

**AUTHOR'S PREFACE TO
THE FIRST EDITION
How This Book Came to Be Written**

I had not planned to write exactly this book. The book my contract required was a slimmer one describing only those techniques I had discovered over the years to be most effective in helping children when they are troubled, in healing them when they are in pain. But before the contract negotiations were yet completed I knew that the book would include other matters: my experiences over the years, most particularly at The Hospital, a major treatment setting which, for obvious reasons, must remain nameless.

A colleague at The Hospital, sitting in a cafe while on vacation in Europe, suddenly began crying when she realized that she had to return to her job the next day. This was my frequent experience in those days when I was writing this book, even as I walked the streets of New York City, relaxing at free moments from my private practice.

I never cried during my years at The Hospital; now, years later, remembering those experiences, I cried. And out of those tears and those memories came a part of this book.

And so I ask the reader: Join me! Read about those difficulties which children naturally develop in the course of their life and those anxieties which parents naturally experience while interacting with them, and learn how the pain of both can be alleviated.

Learn how the more serious difficulties which children may develop arise and how they can be avoided. Learn how to be an effective parent when forced to cope with your children's problems.

Then read of the unhappiness experienced by adults when their childhood has gone awry. And share with me my memories, both painful and humorous. You will be changed as I have been.

I would like to extend the greatest of thanks to those who enabled me to have published, more quickly than I dared hope, this book which, being a combination of child guidance and narrative, fits within no traditional category:

To Harriet F. Pilpel, my literary agent.

To Judith T. Kern, my editor at Atheneum.

Finally (but certainly not least in importance), I would like to thank my sister, Myrna Siegel of Washington, D.C., who was ever willing, despite her family and professional responsibilities, to listen, with that confidentiality inculcated by her legal training and characteristic of our friendship, to the conversation of an author whose book was in process of gestation and who was thus unable, even while realizing how tiresome he was, to speak of other matters.

AUTHOR'S PREFACE TO THE SECOND EDITION

Re-reading a book that one has written is like attending a family reunion which went well. It is good to meet familiar people though it is sad that I never learned how the lives of these people have changed.

In the thirty years since *Troubled Children/Troubled Parents* was first published, embarrassingly little of significance has occurred in the treatment of mental health. Widely publicized research on medications and genetics appear—only to disappear without comment a few months later. Perhaps the most important advance in the healing of formerly untreatable disorders was provided by James F. Masterson, M.D., a psychoanalyst who died in 2010. His popular book explaining his life's work, *The Search for the Real Self* (The Free Press/Macmillan, 1988), is well worth reading. Other crucial developments are the increase in observational studies of infants during their earliest months, revealing that, “in some ways, babies may be smarter, more thoughtful and more conscious than adults.”* This research evidences the great importance of parenting in a child's healthy emotional development. Anecdotal evidence of this can be gained from Stacy's story in Chapter Eleven. It aroused my tears and may produce yours.

Though being of retirement age I'm still in practice, having discovered no other professional activity apart from writing which is as enjoyable—and valuable! Perhaps the following story will explain why.

A six year old, very anxious girl sat in my waiting room while I spoke with her mother. There, she met a child who wasn't a patient and who she knew from school. He asked her, “What are you doing here?” “I have scary dreams,” she replied. The boy responded, “I have scary dreams too. Maybe I should talk to him.” And, soon, her scary dreams vanished.

Comments are, as always, welcome.

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*“Awakening the child inside,” *The Monitor on Psychology*, January 2011, 42, 1, p.34

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PART ONE

*Of Unhappy Children
& Uneasy Parents*

INTRODUCTION

Troubled Children, Troubled Parents: The Way Out

Many years before I would have regarded her mother's description of Joan's behavior as improbable. But that day I accepted the report as being accurate. My psychotherapeutic experience with countless children and adolescents had taught me never to dismiss any description of a child's behavior no matter how unbelievable it might initially seem. Over the years, through contact with my patients, my concept of children, their capacities and emotions, had broadened. I had, for example, met Kathy, a precocious 41/2 -year-old girl who was more seductive than any adult woman I had ever encountered. And I had met Robert, an intelligent adolescent boy who as a young child had been diagnosed as "autistic" and, ten years later, spent his days speaking of clocks and watches and electric motors. So when I met Joan, I believed her mother's story.

Joan was a tall, thin, seven-year-old. Her mother had brought her to my office in desperation: Joan was about to be expelled from school! Her behavior in class was so defiant and difficult to contain that most of her school days were spent in the principal's office. He had even joked that a special annex should be constructed next to his office for Joan so rarely was she in class. Yet within two months of her initial appointment with me, Joan's behavior had changed radically. Now she was sent to the principal so rarely that, one day, he made a special visit to Joan's classroom to see if she was still attending school.

How had I helped Joan? How had my actions been so "catalytic" that she was set free from her unhappiness and could participate with interest and pleasure in her academic and social school experiences? I used no esoteric or highly specialized technique; nor could my interaction with Joan be considered "behavior modification" in the strictest sense, even though a modification in her behavior was certainly the result. Instead, I observed and I listened for certain behavior and speech, and I spoke in a particular manner.

Several years later I spoke with Carla, the divorced mother of two young children. She was concerned over the recent behavior of her younger (six-year-old) son. After spending a rare afternoon with his father (who lived fifteen hundred miles away from his children), the boy locked himself in his room and refused to allow his mother admittance. She stood outside the door, listening, as he berated and slapped his favorite stuffed animal. He condemned the animal for its behavior, and vowed to have no more to do with it.

Carla's anxiety rose as she listened to her son's angry voice. She again requested that he open the door and again she was ignored. Her son's loud condemnation of his animal continued for some time. Then there was silence. The door opened and her son, wordlessly, walked out of the room clutching his animal. He would not explain the behavior which had so puzzled and troubled his mother. His behavior during the remainder of the week was unexceptional.

When I spoke with Carla I explained the frightening incident as I understood it. I said that her son was very angry. Having had no direct contact with the boy, I would not presume to state the source of his anger. It may have reflected his perceived abandonment by his father or his own feeling of guilt over the break-up of his family. It may have reflected his discontent over a specific event which had occurred that afternoon. I could not be sure. But in those moments when he was alone in his room berating his stuffed animal, he was resolving his unhappiness. The anger he was verbalizing was analogous to the pus pouring out of a physical wound: he was healing himself. When he opened the door of his room he had no need to

discuss this incident with his mother: the "wound" was healed and so he could go on about his life.

Carla was greatly relieved by my explanation. She had been concerned for days that her son's behavior reflected both the child's serious emotional difficulty and her own inadequacy as a mother; she thought that such troubles might be an unavoidable consequence of her attempt to function as both parents in her single-parent family. How had I succeeded in comforting Carla? My information gave her no additional facts about her son: indeed, it was she who provided me with such facts as there were. What I did was to provide her with a perspective on child development and child behavior different from her own. It was this perspective—not any required change in her child—which comforted her.

Through my years of experience as a psychologist, in my work with both seriously troubled and essentially healthy children, I have shared this perspective with many parents. It is because of the comfort and understanding which my professional knowledge has provided these parents that I write this book. My purpose is to enable parents to interact with their child when they are troubled in such a way as to provide them with understanding, comfort, and healing.

The most potent factor in the reduction of anxiety is understanding. Through a proper understanding of the difficulties which children naturally experience in the course of their development, much of the anxiety experienced by both children and parents can be reduced. But it is not only for the normally experienced, "typical" problems of youth that helpful, anxiety-reducing parental intervention can be useful. There are ways of understanding and relating to even the most severely disturbed child that can do much to comfort both parent and child. To be able to help children when they are troubled one must acquire certain facts and techniques and forget other largely inaccurate information about ways of relating to children. Each person—parent and child—may be considered to be a psychologist of sorts, for every individual in the course of their life has studied their own behavior and that of others and from this study has derived certain conclusions about human development. Indeed, one noted psychologist, Fritz Heider, spent much of his career compiling a "naive psychology," the term he coined for the conclusions about human behavior which a person naturally acquires in the course of their life.'

For example, one "fact" of this naive psychology is that children differ from adults because they possess less factual information than adults. However as we will see in Chapter 3, this conclusion, while accurate, is far and away the least important distinction between the intellectual capacities of children and those of adults (or a child and their parents).

Another "rule" derived from naive psychology, and used frequently by both children and adults, is that decisions (and therefore behavior) are based upon information derived from the environment. For example, if we believe that one's primary source of information is visual, then our desire to remain inconspicuous—to hide—when unpleasant chores are being handed out becomes easily understandable.

The task of a psychologist, I think, is far easier than that of a parent. I have often reflected, in my work with parents, on the severe emotional demands which parenting even a "normal" child presents although these demands are far less than those one encounters when attempting to interact with a child who is troubled. There are few children with whom I work in my clinical practice that I could tolerate living with on a permanent basis. Yet I have feelings of compassion and warmth for all of these children and a sense of optimism about the possibility of positive change in their lives.

Some years ago I spoke with a divorced woman in her late thirties and her ten-year-old son. Her son had very serious emotional difficulties: although his physical and intellectual capabilities were equal to those of his peers, his emotional development lagged far behind. He

was most immature: a four-year-old child would be ashamed to behave in such a nagging, overdependent fashion. But no four-year-old would have knowledge of the obscenities with which this child continually expressed himself. His mother said that, at times, she hated her son. But her psychotherapist had admonished her that her duty as a mother was to like her child, that her anger toward him was "immature." I told her that while I could feel compassion toward her son, I could see nothing likable in his behavior; and, in my opinion, her therapist's criticism reflected his lack of knowledge (for he treated only adults) of the great discomfort which the behavior of a severely troubled child could cause a family.

I once treated, in a hospital, a severely disturbed adolescent: some evidence existed that he had been involved, at the age of four, in the death of his father. Whether or not this accusation was valid, he had been accused of it by his mother for many years. At the age of seven he hanged the family dog. In later years he removed the steps from the staircase of his home, stole money, and destroyed property. When I began treating him he was extraordinarily provocative and controlling. Often he would push his way into my office and refuse to leave. At times he would grab my telephone and make random calls. At other times he would steal papers from my desk, but returned them several hours later. His great height and weight made it very difficult to set appropriate limits and I became very angry at his behavior.

The significant change in him (and in our intense treatment relationship) began when one day, having reached the limits of my patience, I grabbed him and threw him out of my office (something he actually allowed me to do for had he wanted to resist, his size would have overwhelmed me). Three and one-half years later this boy was greatly changed. He functioned superbly in a vocational training program where his friendly attitude and outstanding sense of responsibility made him an excellent worker. Had I a business, I would not have hesitated to hire him.

I cannot imagine any advice more destructive than to tell parents to be continually accepting toward their child's behavior regardless of its measure of civility.

I ask you, the reader, to join with me in a mutual exploration of how one can most helpfully relate to the behavior of children when they are troubled. I have found that only rarely do the goals of those children and adolescents with whom I work professionally differ from the goals desired for them by their parents. These are, generally, the capacity to be independent, the capacities for friendship, emotional warmth, and love, and the capacity to feel comfortable with oneself. Surely few can disagree with goals such as these. Thus our task here will be to consider certain facts and to explore certain techniques that will make you as parents better able to help your children achieve these goals. And as you gain this increased ability to interact with them, it is inevitable that, in the process, you will also learn more about yourselves and thereby be better able to help your children achieve those goals.

Notes

1. Fritz Heider, *The Psychology of Interpersonal Relations* (New York City: Wiley, 1958).

Note: While this text is accurate, the actual book's formatting differs in the print and e-book versions. The print version will not be available until late in January, 2011.