



pact's

point of view

The newsletter for adoptive families with children of color

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Interpreting Regression in Children

adapted with permission from Holly van Gulden

Regression (noun)

1. a return to an earlier or less developed condition or way of behaving
2. a going backward or a backward movement or progress, especially through the earlier stages of forms of something
3. reversion to an earlier, less mature, and less adaptive emotional or mental level, often involving the appearance of forms of behavior associated with childhood

Children form their sense of self based on their experiences and their perceptions of those experiences with their primary caregivers. The two core building blocks of self that develop in the early years are permanence and constancy. Often when children are demonstrating challenging behaviors that are not due to physical or mental challenges, one of these two core emotional abilities may be insecurely formed. In other words, behavior can often be understood in terms of emotional regression.

Permanence and constancy are critical to emotional health.

Permanence is the awareness that the caregiver (and therefore the self) exists, and will continue to exist, across space, time and emotions. This means that the child learns to trust that when the caregiver leaves, s/he will come back and meet the child's needs. Gradually the child comes to know that the caregiver continues to exist even when s/he cannot be seen, heard, smelled, tasted or touched. The caregiver's existence is permanent and if the caregiver's existence is permanent, meaning secure and available, then the child's existence is also permanent and secure. Human beings cannot function in emotionally healthy ways without this internalized sense of permanence.

Constancy is the ability to perceive the other (and therefore one's self) as whole across space, time and emotion.

Object constancy was defined by Piaget as the experiential faith that one's caregivers' love, comfort and security is still available even when the caregiver is angry at that child's behavior. As a child learns through experience that the caregiver is the same caregiver whether she is nurturing or angry, so the child learns that they themselves are the same

whether they are tired or energetic, angry or affectionate. This allows them to believe that they can be the object of love and anger at the same time and that one does not exclude the other. In other words, children's sense of their value and worth is based on their experiences with and their perceptions of their experiences with their primary caregivers. Constancy is critical to the emotional health of human beings and can be tricky to achieve when previous primary caregivers, beginning with birth parents, are not constant, as is the case of essentially all adopted and fostered children, even when all parties involved have done their best to ease the emotional burdens on the child.

Understanding behavioral problems as symptomatic of unmet emotional needs.

Behavioral problems that plague parents of children who are "acting out" are often behaviors that are seen as "normal" and "acceptable" at earlier ages or stages of child development. Persistent negative behaviors can disrupt family life and tragically distance parents and children when they occur out of sync with developmental expectations. Often children's behaviors are stuck at an age of development at which they experienced a loss or trauma. It is very important to view persistent behaviors as symptomatic of earlier unmet needs. Identifying the age and/or stage of development that a behavior is usually associated with serves as a guideline for developing effective, proactive responses. When children's unmet needs are identified and addressed, children usually cease the problematic behavior and begin to function in more age-appropriate ways. Too often the by-product of inappropriate or "off-age" behaviors are rejection, anger and the unavailability of parents and caregivers. Therapeutic responses to these behaviors must meet the child's unmet needs, teach new skills, and enhance the child's connection to their parents and caregivers for their long-term well-being of the child.

Take the example of lying, a common and persistent behaviors of children who have experienced trauma, neglect and/or losses. Three-year-olds, when caught red-handed in a "fabrication" or "denial of responsibility" are rarely called liars; instead, they are gently, firmly and repeatedly taught to tell the truth. Lies told by older children with troubled or painful histories often represent one or more missed developmental

tasks that are “normally” accomplished by three- to five-year-olds. Several critical developmental milestones must be met for young children to develop the capacity to own up to their misbehaviors and admit the truth when they are caught. First the child must have the ability to distinguish between fantasy and reality in the face of strong emotions, something that can be a challenge for any of us when we are in reactive mode. Secondly the child must recognize they are not the cause of all events in their world (this is associated with decreased magical thinking) and/or develop object constancy.

When older children lie persistently, in spite of natural consequences and repeated encouragement to tell the truth, they have usually missed one or more of the developmental milestones that are essential precursors to being honest about their own mistakes and misdeeds. Parents’ perceptions of and reactions to children who lie are heavily influenced by their beliefs that older children should know better. Taking a different approach mitigates the parents’ reactions to the behavior by allowing them to draw a profile of the child’s unmet needs, missed stages, and missing skills. Viewing any troubling behavior as a function of emotional developmental age (rather than physical/chronological age) alters perceptions and allows parents to identify the skills the child is missing, identify ways to teach the child those missing skills, and develop interventions that meet the child’s previously unmet needs. This in no way exonerates the child from the consequences of their behavior, but it gives parent and children the tools to address the primary cause of the behavior by tapping into the emotional root of the problem, which promotes positive change.

Changing parental responses.

Parents must first identify the age or stage with which the problematic behavior is associated as “normal.” By consulting child development books, social workers or therapists, parents can establish reasonable guidelines for the behavior’s “age-appropriate” manifestation. We don’t expect four-year-olds who are learning the alphabet for the first time to pass spelling tests or be able to solve crossword puzzles. When a two-year-old takes objects that do not belong to them, we don’t report them as thieves, we teach them to respect other’s property and allow them to expect their own property to be respected in return. By matching the emotional tasks associated with the age or stage with which the problematic

behavior is developmentally associated, parents can identify the developmental needs of children at that age. So the two-year-old who takes objects may be looking for a connection to the owner or may be feeling anxious that if they don’t take what they feel they need they will never get what they need. In either case, the parent would respond to the “stealing” by chastising the behavior but reminding the child that all they have to do is ask the parent for what they need and they will get it. Or help the child maintain a sense of connection to the parent (or owner of the stolen object) by giving the child a comforting object to remember them by when they are gone, with lots of reassurance that they will return.

With young children we show them the behaviors we hope for, we are patient with them when they struggle, and we give them many positive kudos when they make the smallest steps in the right direction. We don’t expect immediate change. And most important of all, we work to connect, we cuddle, we hug, we hold and soothe, which helps them to continue on the path toward adjusting their behaviors, because they feel our belief in them and thus can begin to believe in themselves. In psychological terms they experience permanence and constancy. These psychological needs are no different for the older child (even tween, teen or young adult) who has not yet mastered (or had the chance to master) the emotional security of permanence and constancy. That older child needs the same psychological experiences of connection, cuddling, hugging, holding and soothing, despite the fact that they are “too old” for such things. More than anything, children need the love of their parents, especially when their behaviors are the most “unlovable.”

Taking regression into account, all parents (and particularly adoptive parents) can use troubling behaviors to form educated hypotheses about their children’s needs. Armed with this information, they can more effectively help their children alter behavior and, most importantly, grow into confident and emotionally healthy adults.

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