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It's not “what you do”, it's “how you be”.

by Mary-Jo Land

“What should I do when my son lies?”

“What should we do when our daughter steals?”

“What should I do when my son hurts my other son?”

These are questions parents ask frequently. Before I learned about attachment disorder and the effects of early trauma and neglect, I would talk with parents about antecedents, behaviours and consequences. We would engage in conversations with the child about what the rules are and what will happen if they are broken. This dynamic is at play in most “Western” culture families, and is reflected in our society. Our legal systems focus on negative consequences for unwanted behaviour. We use police to gather evidence, courts to examine it and judges to decide the fate of the accused ne'er-do-well. As a parent do you ever feel as though you have become the police, judge and jury when your children misbehave? When behaviour is the focus, this is likely to occur.

This cognitive behavioural approach works well with typically-developing children; children who love and trust their parents and who strive to maintain concordance with them. This is the way most of us were raised. We didn't want to get into trouble because we didn't want to feel our parents' disappointment, or experience unwanted emotional distance. Our actions were governed by the internal motivation of feeling in the good graces of our parents. Any breach in that feeling of the positive, protective relationship was uncomfortable if not painful. The rules that were broken were relatively minor, and correction came quickly with natural and logical consequences. The breach in the relationship was restored. This normal repair system worked because the child with secure attachment has an intact sense of self; she believes that she is good, worthy and valued; that parents are trustworthy and well-intended and the world is a safe and interesting place.

Children with early relational trauma begin life with a basic failure of the care-giving system. As a result, they do not develop a secure attachment characterized by trust in the benevolence of the adults in their lives. Rather than basking in the knowledge that they are loved and protected by their parents, they are uncertain about or fearful of their parents. Benevolence is not assumed. Maltreatment is anticipated. Rather than an intrinsic motivation to remain emotionally close and harmonious, the motivation becomes survival of the self through independence from others. We see this as pathological or precocious self-reliance. In this way, children with attachment disorder have not had the opportunity to learn to want to be acceptable to the primary care giver.

Another aspect of this dynamic is the child's need to avoid their own inner life. How can he examine feeling scared, rejected and shameful when he feels alone and without help to do that? Without the ability to reflect on his own inner life, he struggles for any understanding of the inner life of others (Theory of Mind). Affective and arousal dysregulation are common-- and frightening--experiences. Children with traumatic rela-

tional experiences often feel out of control. When a behavioural consequence is administered to a child who is out of his own control, the child may feel unjustly and unfairly punished because they did not consciously intend nor premeditate the misdeed. For some children though, punishment may be sought out as a way to have the parent see the “bad child” that the child believes he is. If punishment is given while the parent is angry or upset (frightening), the child is reinforced in his belief that parents are malevolent; and the attachment disorder is supported.

One more reason why behavioural methods are not effective for children with disorders of attachment is that rewards and consequences are **conditional** on behaviour. The positive regard from parent to child is felt by the child to be conditional. In other words, “I know I am bad. My parents reward me when I am good, but deep down I know I am bad and not really worthy of a reward. They don’t love me when I am bad so that proves I am unloved / unlovable.” Parenting children with relational trauma requires therapeutic parenting. Providing your child with **unconditional positive regard** (not just love) is essential to gradually growing the seeds of a positive sense of self. This is about accepting your child as he or she is (while not permitting your child to do as he likes). Consistent unconditional positive regard for your child in the face of obnoxious or violent behaviour is one of the keys to reducing the deep shame the child feels. As you remain open, kind and calm in the face of your child’s dysregulation, she learns that no matter what, you accept the worst she has to give; the smeared feces, the broken lamps, the urine on the carpet, the terrorized dog and the disgruntled neighbours. As she experiences your love of the “bad child” whom she knows she is, along with the good child you want her to be, she can begin to trust that you won’t leave her, hurt her, or shun her. Because you pay attention, care, understand and accept her, her shame has a place to heal.

So when parents ask “What do I do?” I reply, “Create physical and emotional safety. Be calm. Be kind. Be accepting.” Connect heart to heart with your child by staying close. Be wise and confident as you reflect her feelings so she can learn to understand them. Talk about what happened only when your child is calm and able to listen. Work out what to do (repair, give restitution, reconcile) only after your child’s emotions and behaviour have re-stabilized through your positive regard. Natural and logical consequences need to be short and occur when the child is calm and hopefully, willing. Parents of children with attachment disorders should not expect to change behaviour but to teach that limits can be safe and not shaming. The change in behaviour will occur through the process of the development of attachment as the child’s shame is reduced and self-regulation develops. Emphasis needs to be on relationship repair not punishment. Try to end the event with you and your child feeling as close as or closer than when it began. If fact, it isn’t over until you are.

