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OR, ARE YOU JUST A “SNEEZAHOLIC”?**

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AND MISSING THE CHANCE TO BE
THERAPEUTIC**

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**PARDON ME, DO YOU HAVE A COLD OR FLU? OR, ARE YOU JUST A
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As I approach my 44th year working with mistreated children and youth and those who serve them, I am continually discouraged by how often I encounter child care workers, foster parents, and others who confuse “symptoms” with “problems”. Symptoms are a gift from God/nature, allowing us to know when something is not right with our system, so that we can attend to it and give our bodies the care it needs. How would I know I was coming down with a cold, or flu, if my body didn’t ache, sneeze, cough, and generally feel bad? How would I know that I had an infection if I didn’t run a temperature? Sneezing, coughing, aches, and temperatures are not problems, but signals – signs of distress that cue us of the need to engage in caretaking activities.

Why is it then, when we see signs of “distress” in our children and youth, most often expressed in unacceptable and challenging behavior, that we are inclined to interpret the “symptom” as the problem, and then, rather than engaging in caretaking activities we move into a punishing mode of attempting to stifle the symptoms rather than using the symptoms to give us information that our children’s systems are suffering and need healing! We would not yell at an asthmatic child for “wheezing” and tell them that they will suffer an unwanted consequence if they don’t stop! We would, instead, investigate why the child’s lungs were having trouble breathing, and investigate a therapeutic (healing) intervention, such as an inhaler. If that same child is kicking the chair in front of them, touching other children as they walk by, jumping out of their seat when told to sit, looking around the room rather than focusing on their schoolwork, we turn the behavior into a “discipline” issue and begin threatening consequences, rather than investigating whether the child is suffering from a problem, such as ADHD. In other words, ADHD would be the problem, the unwanted behaviors are the symptoms of the problem.

A couple of weeks ago I asked a group of people I was working with why child abuse was a crime? I got many answers, but none got to the heart of the problem. They explained that children were defenseless, which is true but is a circumstance, not an explanation of the reason for criminality. They explained that adults had no right to hurt children, which again does not explain why we have decided they do

not have the right. I told the group that my answer for the criminalization of child abuse is that maltreatment **forever** changes a child, and deprives them of the ability to grow up and develop as God intended them to. These “changes” are to their hearts and minds. But, we cannot **see** their hearts and minds. What we **can** see is their behavior. And their behavior gives us a glimpse into their hearts and minds, and with the “caring” eyes that are part of our title, shouldn’t we take the time and trouble to try to discern the hurt that is causing the behavior that is so challenging for us? Michael Trout, the Director of the Infant-Parent Institute in Champaign, Illinois said:

The interactive and affective “language” of young children is a worthy language, deserving of our attention and respect.

In his professional work Trout focuses his attention on babies and very young children, but those who have worked with troubled teens know that the same could be said for older children, who have not found a way to put their pain into words or into healthy forms of expression, and who “talk” to us with behavior that is provocative, difficult, and sometimes ever dangerous. How wonderful for kids it would be if we could make a commitment to “listen to their behavior”! What are they trying to tell us? Where is their pain? What are they unable to recover from?

Charles Appelstein, author of *The Gus Chronicles* (required reading for all working in group care) states the case beautifully when he writes: “ Misbehavior is nothing more than a neon light flashing – **I need help! I need help!** Not enough people see the lights!” The challenge for all of us, however, is that **behavior is not diagnostic**. The “misbehavior” does not necessarily tell us what kind of help a child or young person needs. For example, requests for workshops on “oppositional behavior” are common. This particular form of behavior, which many adults experience as very challenging, does not have a single cause. Many different children and teens, with many different backgrounds, exhibit this kind of behavior, for quite different reasons. For example, neglected children are often oppositional because they are quite unaccustomed to being “parented”. Unattached children/teens are often oppositional because they disdain adults (for good reason) and don’t really care what we want them to do. Children who have histories of being “controlled” (sexual abuse victims, for example) are often leery now of going along with adults since in the past going along (with unwanted sex, with secret keeping) has gotten them only misery and torment, and they feel safest when being defiant. Children with neurological problems, such as learning disabilities, attention deficit/hyperactivity disorder are often oppositional because they know in advance they will be unable to do what is being requested in a way that pleases the adult asking, which will result in negative interaction, so they “refuse” to do what they are told. So, defiant/oppositional behavior is a symptom of a problem – since

most children/youth are inclined to do what adults ask them to do – but we cannot be sure of the exact nature of the problem without some knowledge or investigation. Child and youth care workers, foster parents, special education teachers, spend a considerable amount of time in their “Colombo trench coats” trying to figure out what a particular form of behavior might be signaling. But we should know one thing for sure – difficult, challenging, unacceptable, or whatever label we choose to use – behavior is telling us that something is wrong, and what is wrong is not the behavior, but the problem motivating the behavior. Do we “care” enough to take the time to figure out how to help the kid with their problem, or do we choose the easy way out and just try to modify or eliminate the symptom!

If a person shows up at the hospital with a headache, a doctor can take the easy way out and prescribe two aspirins and a call in the morning, or s/he can care enough about the person to figure out what is causing the headache. And a headache does not tell us much about the cause. What we do know is that most people don’t have headaches and that **something is wrong**. Tracking down what’s wrong may take a little time, or may require quite a bit of time and trouble. Perhaps the person is suffering from stress overload; perhaps it’s allergies; perhaps they need glasses; or, perhaps, they have a brain tumor! How much harm might be done if no one cares enough to find out what’s wrong, but only tells the person to take aspirin, quit complaining, or implies that negative consequences will follow if the headache does not stop.

Children who were exposed to drugs and alcohol while they were still in the womb may not be able to learn like other children, may not remember from twelve o’clock to noon, and may not be able to focus on tasks. Children who have not been responded to when they were completely vulnerable, as babies, may develop into very cynical, mistrusting children and teens. Children who have been neglected and who did not have their needs met may do things like steal food from stores or other children. Children who are being physically abused by adult “bullies” in their homes might become bullies in the schoolyard. Children with immature or inadequate parents might have learned to parent themselves and might strongly resist being parented by others. Children who were never played with might not know how to play, may not play “fair”, or may not follow rules when interacting with others. Children who witnessed domestic violence in their home might feel that women are weak, and useless in providing protection and therefore do not have to be obeyed, or may believe that there are only two kinds of people in the world – those who give it, and those who get it. They might identify with the victim, and become passive themselves; or they might be frightened of the passivity and helplessness they witnessed, and figure out that aggression is the only

way to avoid such a fate. Children who have been sexually abused may be traumatized and symptomatically “reenact”, behaving provocatively, may have learned to be good liars to protect the secret and thus avoid the threats they were given, may be suspicious, having learned that adults who seem “nice” may have agendas that cause more pain than they can handle. **These are our children!**

Wouldn't it be wonderful if we responded to their behavior as we would respond to a child who had had an arm amputated; or as we would to a child with cancer; or as we would to a child who couldn't run because they were in a wheelchair. Why do we respond, instead, as if the children who we **know** were wounded by abuse or neglect, were willfully demonstrating such unacceptable behavior, and could, in fact, cease and desist immediately if we could threaten them with a good enough negative consequence, or motivate them to behave like other children by offering good enough rewards. When we know that people hurt them, why do we insist that a “program”, and not people, will heal them!

The research is in and we know the results of our uncaring ways! Programs with a one-size-fits-all approach expect every child to respond to uniform interventions, as if a child with a brain tumor will respond the same as a child with allergies. Punishing children for their symptoms will not make them better. They may learn to “mask” their symptoms to please us or to get their privileges. An unbelievable number of our youth go on to very unfortunate adult lives. Very disproportionate numbers of our youth end up homeless, jobless, or incarcerated. Too many of our youth become teen parents, unable to care for either themselves or the children they create. Too many of our children never complete their education because they confuse doing well in school with intelligence, and believe themselves “unable” to learn when we are the ones unable to teach them. Too many of our children describe themselves as “failures”, when in fact we are the ones who have failed them.

One hundred issues of a Journal is a wonderful thing! One hundred readers of the Journal is a wonderful thing. One hundred lovers of children and teens, telling one hundred others they know that our joy is to have the opportunity to heal those who come to us with hearts and minds wounded beyond our ability to comprehend, is a wonderful thing. Each of us who finds our way into the lives of these wounded children of God, give one hundred thanks each day for the privilege of looking beyond the symptoms to the “invisible wounds” caused by abuse and neglect, and finding ways to respond with kindness, and thoughtfulness, and accepting the challenges of being on the other end of symptomatic behavior as a blessing. We are the ones who try to heal the pain, because they show us they are hurting.