

Responding to the Coded Messages of Children's Behavior

by Kenneth W. Watson

Parents have been trying to make sense out of the behavior of their children since Adam and Eve. This wish to understand people's behavior (our own and others') suggests wide acceptance of the belief that our behavior has meaning and that we do not act in random and unpredictable ways. We also like to think that behavior can be traced to an identifiable, observable stimulus. In fact, behavior is multiply determined by a combination of simultaneous external stimuli in conjunction with such things as our genetic make-up; the bio-chemistry of our bodies; the expectations of others; the roles we play within our families, jobs, or communities; and factors about which we are not fully aware because they lie below our level of conscious observation.

When behavior seems obscure or inexplicable, it may be a coded message from the unconscious — signaling some earlier unmet developmental need or unresolved trauma. Since all adopted children must come to terms with the loss of their birth families, and many have also experienced earlier developmental lacks or trauma, adoptive parents need to be alert for these coded messages and the additional opportunities they provide to help their children.

Learning to Behave

Infants are not born knowing how to "behave themselves." Children learn this best in a loving family which meets their ongoing needs and teaches them to respond to stimuli in ways that 1) enable them to meet their own needs; 2) respect the laws and mores of their community; and 3) embody the family's values and ethical standards. Although all children develop in similar stages, their individual timetables are determined by their genes, the circumstances of their lives, and the particular beliefs and actions of their parents. When children's ongoing developmental needs are not adequately met, or when they suffer trauma along the way, their capacity to cope effectively with their environment may become limited or distorted. Their behavior may be affected as much by these residual developmental gaps and traumatic scar tissues as by their current environment.

Behavior as a Coded Message

When children's behavior seems irrational, or its intensity is out of proportion to an apparent "trigger," one possibility is that the behavior is a coded message about some earlier unmet needs, unexpressed fears, or buried secrets. Adoptive parents, especially those who have adopted older children, should encourage the

expression of these messages, since it is true that all adopted children must cope with the impact of the trauma of the loss of their birth families; that many adopted children feel that their adoption is cloaked in secrecy; and that those children coming into adoption beyond infancy may bring with them earlier developmental deprivations and unresolved issues.

The behavior in which the message is encoded is often disruptive and never age-appropriate. All parents, however, are held responsible for managing the behavior of their children until they can do it themselves. The "managing" of children's behavior may be antithetical to meeting their underlying needs, so parents are balanced delicately between allowing (or encouraging) their children to explore for themselves the meaning and consequences of their actions, on one hand, and arbitrarily limiting such explorations in order to protect life, property, or parental sanity. While they must always be clear that they will not tolerate any behavior that jeopardizes the safety of the child or of others, parents need to be as generous as possible in the range of responses they accept. When they must limit the child's behavior, they must guard against denigrating the child. And when they must take control of the child's behavior, they must simultaneously strive to understand it.

Responding to the Messages

Since unmet developmental needs or earlier unresolved issues can be encoded in behavior, parents must "break the code" if they wish to help their children. The first step is to consider the behavior in the context of the normal development of children. At what chronological age would such behavior be appropriate? What needs would a child that age have, and what parental response would meet those needs? Based on the answers to these questions, the parents can strive to creatively meet those earlier needs in ways that do not inappropriately stimulate or infantilize the child.

A nine-year-old boy, adopted when he was four, still had major temper tantrums when he could not get his way — he kicked, screamed, swore, spat, flailed, and thrashed about on the floor. When his parents recognized that his behavior would be appropriate for a very young child, they began to respond in ways that acknowledged he had unmet needs at that level. As with any such child, their first response to a tantrum was to restrain the boy so that he did not hurt himself or others, and so that he could learn

that others could help him control his rage. Then they hugged, cuddled, rocked, and soothed him in all of the ways that one would handle an out-of-control infant.

Since the child's message was encoded into behavior, the parents' response needed to be as well. Even after the child calmed down, there was no discussion about what happened. Words would have been counter-productive, because they would have attempted to explain the unconscious needs that promoted the behavior and thus deny them. (It is ironic that we often label a child's behavior "irrational" and then struggle to correct it by rational discourse.) In this situation, the dialogue continued in the behavioral mode. The parents fixed hot chocolate and spooned a little into the boy's mouth — purportedly to test whether it was hot enough. Another time, they prepared popcorn and then made a game of trying to throw it into each other's mouths.

While remedial parenting can never fully make up for what a child missed earlier, part of its success lies in its symbolic power. Parents can creatively use touching, eye-contact, feeding, story-telling, singing, and other early parent-child engagements to speak to older children in age-appropriate ways. Rubbing sunscreen on the back of a ten-year-old for a few minutes can make up for many of the hours when he went uncaressed as a baby.

The effectiveness of responding to coded behavior varies with the age of children. It is most effective between age five and puberty — in the period after the jump in children's cognitive ability, but before adolescence makes it much less clear that a peculiar behavior is necessarily related to past problems.

A childless American couple adopted an abandoned five-year-old who had spent her entire life in a Korean orphanage. In spite of this background and her placement in a new family and culture, she settled in quickly. She learned English and entered kindergarten within three months of placement. She was described as a shy, sweet, well-mannered girl of above-average intelligence. She was liked both by teachers and children, did well in school, and appeared extremely well-adjusted until the fourth grade. Then, for no apparent reason, she started sucking her thumb. Her parents were

not upset, and whenever they saw her thumb in her mouth they gently removed it and said nothing. but they became concerned when the child's teacher called and said that some of the other children had started to tease their daughter. They arranged to talk with the adoption worker.

She asked at what age the parents thought sucking one's thumb was all right and at what age they would consider it a problem. They decided that it would be "normal" for the first two or three years, "acceptable" up to six, and "acceptable as a response to stress" for a couple of years beyond that. Since the parents could identify no apparent stress in their daughter's life, the worker suggested that maybe the thumb-sucking was less a reflection of current pressure than a signal that the child now felt safe enough to begin to share some earlier unmet needs. This suggestion made sense to the parents, and the mother began seeking ways to treat her ten-year-old more like a two-year-old.

When they watched television together, she invited the child to cuddle up close to her. She was delighted when her daughter began climbing on her own into her lap. She also asked the girl to help her prepare the evening meal and then found ways to spoon-feed her daughter to "taste-test" the various soups and stews. She began to spend more time washing and brushing her daughter's hair and trying out different hair styles.

While the girl loved this attention, the teacher reported that she "still had her problem." The mother suggested that perhaps the problem was the adults' and that the child was pointing out a solution. As they talked, the teacher agreed to treat the girl as a much younger child whenever she could. Gradually the thumb-sucking decreased and the girl's relationships with the other children improved. At home, the thumb-sucking also decreased. Mother's response was still to remove the thumb gently when she noticed it in her daughter's mouth. The worker suggested that the mother instead try to "catch" her daughter when she was not sucking her thumb, and gently place the thumb into the child's mouth. Mother reported that the first time she did that, the girl looked at her astonished but left her thumb in her mouth. A couple of days later, mother did the same thing again. This time the child quickly took her thumb out of her mouth and said, "Aw, Mom, I got the message." The thumb-sucking was over.

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