seem, at times, overwhelming. One father reported that their younger child was always just enough younger to be less capable at everything and many times became frustrated and often felt generally inferior to his brother. These stresses can be further complicated if the older child feels the loss of the parents’ total attention on him. He or she is too young to know what to do with these ambivalent feelings—genuine affection for and anger at the sibling—and cannot express them verbally. Suddenly you find that your mellow older child, who had been a joy to live with, has begun to hit, bite, and/or pinch the younger sibling, as well as you.

Parents report that these are not the only problems with close spacing. Since the children are so close in age, the parents may overemphasize family togetherness to the detriment of a child’s developing individuality.

“Spacing children less than two years apart can unfairly push the first to grow up too fast,” says Dr. Berry Brazelton, professor of pediatrics emeritus at Harvard Medical School and author of many books including Infants and Mothers.

What to make of all this? Perhaps, it’s best expressed by Larisa Baer of Oklahoma City. “The first few years were rough. It was a total blur. It wasn’t fun having two in diapers, and two learning to walk.” But she doesn’t regret it for a moment: “I think kids need a companion, and they were instant friends, both in the playpen together, talking to each other from crib to crib, and playing together in the bath. I liked having two together.”
She was fortunate. Close spacing doesn’t necessarily increase the odds of close friendships. So much depends on the temperament of each child, so all you can really do, if you chose to have your children close in age, is hope for the best and think through how you will handle it if the benefits don’t materialize and the problems do.

**Two to four years apart**

This age spacing is most typical. A study published in the *New England Journal of Medicine* (Feb. 25, 1999) suggested that the healthiest interval between the birth of one child and the conception of the next is 18 to 23 months (which comes to about two-and-a-half years between births). These babies were least likely to suffer from low birth weight and prematurity. The researchers hypothesized that waiting at least the 18–23 months gave the mothers’ bodies and psyches time to recover from the birth of the previous child.

Furthermore, they found that mothers who waited less than six months or more than five years between the last birth and conception had a significantly increased chance of having premature babies and babies of low birth weight. They speculate that, on the short end, this may be because the mother’s anatomy has not recovered sufficiently, while on the long end this may be because the body’s ability to get primed for the next birth—enlargement of the uterus and increased blood flow to the womb—decreases over time.

In addition to the positive health benefits of waiting 18–23 months between the last birth and the next conception, most parents found that things were easier if the first child was older than two. She or he has been learning to do things—feeding himself or herself, doing some dressing, even going to the bathroom, and, hopefully, sleeping through the night. This first child may be old enough for a toddler program or even nursery school. So there may be time to enjoy your newborn or even take a nap when the older child is busy with school or friends. “You can finally kiss your new child without worrying about arousing jealousy in the older one,” says one mother.

An older child can be encouraged to express feelings of jealousy, rather than act them out, and, if the child is three or over, she or he can even help in small ways, such as getting an extra diaper, or entertaining the infant.

While, for many parents, the two to four year age separation is ideal, problems still can arise if the first child is a “high-needs child.” There may be big-time regression upon the birth of the second and a lot of fighting. “Often just as important a consideration as the time interval between children is the temperament of the child,” says Dr. William Sears, a pediatrician in San Clemente,
Family Matters • Family Planning

California, and co-author of The Baby Book. “Otherwise you’ll be exhausted, and the needs of one baby ought to be fulfilled before you start on another one.”

There are other drawbacks of the two to four year spacing. For example, some research reports indicate that sibling rivalry is the most intense between children with this spacing, especially if the older child is a boy. There is also evidence that siblings with this age difference find life generally more stressful.

In the vignettes on website, kids.siblings-spacing, for every advantage touted by one family, another family presents a disadvantage for the same spacing. One mother of two with a spacing of two years and eight months between them states that the “older one did not get so used to being an only child and adored his new brother;” while another parent with the same spacing between her two children stated, “there were many difficult months during which the older child adjusted to the new arrival.”

More than four years apart

Interestingly, many families were very happy with this spacing. On the whole, older children adored their younger sibling, took good care of the younger, and were very helpful. Older children, being in school, had their own interests and friends, and were less dependent on their parents. One mother reported that “the older one was not threatened by the newborn at all. And, of course, the younger one absolutely idolizes the older and lights up whenever the older sibling enters the room.”

With the increased spacing, the parents have more energy and more time to enjoy the infancy of the new child. Dr. Burton White of Harvard University found “that spacing makes a big difference to the entire family—the closer the spacing, the greater the problems for everyone involved; the wider the gap, the more delightful the experience for parents and children alike.”

According to researchers Michael Lewis and Valerie S. Kreitzberg, “Babies born at least three and a half years after their next older sibling were looked at more, smiled at more, and played with more than babies who came along sooner.”

Of course, there is bound to be some jealousy and adjustment for the older children who may have been the “only stars” for so long and now find themselves having to share the attention of their parents.

“While the older child may experience some regression or jealousy toward the new sibling,” Dr. Hagan, a pediatrician from South Burlington, Vermont, says not to worry. “Just because your child comes across a bump in the road and has a brief period of being fearful, that’s okay.”
However, if the parents help each child to feel loved and special and if they foster co-operation while delighting in each child’s uniqueness, the jealousy will be minimized. It is in this way that siblings have a much greater chance of developing close supportive relationships with each other that will last throughout their lifetime, no-matter what the spacing between them.

Dr. Hagan continues, “Whatever interval you choose, rough spots along the way aren’t such a terrible thing. Sure, there might be some regression, but there are so many positive things a child learns from a sibling about sharing, negotiating and getting along that they’d otherwise have to learn from the School of Hard Knocks—preschool and kindergarten. There’s a lot of value in that.”

The most vital part of the spacing equation is the parents’ ability to come to a decision together and jointly make the commitment to put the time, energy and love into their growing family. Every child deserves to be a wanted child.

Having children close in age demands a lot of energy. Do you have it? Closely spaced children can undermine a rocky marriage. Is yours strong enough to withstand the stress? Having children farther apart may mean a long break in your career and more total years of childcare. Are you ready for that? It’s important to understand that each child is going to be different with a unique personality, one that may be difficult at certain stages and wonderful at others.

Dr. Barbara Howard, assistant professor of pediatrics at Johns Hopkins University School of Medicine has some good advice. “Most of all, take heart in the fact that what you want matters most, not how long you should wait or how difficult the age difference might be. More important than the spacing of the baby is what shape you’re going to be in to take care of these babies. If you’re ready, it doesn’t matter how far apart they are.”

**Tips for Families:**

– Decide what you want and do not let family or friends influence you.

– Make sure each child feels loved and special.

– Foster cooperation between children not jealousy.

– Understand that the path may not always be smooth, and that some bumps are to be expected.

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What is temperament and how can an understanding of temperament be helpful in understanding your child? Temperament refers to a basic manner of how an individual approaches and responds to his/her environment. This includes reactions to people, places and situations. Each person has a unique set of temperament characteristics that are evident at an early age. Just as the tide shapes the coast, these characteristics impact from the first moments of life and shape one’s interactions and experiences.

Consider the new mother, Susan, who takes her son Sam home from the hospital. This child had been planned for, longed for and talked about for years before his birth. Susan and her husband Jim are thrilled and eager to be home with their new son but right from the start, life as a family is not as they had imagined. Sam is difficult to calm and soothe, and much of the day and night he seems distressed. As he nurses at Susan’s breast, he is distractible and never seems to get enough nourishment. This leaves him hungry and restless. Sleep eludes them all. Tension in the house heightens and anxiety mounts. To make matters worse, well-meaning child-rearing “experts” in the extended family jump in and try to take over. In a family therapy session, Susan sadly recalls that this was the beginning of misunderstandings and ruptures in attunement that continued to persist over time.
In contrast, take the M. family. They glow as they talk about the ease of learning how to care for their infant daughter, Jessica. Her rhythms are predictable, she is friendly, pliable and a delight to care for. Her mom comments that she feels like a parenting expert because she is always able to anticipate her daughter’s needs.

As long as he did what he liked… family life was pleasant.

As a psychologist and family therapist, I often hear anecdotes from family members about temperament characteristics that were present from the infant’s first days. They are reflected in parents’ comments such as:

- He was a stubborn infant. He knew just how he wanted to be held and never settled down, until I got it just right.
- When I was pregnant, the baby was so active that we came to call it our “little jumping bean” and the name still holds true today!
- Joey was not a child who adapted easily. As long as he was on the “Joey channel” and did what he liked, family life was pleasant. However, transitions were torture for the whole family and it seemed as if Joey was born with a broken “channel-changer.”

In each of these cases, the problematic behaviors were not part of a symptom cluster reflecting pervasive difficulties with sensory integration, attention or hyperactivity. Instead, they were part and parcel of the individual temperament characteristics of these children and resulted in problems in self-regulation that impacted on the child’s interpersonal world. The impact on family life was palpable and the source of vicious cycles that fueled arguments in the home.

Temperament has been the focus of ongoing research for many years. Outstanding contributors to the field are psychiatrists Stella Chess and Alexander Thomas. In the 1963 book, Behavioral Individuality in Early Childhood, they, as well as other investigators, discussed the idea of individual differences and tendencies and their impact on behavior. In the New York Longitudinal Study (NYLS, 1977) and in their book Temperament and Development, Chess and Thomas identified nine dimensions of temperament and proposed clusters of the dimensions as follows: the difficult child, the easy child and the slow to warm up child.
In a more recent book, *Coping with Children's Temperament*, authors William Carey and Sean McDevitt adapt the original nine dimensions into: activity; rhythmicity (one’s rhythms related to eating, sleeping, elimination, etc.); approach/withdrawal (to new people, places or things); adaptability; intensity; mood (pleasant and friendly or unpleasant and unfriendly); persistence/attention span; distractibility; and sensory threshold.

**When thinking about or evaluating a child, I ask myself the following questions:**

- Which dimensions are areas of strength? Which aspects are weaknesses?
- Does this child’s functioning on a particular dimension impact (positively or negatively) on daily functioning and relationships? If yes, how and to what degree?
- If it is impacting negatively (such as when a child is misbehaving), is it because of a poor match between the child and the environment? It is important to underscore this last point, as the consequences of a problematic match between the child and the environment can seriously affect one’s overall adjustment and development. Predictably, a “good fit” between the child’s temperament and the environment (this includes the beliefs, values and expectations of caregivers, teachers, camp counselors, etc.) helps a child blossom and flourish.

Understanding a child’s temperament sets the stage for thinking about ways to intervene when your child is having difficulty. Consider the degree to which one or more of the dimensions is a problem for your child. Is the problem in the eyes of the beholder and/or a result of a poor fit for the child? The fit will often define if it’s a problem. In addition to whether the problem is situation-al or pervasive, context must also be considered.

A related anecdote concerns a woman and a psychiatrist. The psychiatrist asks his new client why she seeks help at this time, to which the woman responds, “I love pancakes.” The doctor looks perplexed and queries, “I do too. What’s so strange about that?” In an excited tone, the woman responds, “You do? Please come over, I have three trunks filled with them in my attic!” Clearly “three trunks” as evaluated on any given dimension can constitute a problem. Let’s consider a response by a different client to the psychiatrist’s query: “I’m here because my family thinks that I have a problem about pancakes. I own a restaurant called Perfect Pancakes and I never allow more than three orders of pancakes prepared each morning!” It is the context here that defines the problem.
Another aspect involves who defines the problem. In a comic routine George Carlin asked, “Have you ever noticed that anybody going slower than you is an idiot, and anybody going faster than you is a maniac?”

The Next Step
As you identify your child’s characteristics, you might want to keep the following in mind:

• Help others (babysitters, teachers, etc.) understand your child’s temperament and, if needed, develop a plan together to better meet your child’s needs.
• Be a good “behavioral engineer” and set up the environment for success.
• In light of your child’s unique temperament characteristics, are the expectations of others realistic? For example, Geraldine has a low sensory threshold and gets very agitated from the whistle-blowing and loud talking in the school cafeteria. She becomes increasingly uncooperative and runs out unsupervised. In light of this temperament variability, can she be expected to behave differently?
• Ask yourself, “If my child is misbehaving, is it because of a mismatch between temperament and the environment?” If the answer is yes, consider a change.
• Optimize the fit and be a researcher seeking out “good fits” for your child (friends, extracurricular activities, camp, tutors, next year’s teacher).
• Take a long look at each family member’s individual temperament characteristics. Ask yourself, “Who has the problem? Are we getting into struggles because of a poor fit?” In a family session one child declared, “This is the worst kind of family for a kid like me.” She was correct in her observations as her intensity of mood and angry talking were matched instantaneously by her mother’s. They both had the same fiery temperament which precluded solving a problem peacefully.
• Intervene early on, as failure can easily become a habit.
• Fan the flames of mastery and provide ways for your child to use new behaviors. It has been said, “Success is learned, but so is failure.”
• Think of interventions that consider your child’s unique temperament characteristics, that create harmony between the child’s innate nature and the world.
• Filter the amount of stimulation so as not to flood or overwhelm the anxious child.
• Let your child have a “voice.” If adaptability is a problem, give a choice of two things that are acceptable to you and let your child decide. Prepare your child and let him or her know that the “channel” is going to be changed.
• Help your child to develop new competencies and provide opportunities
to practice and consolidate new behaviors.

- Help your child learn coping skills. Each time your child finds a way to
deal with a difficult situation, it helps build confidence and “can-do” thinking.
It increases the likelihood that your child will use the new behavior again.
- If intensity (the energy level of responses in either direction) is a problem,
help your child find ways to stay calm and soothe himself/herself.
- Find ways to talk to your children about their particular temperament
characteristics. Tell them what you observe and ask if they agree. Don’t forget
to talk about “both sides of the equation.” Think about the setting (i.e., is this
a forgiving, calm match for my very active child?) and the other personalities
involved (i.e., what kinds of temperaments do caretakers have?). Find ways to
solve the problem together. If children don’t see their behavior as a problem,
it is unlikely they will “sign up to change it!”

Children with certain temperament characteristics present challenges to
those who live or work with them. By understanding their unique styles and
how these fit with your own style, you can intervene to make dramatic
changes. The challenge remains as to how we can help nature and nurture
work together to provide the best possible environment to help a child grow
and develop.

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**Tips for Families**

- Identify your child’s strengths and weaknesses
- Help others understand your child’s temperament
- Check his/her environment for mismatches, e.g.
an easily stimulated child in an over-stimulating place
- Consider change if the environment is not suitable
- Seek good “fits” for your child
- Identify family struggles because of temperament
- Intervene early
- Let your child have a “voice”
- Help your child learn coping skills
Before considering the issue of spirituality and children, let us attempt to define spirituality. Spirituality is one of those loaded words whose meaning needs to be stipulated in every new discussion since we all have our own evolving versions of the word/topic. Some approaches to spirituality may be theistic, such as Judaism, Christianity and Islam, some may be non-theistic such as Buddhism. Others may be pan-theistic or even atheistic. Some may emphasize prayer, meditation or certain rituals. Since there exists such great diversity amongst the spiritual traditions, for the purposes of this article, we must stipulate a definition that transcends the differences and reflects the essence. So by spirituality, I mean that which is concerned with the experience, appreciation and expression of the sacredness of all existence.

Given this stipulative definition, how can you instruct or guide a child in a spiritual way of living? The answer is that you probably cannot. But what you probably can do is provide a context for that child’s natural spirituality to be recognized, acknowledged and developed. How? Perhaps the most fundamental way is to see beyond the characteristics you reactively “love” in your child, beyond the mannerisms that remind you of yourself, your spouse or another family member, beyond the talents, skills or smarts that seem to define him (and that may embarrass you at other times. What do you see when you look
at your child beyond all of that? What is the nature of your child (or any child, for that matter) beyond his or her surface characteristics? When considering this question, we inevitably ponder it in relation to ourselves. Who am I beyond the balance sheet of my positive and negative attributes? Undoubtedly, the starting point for introducing children to spirituality is to discover the spiritual in oneself first. Otherwise, the whole thing comes down to a matter of belief and most children have a nose for sniffing out the suspicious relativity of all that (“But why, Mommy?”).

It is difficult to see the sacred in others if we have not first appreciated it in ourselves...

Since it is very difficult to see the sacred in others if we have not first appreciated it within ourselves, the obvious place to begin is with oneself. The question is, how many of us have actually taken the time to find/allow/invite/evoke/provoke the spiritual in ourselves? In such a case, perhaps it would be better to simply recognize that we don’t know how rather than to risk damaging a child’s trust by faking it.

If one does wish to take the first step, however, there are a myriad of spiritual paths, some mentioned above, which exist for the purpose of guiding others in this process. Each path has its own valid practices—prayer, meditation, ritual. It’s up to each of us to find a path that suits our personality and lifestyle.

Suppose you have taken this first step, how then can you relate it to your children? How can parents go about planting seeds that may blossom as spirituality? Young children by nature are not developed enough to truly practice a spiritual path. Only adults can make that choice and follow through with it. Of course, we are not talking about simply taking your child through the motions of religious life. That’s simple. We are focusing here on introducing children to the spiritual as previously defined.

How can we do this? Probably the most effective and concentrated way is to consciously see children as sacred beings placed in our care by fate, karma, God, choice. As such, the best we can do for our children is to stay in touch with the sacred, transpersonal core that exists in each of them, that is the same in each of them and in each of us.

Although spirituality can’t be reduced to a set of techniques, we sometimes need to prime the pump to get started. Set up five minutes a day for the fol-
lowing exercise. Stand in front of the mirror and look into your own eyes. Just acknowledge whatever arises without repressing or following after any thoughts or feelings. Just notice, then reflect: beyond whatever thoughts, feelings, judgements, concept I hold about myself, who am I? What is my essence beyond all of that? If joy arises, let it expand. If sadness arises, let your heart be touched and open to the pain you feel having become alienated from your true nature. Make a silent wish to reconnect with and appreciate your own sacredness. Then go through the same process looking into your child’s eyes. Don’t make a big deal (or any deal) about it. Make sure you do this unobtrusively. Or simply use a picture or your mind’s eye view of your child. Even five minutes of this practice daily can have a powerful effect.

In addition to having parents who provide structure, set limits, enforce consequences and act as role models for them, children need someone to consistently mirror back to them the truth of their essential nature as spiritual beings. Otherwise, they begin to forget that nature and eventually, inevitably, seek consolation for the tragically felt loss of their innate spirituality via the development and solidification of compensatory pursuits.

**Tips for Families**

Five minutes of spirituality practice:
– Stand in front of a mirror
– Look into your eyes
– Acknowledge your thoughts or feelings
– Notice who you are
– Make a wish to reconnect with and appreciate your sacredness
– Use the same process to connect with your child; you may use a picture or your mind’s eye view of the child

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“Mommy, did I grow in your tummy?”

This seemingly simple question can raise fear and anxiety in the best of adoptive parents. Aware that a child’s feelings about being adopted influence the child’s sense of self-worth and esteem, adoptive parents get caught in the ultimate adoption paradox—helping their child understand what it means to be adopted, while knowing that in the process of understanding, the child is likely to feel rejected, sad and hurt.

At this initial state of approaching the subject of adoption, parents worry about how to best share the information with their child and the consequences this new knowledge will have on him or her.

Parents wonder if a child will love them less or believe they love him or her less. They worry about whether their child will feel rejected by the birth mother, or feel that adoption was a second-best option for them. Adoptive parents may also be concerned that their child will feel more connected to the birth mother than to them and may want to find her.

Talking with children about “Where do I come from?” involves discussions about birth, reproduction and adoption. A child’s curiosity can let a parent know when the child wants information, but if your child doesn’t display interest, you can raise the topic yourself.
Once the topic is raised, find out what your thinks and what he or she wants to know. It is always better to respond to questions than to inundate a child with information. Children need repetition to understand new and complicated concepts. Studies show that parents overestimate their children’s understanding of what they’ve been told about adoption and underestimate their children’s need for ongoing discussion. Don’t expect your child to “get it” after one or two discussions. Talking about adoption is a lifelong process.

**Children’s Development Understanding of Adoption**

_Toddlers and Preschoolers (One to five-year-olds)_

Preschoolers are beginner thinkers and their thinking is essentially literal. They do not have the mental capacity for logical reasoning, and information is just information. As they are basically egocentric, they truly believe the world revolves around them and their needs. This is the time to start the adoption story. Basically, children love their adoption stories as they are the center of attention and it is the story of how they came to your family. The meaning of adoption does not really sink in at this age.

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**The core task…is the telling and retelling of the adoption story.**

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The basic adoption story should tell your child the following:

- He/she was born the same way as everybody else in the world
- She/he grew inside another woman’s womb, but that woman wasn’t ready/able to be a mother to any baby at that time
- You wanted to be a parent very much, but no baby would grow in your womb
- You adopted him/her and she/he will be your child forever

Don’t forget to include in the story that the moment of his or her birth, just as the moment of adoption, was an awesome event. In that story, your child will hear your joy and excitement over welcoming him or her into the world and your family. The core task in the life of the adoptive family is the telling and retelling of the adoption story.

_Middle Childhood (Six to 12-year-olds)_

By age six or seven, an adoptee can differentiate between adoption and birth as alternative ways of forming a family. The child now understands that although everyone enters the world in the same way, most children become
members of their families by being born into them, while others enter their families after their birth, and this is what adoption means. It is at this age that the concept of having two separate sets of parents becomes clear: those who conceived and gave birth to the child and those who are raising him.

When children ages six to eight were asked if adopted children are more, less or just as likely to be as non-adoptive children to be bright, happy, popular and self-confident, they responded that adopted children are more likely to have those qualities. However, by the time they are 10 to 12 years old, their answers begin to change. These older children begin to recognize some of the more difficult and confusing aspects of adoption, including feelings of loss and of being different. Although still maintaining a positive view of adoption, children in this age group are more likely to experience occasional bouts of anger and sadness as well as increased uncertainty about themselves.

Between the ages of eight and 11, adopted children first struggle to understand the circumstances surrounding their births and think of the unchosen options that had been available to their birth mothers:

- If she didn’t have enough money, why didn’t she just get a job?
- If she didn’t think a single parent should raise a child, then why didn’t she get married?
- If she didn’t know how to be a mommy, why didn’t she get someone to teach her?

These simple solutions to the complex problems that a birth parent may have faced represent the child’s efforts to understand the birth mother’s decision.

Children in this age group begin to understand adoption not only in terms of family building but also in terms of family loss. The school-age child may begin to grieve for the parents and the family he or she never knew, just as adoptive parents may have grieved for the biological child they will never know.

**Adopted children cope with these feelings in a variety of ways:**

- Some are open and direct in talking about their feelings.
- Some are defensive and use avoidance and denial to cope.
- Some express their feelings through angry and disruptive behavior.

This is why it is so important to keep an open dialogue with your child so you can understand how he or she has put this complicated picture together and offer alternative views to address any misperceptions. Just as the experience of adoption changes over time, talking with children about the experience must also change according to their stage of development and physical, emotional and intellectual maturity.
There is no right way to experience adoption, and there is no right way to talk about it. What is important is to hear what your children are saying, allow them their feelings, and be available to help them with the struggle.

**Tips for Families:**
- Keep an open dialogue with your adopted child
- Offer to address any misperceptions
- Understand that your adopted child’s experience may change as he or she matures
- Know that your child may cope with the fact of adoption in different ways
- Tell your child about his or her birth and adoption
- Show your excitement and joy about when he or she entered your family
- Understand that talking about adoption is a lifelong process

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MORE AND MORE COUPLES are committing to cross-cultural marriages—three times as many since the early 1970s. Fifty percent of Americans marry a partner from another ethnic group and more than 30 million households have multiple religious identities. This may be seen as evidence of a growing tolerance of cultural differences. However, cross-cultural marriages greatly complicate some issues that arise normally in any relationship. The greater the cultural differences between partners, the greater the efforts needed to sustain the commitment to the marriage. Learning about one another’s ethnic and cultural differences is helpful to partners who may take each other’s behavior too personally.

People are more tolerant of differences when they are not under stress. Some of the differences between couples may actually be what they found attractive in each other, but stress diminishes the tolerance and increases frustration when a person is not understood in ways that validate his/her wishes and expectations.

Differences that parents need to be aware of when raising bi-cultural children:

- How each parent’s culture uses language and expressiveness
- How each parent’s culture creates rituals
Family Matters • Mixed Marriages

• What life-cycle transitions are most important in each parent’s culture
• How problems are viewed and responded to in each parent’s culture
• How each parent’s culture regards pain and illness

For instance, in the Anglo culture, words not only communicate thoughts, they are also expected to accomplish one’s goals. Words are important for their utilitarian value. Discussing a situation that is viewed as unchangeable is seen as a waste of time.

...rituals may sharply highlight differences that children need to understand.

In contrast, in the Jewish culture, speaking about an experience could be almost important as the actual experience. This is rooted in Jewish history. The Jewish people were deprived of their rights for so long that the sharing of ideas, thoughts and perceptions became ways of understanding and remembering experiences. Analyzing and acknowledging what has happened is a way of preserving personal and group history.

Similarly, in the African-American culture, the tradition of telling and retelling an experience is founded in the oral tradition of recording history in the places where it cannot be erased—in the minds of the people. The emphasis placed on a word not only accentuates its melody, but may also signify its multiple and hidden meanings. The need to communicate clearly with one another while keeping their intentions secret from oppressors was an essential skill developed to survive slavery and the oppression that followed. For African-Americans, emotions conveyed by words are probably as important as the literal meaning.

In the relationship of an Anglo-Jewish couple, the different ways of using language may lead to misunderstandings. The Anglo partner may not want to discuss an incident because it has passed and cannot be changed, while the Jewish person may say, “I need to discuss it so I can understand why it happened.” Or an African-American may repeat his report of an incident he already understands so that he can vent the emotions the memory of the incident stirs up.

Couples who are intermarried from different ethnic or religious backgrounds frequently struggle over how to balance their rituals in ways that can express each one’s heritage. Efforts to resolve this difficulty by simply adopting all of the rituals of one spouse will result in conflict. Accommodating the
differences and celebrating together with sincerity based in understanding will strengthen the relationship. There are times when couples who are from the same religious background but of different ethnicities may not realize how different their ritual lives are until they begin to celebrate together and try to construct a ritual life of their own. Mario, an Italian-American, married Monica, an Irish-American. They are both Catholics, so they assumed their holiday rituals would be compatible. But when they participated in each other’s family holidays, they each found the differences problematic. The contrasts in foods, in extended family involvement, the sound level of conversations and other differences were quite significant. Mario’s family celebrations were filled with exuberant emotion and high activity levels. Monica’s were much more subdued and restrained. Each found the other family’s behavior strange.

By discussing these differences they came to realize that the rituals were expressions of their family’s ethnic origins. They learned to appreciate the strengths and the beauties in the differences by understanding how these behaviors function to support the family bond and preserve and honor the cultures. Their children now participate in both types of celebration with ease because to them these differences are not strange, but interesting, fun and normal family practices.

Children in bi-cultural families breathe in each parent’s culture during ritual celebrations. At the same time, rituals may sharply highlight differences that children need to understand. A bi-cultural family I saw in therapy faced a problem that arose at a time of celebration. David, a 10-year-old boy, came home from school one day very upset. His father is African-American and his mother is Jewish. David was angry and hurt because his teacher told him that he could not participate in the African-American choir that was preparing a recital for the school’s celebration of Martin Luther King Jr. day. The teacher told David, “You are Jewish, not Black.” The child was embarrassed because the other children laughed at him for not knowing his own ethnicity. He said that he tried to explain that he is both Jewish and African-American, but he got nowhere.

The incident made David’s parent question their decision to raise their son bi-cultural. I helped them to see that they really had no choice. Their son could only be bi-cultural because he is learning and absorbing cultural and behaviors and customs from both of his parents. To deny one culture would not only be denying one parent, it would be denying David of an important part of himself. They decided to talk with David and restated to him that there is no contradiction in being Jewish and African-American. Both parents supported his
desire to participate in the recital and they met with the teacher as a family. The misunderstanding was cleared up and David sang in the choir.

Children in cross-cultural families naturally take on the characteristics of both parents because they are the product of the two cultures. This connection of cultures offers children the values of both ethnicities, while at the same time brings with it the problems and challenges of understanding the idiosyncrasies of two cultures. Parents also need to remember that being bi-cultural does not protect their children from prejudices that some people may have against one or both their cultures. It is their understanding and embracing of their cultures that will be the buffer against the irrational ideas and acts of those people who do not understand. ◆

**Tips for Families**

– Teach your children that they are not half one ethnicity and half the other. They are both. Both ethnicities/cultures co-exist in the home as equals, not halves.

– Celebrate the holidays, rituals and customs of both cultures so that your children learn to enjoy them equally.

– Have conversations with your children about what living in a bi-cultural home means to them. It is important for them to speak about the values they are learning in their family.

– Maintain connections with their grandparents and other members of both extended families. The loving support of relatives will bolster the bi-cultural nature of the home.

– Tell your children the stories of both families and include the histories of both peoples.

– Teach your children about other cultures so that they learn about diversity and respect for other ethnicities.

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ANGER IS A MOOD that both children and adults often have difficulty controlling. When children express their anger inappropriately, such as by aggressive means, it frequently strains friendships and results in management difficulties in the school setting. At home, the angry child’s reactions often direct the ebb and flow of family life and parents report having to walk on eggshells so as not to wake the “sleeping tiger.”

The angry child may be called upon to do less and less in the home as a way to avoid a melt-down and an explosion. This has an impact on family life as siblings are often asked to “pick up the slack” and do more than their share. In addition, parents often disagree about how to deal with the angry child. They may blame one another and argue about how to deal with the child’s demands. This further exacerbates family tensions. When there is a temper outburst in a public place, derisive glances from onlookers are a source of shame and embarrassment. The expressions on people’s faces seem to say, “What’s wrong with that mother/father? Why can’t she/he control his/her child?”

Some angry children don’t always explode or retaliate when angered. Instead, they adopt a more passive stance. They become quite adept at ignoring their parents as a way to maintain control. At best, managing an angry child can be a daily challenge, yet one worth tackling because of the long-term
consequences. Children who do not learn an acceptable degree of flexibility and how to regulate strong emotions may be headed for a troubled future. They may have difficulty with social relationships, feel isolated and depressed, are susceptible to low self-esteem, and, at the extreme, may develop antisocial behavior.

Don’t match a child’s anger with your own…

If we were to look at the development trajectory, we find that anger has its roots in infancy. Even before the age of four months, primitive, albeit discernible, facial expressions of anger are evident in babies. When parents are asked to think about what they remember as the beginning of their child’s anger, some go back to this early period and recount stories about an irritable and difficult baby who seemed hard to soothe from the very first day. Other parents tie the beginning of anger to a specific event, such as the birth of a sibling.

When thinking about anger arousal and coping, it is important to consider the role of temperament. Due to inborn tendencies and characteristics, or inherited predispositions, some children are more vulnerable to angry reactions, are less adaptable, frustrate easily and are by nature intense and moody individuals. Innate differences in sensory threshold (for example, the child who is more reactive in noisy and over-stimulating situations) must also be considered. Furthermore, family factors must be taken into account as they potentially ameliorate or exacerbate anger in the family. The “fit” between a child and a parent is also salient. Is there a “poor fit” between the angry child and one or both of the parents? When an angry child lives in a home with a calm mom, it goes a long way to ward minimizing angry outbursts.

A suitable expression of anger is important to one’s health and well-being. It is when the amount, frequency, intensity and duration get out of hand that a child (or adult) needs help. When working with the angry child and his/her family, I take a posture that it is okay to be angry. We all get angry at some time or another but we must be in control and be the “boss” (in charge) of our anger. When we are not, we are likely to say or do something that we otherwise might not.

The Family’s Role

1. Track explosive behavior and reactivity within the family.

The family has an important role in helping a child learn how to be the boss
Family Matters • Angry Outbursts

of his/her anger. In some families more often one member has a “short fuse.” Tracking explosive behavior in the family is a good place to begin to find ways to reduce anger in your home. Have a family meeting and do this exercise together:

a) List each family member and his/her relationship to you.

b) Write or draw how short or long each member’s “fuse” is. Does he or she have a “short fuse” and quick reactivity? A “medium fuse” or a “long fuse?”

c) What did you discover? Discuss it together.

d) Write down or draw one way that you can make your “fuse” longer.

2. Don’t match a child’s anger with your own.

Anger must not be met with anger. Matching the affect and the intensity of your child’s anger will only escalate the situation. How often have we all witnessed a scenario where an angry adult smacks a child for hitting a sister or brother exclaiming, “Don’t hit!” What do you imagine this interaction teaches the child?

3. Teach children flexibility.

Be a flexible parent and do away with black and white rigid thinking.

4. Model appropriate anger-coping strategies.

Let your child see you using self-talk when you are upset as a way of helping yourself calm down. Individuals who are prone to anger are great at talking themselves into being angry, but have diminished ability to use “cool talk” to calm down.

5. Set reachable goals and reward successive approximation to the desired behavior.

Remember, it is progress, not perfection, that you are striving towards.

6. Help children identify their physiological cues of anger.

Examples of these cues are clenched fists, tightened jaw, accelerated heart beat. This heightened awareness can help them stop the anger before it gets out of hand.

7. Start an anger patrol.

Stop the anger from robbing your family of pleasant experiences and enjoyment. Have fun together.

8. Avoid shame and blame.

They are almost always precursors to angry responses.

9. Get help from a professional (if needed).

Keep in mind that anger can be caused by both external and internal events. Sometimes children feel overwhelmed by powerful feelings and emotions and at a loss as to how to cope. Some children have social skill deficits and don’t have
the requisite skills for self-control. Other children have performance deficits. These children have the skill, but when emotions are activated or aroused, as when they are angry, they won’t perform the required skill. Parents also need help and support to find productive ways to help manage an angry child.

10. Maintain empathy for your child’s struggles.

Most children want to get along with others and if they can’t, it is surely a source of frustration and unhappiness for them. Possibly a neurobiological disorder, such as Attention Deficit Disorder, is affecting the development of appropriate socialization.

Anger control has often been likened to an art. It takes practice and support. Make a resolution to become a better listener and find ways to improve family communication. Use humor and learn how to relax.

**Tips for Families**

– Track anger in the family
– Respond to a child's anger in a low-key manner
– Show your child how you cool down
– Set reachable goals and acknowledge progress
– Get professional help, if needed
– Help children identify physiological symptoms of anger
– Maintain empathy for your child's struggles
ONE DAY LAST WEEK, my 10-year-old daughter and I were both home sick. This meant a long stint of watching MTV. Usually, the show is in the back of my consciousness as I move from room to room around our apartment. But this day, I sat and watched it for two hours. I was struck by the way the women looked in the videos. Every single one of them was perfectly toned, thin and had rippling stomachs that they showed off in all their outfits. All the women looked like this—from the stars to the ones who had small parts in the chorus.

I started comparing myself to them and thought about what it must be like for my daughter to be constantly bombarded by these perfect bodies.

Most kids watch an average of 22 hours of TV a week and are deluged with images of fat-free bodies in the pages of health, fashion and teen magazines. The media show an image of the perfect woman that is unattainable for somewhere between 98 and 99 percent of the female population. It’s important to remember that having a body like this is a career for these women. Many have had surgical body makeovers and have full-time personal trainers.

In the same two hours of my MTV watching, it was mentioned that Janet Jackson spends six hours a day practicing her dance routines. That’s a lot of aerobic exercise and not too many children have an extra six hours to spare for aerobic exercise.
A magazine by The Body Shop notes that 25 years ago, fashion models weighed 8 percent less than the average woman. Today, they weigh 23 percent less. The average model is 5 foot 9 and 110 pounds. The average woman is 5 foot 4 and 142 pounds. Those are very different looks.

The pressure to be thin is intense. Even among third graders dieting is common. In a California study, 30-45 percent of 9-year-old girls (and 46–80 percent of 10-year-olds) had disordered eating behavior. This obsession with weight is evident in everyday situations our children encounter. Consider this recent scenario: A group of 7–9-year-olds were being measured for costumes for a play they were in. When the measuring was done, they compared their measurements and the one with the 20” waist was upset because she had the largest waist and was therefore fat.

Even among third graders, dieting is common.

Dieting among young athletes who participate in sports that emphasize a lean physique like gymnastics, running, figure skating and ballet is also common. Dieting is a health risk that could lead to a full-blown eating disorder. And it’s not just a female problem anymore. An estimated 25 percent of boys are also dieting. While they don’t necessarily want to be thin, they want to look like the guys in those muscle magazines or have bodies like their favorite athletes. So like girls, their bodies always come up short in comparison to their perceived ideal.

Interestingly, all cultures are not affected the same. Research by the University of Arizona found that African-American adolescent girls have more positive feelings about their bodies and more flexible images of beauty. More than 90 percent of white girls were dissatisfied with their weight even when it was normal. In contrast, the African-American girls thought beauty was unrelated to a particular size and weight—it was their sense of self, style and “looking good” that counted.

There is a difference between disordered eating and an eating disorder. There are different theories about why an eating disorder develops. It may be the result of low self-esteem, feelings of hopelessness and a fear of becoming fat. Or, it may stem from a need to be perfect, a stressful personal life, genetics or society or family pressures. In addition, defects in key chemical messengers in the brain may contribute to the disorders’ development or persistence.
What Can Parents Do?
- Examine your own feelings about weight and appearance. How many times do you say you need to lose weight or feel fat or have to cut down on your calories because you feel you ate too much the day before? When parents suffer from body issues, it is no surprise it is passed on to their children.
- As adults, we’re always reading each other’s bodies, commenting on how “great” someone looks when they lose weight. Stop yourself from doing this.
- Educate girls about how they will naturally gain 20 percent or more of their body weight in fat between the ages 10–14. This normal maturation is (in our culture) frequently devastating to a girl’s self-esteem.
- Emphasize the positive things your children DO, not how they look.
- Do not comment on other people’s or children’s weight in front of your children.
- Emphasize exercising to promote good health, not to lose weight.
- Provide well balanced meals. Try to eat meals together as a family and make dining a social time so that your children have a positive attitude toward food.

Signs of a Disorder
Anorexia Nervosa
- Warning Signs: A person may…
  - not eat enough
  - feel “fat” even if he or she is very thin
  - always feel cold and tired
  - exercise vigorously at odd hours.
- Medical Complications:
  - starvation which can damage vital organs such as the heart and brain
  - monthly menstrual periods stop
  - breathing, pulse and blood pressure rates drop, and thyroid function slows
  - nails and hair become brittle
  - the skin dries, yellows and becomes covered with soft fine hair
  - excessive thirst and frequent urination may occur
  - mild anemia, swollen joints, reduced muscle mass
  - bones may become brittle and prone to breakage.

Bulimia Nervosa
- Warning Signs: A person may…
  - eat a lot of food quickly, then get rid of it by purging—vomiting or misusing laxatives or diuretics
– gain and lose weight often
– have irregular menstrual periods
– starve himself or herself after eating instead of purging.
• Medical Complications:
  – an irregular heartbeat
  – dehydration
  – tooth decay from the stomach acid found in vomit (Dentists are often the first to suspect bulimia.)
  – cuts and scrapes on the backs of hands resulting from the fingers being pushed down the throat to induce vomiting.

**Binge Eating Disorder**

In contrast to all other eating disorders, one third to one fourth of all people with binge eating disorders are men.

• Warning Signs: A person may…
  – not stop eating when full
  – become obese or gain weight rapidly
  – eat a lot of food in a short time without purging afterwards.

• Medical Complications:
  – serious medical problems associated with obesity such as high cholesterol, high blood pressure and diabetes.

Parents can do a lot to improve their children’s self-esteem, decrease their emphasis on their appearance and reduce their risk of developing an eating disorder. Remember, compliment your children’s achievements, not their bodies. ◆
Tips for Families

– Think about your own feelings about weight and appearance
– Stop complimenting people on losing weight; find other traits or accomplishments to praise
– Educate girls about weight they will gain between the ages of 10–14
– Emphasize what your children do, not how they look
– Promote exercise for good health, not weight loss
– Try to eat meals together as a family; provide well-balanced meals
– Refrain from commenting on other people's weight in front of your children

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The Cycle of Life
Helping children cope with the death of a loved one

by Margarita Tarragona, Ph.D.

Facing the death of a family member is one of life’s most painful tasks for people of any age. For young children, the pain may be compounded by feelings of bewilderment, confusion, anger and fear that are hard for them to articulate and express. Since many adults find it difficult to talk about death with their children, families in mourning often find themselves immersed in silence. Keeping conversations alive in the face of death may help both children and grown-ups stay connected and make sense of their experience during this trying time.

Some of the factors that influence a child’s reaction to the death of a loved one are the child’s age and developmental level, the closeness with the person who died and the “timeliness” of the death. The death of an elderly grandparent might be seen as part of the cycle of life, where everything has a season. We all come into this world, grow, get older and eventually die. When there has been a long illness, family members may experience a sense of loss for months or even years before the actual death occurs. Deaths that are sudden or “off time,” like the death of a young parent or another child, are harder to understand. When death is unexpected, there might be feelings of shock and disbelief, since such an event shatters our sense that life has a certain order and predictability. Both children and adults may feel very vulnerable after such a tragedy.
When a parent dies, in addition to great sadness, children may feel very angry that their mother or father has “left” them. They frequently worry that their other parents might die too. Some children worry about how the other members of their family will be able to hold up or they may feel responsible for their remaining parent’s well-being. The death of a sibling or friend can make children realize for the first time that they, too, are mortal, which can bring about fear and anxiety. At times, children who have lost a loved one may feel guilty, thinking that they may have caused the death by doing or saying something “bad.”

Some ways in which we relate to children in our society might make it more difficult for them to deal with the death of a loved one. These include:

**Lack of information about the death**

Many children do not have accurate information concerning the biological facts surrounding death (for example, when a person dies none of his organs work anymore; he can not hear, see or feel anything). When talking about death, we often use euphemisms that might be confusing to children. Phrases such as “he is in a deep sleep” or “she is up there now” might be taken literally and some children may become afraid of people leaving or of falling asleep or may even try to look for their loved one in the sky. Additionally, depending on their level of cognitive development, young children may have a lot of difficulty understanding the finality of death and they might expect the dead person to come back, as they would from a trip, or to wake up from a deep sleep.

**Lack of opportunities for conversations about death**

Conversations help all of us make sense of our experiences and feel connected to others. Many adults, understandably, try to protect their children from pain by not talking about death or about the person who died. Rather than protecting children, silence often has the opposite effect, making it harder for kids to process this stressful time in their lives.

**The exclusion of children from grieving and mourning rituals.**

All cultures have developed rituals and ceremonies around death that help the bereaved ones cope with their loss (i.e. sitting shiva, funeral services, special masses…). These rituals can have a powerful effect, helping the participants feel more at peace, spiritually nurtured and connected to others in their family and community. However, children are often excluded from these rituals. In our efforts to protect our children from pain, we may be depriving them of potential coping resources.
What can we do to make it better?

The great sadness that comes with the death of a loved one is inevitable. It is doubly difficult for bereaved parents who, in addition to their own pain, must witness their children suffering. Here are some suggestions that parents may consider as they try to help their children deal with a death:

– Talk about death as you talk about life. Just as you would not want to wait until your children are sexually active to talk about sex, you need not wait until a loved one dies to talk about death. Nature offers many opportunities to start talking about life and death—the seasons of the year, a dead bug or bird in the yard, the withering flowers in a vase, etc. Rather than having a single lecture-type talk about death, it is preferable to include it as one of the many things that you discuss with your children over time.

“Religion is the human response to the dual reality of being alive and having to die.”

– Listen to your children’s concerns and questions. As with all important matters in life, be attentive to your children’s thoughts and feelings and create an environment where they can feel free to express them.

– Give children truthful and accurate information. This is not easy, since most of us feel very uncomfortable or disturbed when we talk about the biological facts of death. Still, it is important to help children understand what is going on. Accurate knowledge may dispel some of their fears, such as the fear that the dead person will feel cold or scared when he is buried.

– Respect your children’s rhythms and ways of grieving. Just as it is important to have opportunities to talk, children often need times to “forget” about what is going on, to “tune out” for a while and play and do what they did when life was “normal.” Children may have different ways of grieving than adults. Be attentive to opportunities to talk, but do not force the issue on your children.

– Create an environment in which it is possible to talk about the person who died. Even after a person has died, he or she continues to be present in the psychological life of other family members. There are shared histories, memories, dreams built together, and there are parts of each person that were shaped by their relationship with their loved one who died. Many new feelings and ideas also emerge around death. If it becomes taboo to talk about the dead family member, a part of everyone’s experience becomes off limits, making the loss even greater.
– Share some of your grief with your children. Many people who lost a loved one when they were children say that their parents withdrew in their pain and this created a big distance between them. Sharing some of your sorrow may help maintain an intimate connection between you and your children. It is important to be sensitive to your children’s level of comfort concerning your expression of emotion. And make it clear that you do not expect them to make your pain better and that it is not their fault.

– Share your religious beliefs about life and death. Forrest Church, a minister and author, has said that “religion is the human response to the dual reality of being alive and having to die.” Share with your children the ideas that give you comfort and help you make sense of life and death.

– Contact support groups or other people who have gone through similar losses. Other families who have gone through similar losses can truly understand your plight and they are often a wonderful source of practical advice and emotional support. It can be very helpful for children to get to know other children who have lost a parent or a sibling.

– Include your children in some of the family’s mourning rituals. You can describe the funeral ceremonies in detail to your children so they know what to expect, and, depending on their age and wishes, decide together whether they might participate in some of them.

– Help your children create their own unique ways to remember the person who died and to honor his legacy in your lives. In addition to cultural and religious rituals, you can provide your children with personal opportunities to remember and honor their loved one. For example, a mother and son might write down together a document describing his father’s “legacy” to him, listing all the things that Dad taught him, things they have in common or memories he will always treasure. ◆
Tips for Families

– Include children in appropriate mourning rituals
– Help children honor the deceased in their own ways
– Try to include some natural references to death in your everyday conversations with your children
– Listen to your children’s concerns and try to share information with them
– Share some of your grief with them
– Contact support groups, if needed
– Share your beliefs about life and death

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