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Beloved Stranger: Temperament and the elusive concept of normality

One morning 25 years ago, as I was out walking my newborn son, I was stopped by a woman who insisted on fussing and fawning over him. I was irritable and exhausted from yet another night of interrupted sleep, but, for a few moments, I was as proud and pleased as any new mother. Then she asked if Ryan was a "good" baby. Already I knew the definition of such a baby--an infant who's generally content, easily soothed, and sleeps a lot, especially at night. I don't remember my reply. I only remember my heartsick awareness that my son had none of the characteristics of a "good" baby.

Ryan was a welcome and much-loved infant, born after a healthy pregnancy and uncomplicated labor. We were fortunate to have my mother helping us out, and we were all thrilled and enthralled by Ryan. But we were soon too utterly worn out to maintain those positive feelings. One tiny but fierce infant managed to exhaust three healthy adults.

Child-development books claim that newborns spend most of their time sleeping. My newborn didn't. Fretfully awake much of the time, he was easily upset and hard to soothe. It wasn't unusual for him to cry as I put him into his car seat, and to continue crying throughout an entire ride, debunking the notion that car rides calm fussy babies. Anything, it seemed, could upset Ryan--dressing or undressing him, getting him in and out of the bath, changing a wet or soiled diaper, attending to him or letting him be. He cried before going to sleep, sometimes inconsolably. Holding him, nursing him, rocking him, or walking him often didn't help.

Ryan was physically healthy. He never had so much as a cold during his first year, and he was advanced in motor development. Yet when his first birthday came and went and life with him was as difficult as ever, I felt a sobering dread at the prospect of year upon year much like the one I'd just endured. I felt a growing sense of incompetence as a mother. A common assumption, then and now, is that all infants are born equally receptive and responsive to the influence of their caregivers, particularly their mothers. Implicit in this idea is another, more libelous, assumption: a baby's level of contentment, feeding habits, and sleep patterns reflect maternal skill, or lack thereof. Behind a difficult baby is, perhaps, a mother who hasn't "bonded well," or whose depression and anxiety are affecting her child.

The books I read and other mothers I met were full of contradictory advice about what might ensure a happy, well-adjusted, settled baby. "Take your baby everywhere with you and he/she will get used to travel." "All you have to do to get your baby to sleep through the night is let him sleep in your bed." "Make sure she stays in her own crib and never sleeps in your bed." "If you nurse your baby on demand, . . . pick up your baby when she cries, . . . massage your baby . . ." Adopt these approaches, or others, and you'll have an easy and well-adjusted child. I tried a variety of approaches, to no avail. A mother who "tried hard" and still had no success must be unconsciously communicating hostility or insecurity to her child, the common reasoning went. If Ryan continued to be a challenging child, there was clearly nobody to blame but his mother.

Finally, I saw a therapist. For several months, I talked a great deal about life with Ryan. My therapist kept steering the conversation to my childhood "issues" and tried to connect them to my current unhappiness. She seemed to believe that depression was at the root of my troubles as a mother. But what if my troubles as a mother were themselves causing my depression? Incredibly, we never addressed this possibility. Nor did she have any practical suggestions about how I might improve things for Ryan and me.

Like any couple, when I'd become pregnant, my husband and I couldn't help but imagine what our baby would be like, how he'd grow up, and what kind of man he might one day be. We knew it wouldn't be easy, but we

expected and assumed, without even being aware of it, that we'd intuitively know our child, and that our child would reflect who we are. We were learning that things don't always work out that way. We were learning that the ricochet of genes, the mysterious exchanges of DNA, and all the million variables of the gestation process, from conception to birth, could introduce us to a stranger--a beloved stranger, but someone as different from our expectations and imaginings as it was possible to be. Fortunately, we were about to reach a turning point in our understanding of Ryan.

Temperament 101

The year Ryan turned 2, I started graduate school in clinical counseling. Keenly sensitive to the feel of his clothing, and resistant to each transition, Ryan often had loud, prolonged tantrums as we got ready to leave the house each morning. By the time I picked up the friend who rode with me, I was close to tears myself. My friend suggested I look into the research of Stella Chess and Alexander Thomas, pioneering husband-and-wife psychiatrists who'd initiated a study of children's temperament when their psychoanalytical backgrounds had failed to account for the differences and difficulties they'd seen in children's behaviors.

Chess and Thomas were psychiatry professors at New York Medical Center. Launching what would be a 30-year longitudinal study of children and parents in 1956, they were among the first to describe the role that inborn temperament plays in accounting for children's behavioral styles. In their groundbreaking work, they brushed away decades of environmentalism, which had rigidly held that babies were born "blank slates," their growth and development dependent entirely on the quality of their parenting. In their view, infants weren't born empty vessels, but came into the world exhibiting remarkably different hereditary differences in how they responded to the environment. Furthermore, argued Chess and Thomas, what often struck parents and professionals alike as unusual, difficult, or even abnormal behavior might instead be perfectly natural and benign variations in innate temperamental makeup.

I think it was Behavioral Individuality in Early Childhood by Chess and Thomas that I read first, sitting in the college library. What a revelation! I'd never heard of temperament, yet here was an impressive body of scientific research that dealt with normal children of normal parents who acted just like Ryan! And thank goodness for my friend. In the entire course of my graduate training, temperament was never mentioned.

In their studies, which included disabled children and children from different socioeconomic and cultural populations, Chess and Thomas identified nine distinct dimensions reflecting differences in temperament that influence how children respond to the world around them. I'd been mystified and dismayed, for example, by Ryan's chronic irritability, his difficulty getting to sleep, especially when he was overtired or overstimulated, and his strong negative reaction to anything new. It was deeply reassuring to read in Chess and Thomas that Ryan fit the temperamental profile of a child born with low adaptability: he had a hard time adapting to and tolerating even ordinary daily transitions, such as waking and sleeping or being dressed and undressed, which accounted for our difficult mornings. According to Chess and Thomas, he was also a highly sensitive baby, demonstrated by his reactivity to the feel of clothing and how easily he became overstimulated and overwrought.

There was almost no practical advice in Chess and Thomas's publications about how to handle a temperamentally extreme child, and reading their work didn't make Ryan easier to handle. What they had to say was so comforting and empowering, though, that I could begin to relax and respond to him with more understanding and far less anxiety and self-blame. Chess and Thomas call the compatibility between a child's temperament, the environment, and the parents' caregiving style "goodness of fit." There's an abundance of techniques that work well to increase goodness of fit--techniques that I'd learn over time, with some trial and error. For instance, I'd learn to reduce novelty whenever possible for Ryan by not attempting too many changes at once, to familiarize him with a new situation beforehand whenever possible and allow him time to warm up, and sometimes to let him refuse to do even fun things that "all" the other kids seemed to enjoy. I

was able to respond more neutrally to Ryan, since his behavior no longer took on potentially loaded meanings. He was coping as well as he could. My job wasn't to make him a different person, but to find ways to help each of us improve our coping skills. And with our worries eased, my husband and I occasionally found a lifesaving sense of humor about our parenting challenges.

Ryan, and later his sister, who had a different but also extreme temperament (highly active, very intense, and low adapting), practically compelled me to specialize in temperament-related issues. I now knew with certainty that there were other children like mine and other parents who needlessly felt worried, alone, and even hopeless. I knew firsthand that learning about temperament could be life changing. Having an awareness of temperament has helped me as a therapist to be curious, rather than judgmental or prematurely diagnostic. I have a much broader tolerance and understanding of a wider range of normal, if unusual, behaviors in children.

Dimensions of Temperament

A foundation in temperament informs my listening as a therapist. If the therapist I saw when I was trying to find my way with Ryan had been familiar with temperament, she might have identified my own low adaptability. In a short space of time, I'd experienced numerous changes, including getting married, giving birth to my first child, and moving several times. Ryan's temperament required a huge adjustment on top of many others, and my coping skills were sorely taxed.

While the concerns of parents of temperamentally extreme children have often been dismissed or minimized, I've seen many families hurt when teachers, doctors, and therapists have overreacted to a child's unusual behavior. When parents and therapists don't know the child and are unfamiliar with his or her particular behavior, it can lead to assuming pathology in the child when no pathology exists. When toileting problems, biting, major tantrums, school refusal, and other serious behavioral concerns in children come to my attention, I don't automatically assume there's a serious disorder in the child or family. It isn't, of course, appropriate to assume that all unusual behavior in children is normal. Still, as a parent and therapist, I've seen many unusual and potentially alarming behaviors that make sense when I take into account who this particular child is--what his or her temperament is--and within what environment the behavior is occurring. Even a seemingly big problem doesn't necessarily scream for a big response, but it does call for an effective response. Responding to a child in a way that results in a good fit and is more likely to be effective requires understanding of his or her temperament.

Each of the nine temperament dimensions defined by Chess and Thomas helped me understand my son and figure out strategies for dealing with his temperament. What follows is a summary of these dimensions.

Activity measures the amount of physical energy a child puts into behavior and daily activities. A very active infant moves around a lot, even when sleeping. Highly energetic children often prefer more active kinds of play--large-motor activities and outdoor exercise--over quiet, indoor pursuits. Even when they engage in presumably quieter occupations, they often do them in an active way. They fall off their chairs while playing a board game, twirl about or fidget when reading, get up repeatedly and walk around the room while doing homework. Some of them go nonstop, willingly falling into a deep sleep only when they're exhausted and their bodies give out. Others rarely appear tired and often resist sleep, but become cranky, overwrought, and hard to settle if kept up too long. Active children need plenty of physical outlets and may need help when it's time to calm down. For example, roughhousing before bedtime isn't a good idea, although they love it. Baths--widely supposed to calm all children--do calm some down, but rev others up. Parents need to notice what works for their child--quiet music, no TV, a back rub, and time alone with books or quiet toys before sleep are all means of settling active children.

Intensity refers to the level of energy a child puts into self-expression; it's a measure of a child's volume and drama. Intense children express all their emotions with vigor and gusto. They may talk and sing, laugh, and fly into rages with equal abandon. They tend to speak in extremes: they had the "best" day of their lives or the "worst"; you're "the most wonderful mother in the world" or the meanest and rottenest. These children are delightfully enthusiastic when they're in a good mood; a negative reaction, however, often in response to seemingly minor daily events, may induce a righteous tantrum, startling mouthiness, or threats to run away, kill someone, or kill themselves.

Because parents and teachers naturally find these expressions alarming, they may fear these children have deep-seated anger issues, suffer from depression or abuse, or are on the road to juvenile delinquency. When these children have frequent negative outbursts, they're often referred to therapists. Of course, this kind of behavior must always be carefully assessed to be certain the child isn't dangerous to himself or others, and isn't being put in danger by home circumstances. But often it's their temperament speaking, not any pathology.

You always know how intense children feel. It's important not to escalate with them (they can out-escalate you). Speak in a matter-of-fact tone of voice with them, send them outside to yell, or suggest they talk it over with their bear or to their audio recorder. At a calm time, you can help them learn to choose words more wisely to express their negative feelings in ways that don't alarm people.

Sensitivity is a measure of a child's sensory threshold. A child who's low in sensitivity is better equipped to handle a stimulating environment, such as company or a shopping trip. A child high in sensitivity has a low tolerance for these settings and is prone to falling apart with too much exposure. Sensitive children are very reactive to physical stimuli--sight, sound, taste, smell, and touch. They may react strongly to soiled diapers, tags in clothing, snug elastic waistbands, and scratchy material, lumpy foods, or a noisy classroom.

For years, my highly sensitive son found jeans too uncomfortable and lived in sweatpants. He rarely wore jeans until the seventh grade, when sweatpants were suddenly not very cool. Thankfully, he could tolerate the baggy jeans then in style. When parents learn to make adjustments, such as cutting tags out of clothing, this issue becomes more manageable. Parents should refrain from jumping through hoops, however. They might respond sympathetically when, at a restaurant, the right brand of catsup isn't available ("Oh, that's too bad"), without dashing out to buy the preferred brand.

Regularity measures how predictable or unpredictable a child's biological functions are, such as hunger, fatigue, or bowel movements. Irregular children may not be hungry at regular times. Parents should resist both nagging a child about eating at mealtimes and becoming a short-order cook. A reasonable solution is to make acceptable, healthy snacks accessible on a pantry or refrigerator shelf. Children who are very regular are easy to predict (which helps with toilet training) and to put on a schedule. They tend to do well in the structured, predictable environment of school, whereas irregular children may have more difficulty. By contrast, children who are more irregular may handle a chaotic or spontaneous home life with greater ease than more regular children.

Persistence, or Frustration Tolerance measures a child's ability to complete a task in the face of obstacles. Children who are low in frustration tolerance tend to give up easily when faced with a challenge, such as trying to reach a toy, build with LEGOs, dress a doll, tie a shoe, or learn a new task. Infants who are low in frustration tolerance often protest being left to sit, lie, or play by themselves. Parents sometimes measure their child's persistence by how much he or she pesters them. However, children who pester their parents relentlessly to get or do something for them are actually more likely to be low in persistence, unable to try patiently to finish a task or get something themselves, and reluctant to take on challenges by themselves.

Children who are low in frustration tolerance can be helped to increase their persistence by gradually stretching out the adult response time to their demands for help and, for older children, by breaking tasks down into smaller pieces, so they're less likely to be overwhelmed. Parents can set the timer repeatedly during cleanup time, telling their child to pick up only the blocks during the first five minutes, only the books during the next five, and so on. Children high in frustration tolerance will persist in the face of difficulties and are comfortable entertaining themselves. They may, however, be resistant to leaving an activity before they're finished. Giving them warnings about upcoming transitions and telling them when they can get back to their picture or project can be helpful.

Distractibility measures a child's tendency to be diverted by noise, interruptions, and other environmental stimuli. Children high in distractibility are acutely aware of everything that's going on around them. They may seem a bit like hummingbirds, flitting from one distraction to another, especially if they're also active. Easily distractible infants tend to be easy to soothe, whereas infants who are low in distractibility are often hard to soothe: they want what they want. Simply observing to a distractible child, "You're getting distracted," may help her become more aware and regain her focus. Children low in distractibility can focus even in challenging environments, and tend to work well in school.

Approach/Withdrawal measures an infant's initial reaction to a new food, person, experience, or situation. Approaching infants tend to have a positive first reaction. Children who are very approaching are often also very active; they may barrel into new situations, sometimes intimidating other children, and may benefit from some help in learning to slow down a bit. Withdrawing children have a negative first reaction, though they may warm up in a short time if the experience isn't forced on them. It's important to remember that the tendency to withdraw is an initial reaction. If given gentle encouragement and the time to assimilate, these children may become the life of the party. But when they're rushed or pushed, they may become extremely resistant.

Adaptability measures a child's adjustment to changes and transitions after their initial reaction to them. Infants who are high in adaptability are the ones you can take anywhere. They can sleep anywhere and handle disruptions to their routine well. Highly adaptable children do well with changes and transitions--which tends to make them easygoing. Often very tractable and undemanding, they may need help learning to stand their ground. Parents and teachers who are busy with squeakier wheels sometimes need to make a conscious effort to spend more time with adaptable children.

Low-adapting children, like my son, react negatively to transitions and need much more than the 20 minutes a withdrawing child might need to settle in to a new situation. Almost all children will have some difficulty adjusting to big changes, such as the birth of a sibling, a move to a new neighborhood, or attending a new school. But children low in adaptability also have difficulty with day-to-day changes and transitions. An unexpected meal change or an unplanned stop for errands can lead to big negative reactions. They cope with their discomfort by resisting change, and they may insist that every detail of daily routines be followed exactly the way they want them done. Their resistance to change is an aversion to novelty, any novelty; they may be as resistant to going to a party as they are to seeing a doctor.

Children low in activity and low in adaptability tend to be very transparent in their resistance to change, engaging in clinging behaviors, such as hanging on to a parent's leg or hiding behind them. Children low in adaptability and highly active may have a high enough appetite for life that they seem initially fine or even eager about changes (approaching), but may be resistant or suffer a meltdown after getting beyond the initial excitement. Low-adapting children, especially if they aren't high in intensity or activity, know their comfort zones. They're unlikely to follow along just because everyone else is doing something. Giving low-adapting children a finite choice--tooth brushing or hair brushing first, for instance--helps to make them feel more in control.

Mood is a measure of a child's disposition. Some infants fuss and cry a lot; others are smiley and contented babies. Some children experience their cup as half full and tend toward a positive outlook; others experience their cup as half empty and have a more negative or pessimistic outlook.

A child who's more serious or negative in mood may have a more analytical way of looking at things. It may be helpful to encourage this analytical streak in a child inclined to pessimism and negativity. When speaking to a child who's upset by some occurrence, it may help to take an observing stance and speak in a neutral tone. "Wow. Was it such an awful day for you? That's an interesting way of looking at things. It's true you didn't come in first. And yet you were the only one to come in third, and most kids didn't get any award." This kind of response may help these children broaden their perspectives. It's important not to try to fix a bad mood, though. That's an exercise in frustration that tends to land parents in a negative mood, too. By contrast, children who are often positive can easily see the upside of things; however, they may need help looking at things a little more critically, when appropriate.

The great value in the temperament perspective of Chess and Thomas is in how widely applicable and useful it is. It gives parents and therapists a neutral framework for analyzing and dealing with difficult children. Taking temperament into account empowers parents by adjusting and enlarging their perceptions of who their children are, and helps them respond to children in ways that are a good fit for their individual personal styles. It allows all infants to be "good" babies without blaming mothers (or fathers) for implied "bad" babies, who happen to be temperamentally challenging.

A temperament approach isn't a panacea. Learning about temperament doesn't transform temperamentally challenging children into easygoing boys and girls. We had tough times with Ryan all the way through high school. But knowing about temperament helped us understand and parent him better, and over the years, we noticed an important shift--the hard times weren't so hard, nor did they last as long.

Ryan at 25 is still very reserved and can be hard to read. But his calm has served him well on the baseball field and in emergency situations working as a medical technician. He still has to work at extending himself beyond his comfort zone to communicate more. And yet despite his seriousness, he has a wonderful sense of humor.

Recognizing and honoring a child's temperament allows you to go with the flow better and work with the situation that exists, rather than to try to make a child into someone else. Learning how to accept and work with a child's temperament requires time and attention, but, ultimately, can make everyone's life easier

Our society is quick to judge and want to "fix" unusual behaviors in children. More than likely, these children will exhibit certain personality styles for life, and parents will need to adjust their parenting styles to fit. This is a hard truth for many parents to accept. Initially and periodically, they may need some time to grieve and rant and rave about how hard their daily lives are with their puzzling, infuriating child, who's probably nothing like the child they hoped for. A big part of parents' adjustment rests in the kind of support they get and the skills they're taught for handling the daily challenges with their child. This is what we, as therapists, can give them.

There's no "cure" for temperament, nor should we want such a cure. Perhaps we get so accustomed to looking for a diagnosis that we lose sight of how variable normality really is. As therapists, we can help families make sense of their personal experience, even when it doesn't match preconceived ideas of how things should be. Our society has become increasingly intolerant of behavior that strays beyond familiar norms, and too inclined to diagnose, pathologize, and medicate what are simply temperamental differences. Our field needs to help parents recognize the variability, richness, and sheer capaciousness of the hard-to-define category we call normal.

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Resources:

Books for Parents

The Highly Sensitive Child, by psychologist Elaine Aron. New York: Broadway Books, 2002.

Understanding Your Child's Temperament, by pediatrician William B. Carey. New York: MacMillan, 1997.

Know Your Child, by psychiatrists Stella Chess and Alexander Thomas. New York: Basic Books, 1997.

The Explosive Child, by Ross Greene. New York: Quill, 2001.

Raising Your Spirited Child, by parent educator Mary Sheedy Kurcinka. New York: HarperCollins, 1991.

The Difficult Child, by psychiatrist Stanley Turecki. New York: Bantam, 2000.

Books for Professionals

Coping With Children's Temperament: A Guide for Professionals, by pediatrician William B. Carey and psychologist Sean C. McDevitt. New York: Basic Books, 1995.

Temperament: Theory and Practice, by psychiatrists Stella Chess and Alexander Thomas. New York: Brunner/Mazel, 1996.

The Temperament Perspective, by Jan Kristal. New York: Paul H. Brookes Publishing, 2005.

Those interested in obtaining questionnaires can contact psychologist James Cameron at The Preventive Ounce ([510-658-8359](tel:510-658-8359); www.preventiveoz.org/). The Preventive Ounce also offers free online questionnaires and scoring for parents of children ages 4 months to 7 years of age.