Parents and Priorities: Real versus Apparent Needs in Advising Parents on the Education of Vulnerable Children

SYNOPSIS

Study of a child's development reveals that our sense of priorities in attempting to order a child's educational needs is at variance with his true needs. We are commonly not aware of the ways in which a child increases his fundamental understanding, which we tend to take for granted, and so spend our time encouraging him in the exploitation of his basic abilities rather than in attempting to develop them further.

As a result we, as parents, often try to encourage the unnecessary at the expense of the necessary; however in the normally developing child our influence is fortunately relatively limited and most children continue to gain experience and develop their fundamental understanding largely independently of us. What we offer the child, consciously or unconsciously, represents some of the potential influences available to the child from which he selects according to his needs.

It is the child whose experience and understanding is weak and distorted who is prone to being adversely influenced by inappropriate social intervention. Such a child is clearly in need of help but the form of help based on a parent's natural feelings and sense of what is most important is likely to be in some ways over-demanding and in others not demanding enough and to lead to social over-dependence and anxiety which is only countered by a variety of defensive behaviour.

If we recognise this very real danger in our relationship with a vulnerable child we should be wary of assuming that our behaviour which is 'normal' towards children generally is also appropriate to the needs of the unusual child.

It is here assumed that we do not restrict the use of the term 'parent' to the procreators of the child but use it to include any responsible adult who is emotionally involved with the child. Viewed in this way it is clear that there is no clear criterion of demarcation between the involved professional worker and the actual parents of the child. This should lead to the recognition of the parent as an equal partner with the teacher and doctor, in the furthering of the child's education and for the need for free and open exchange of information.

'Needs' may be roughly divided into those short-term immediate desires which are expressed as 'demands' and the long-term requirements which are often only recognised at a distance by a disinterested observer.

The child's real or long-term needs, for rapid and well-founded development of basic understanding together with the power to enjoy - but with a relative independence from - his social environment, are by nature normally achieved by the satisfaction of his short-term desires which result from his spontaneous and active demands on his surroundings.

For the child with some serious impediment to his growth and development the nature and form of the environmental influences, including the behaviours of those about him, are likely to play a much more important role. Under these conditions it is vital that 'parental' behaviours and demands on the child are appropriate to his needs.

An emphasis on his walking in a child who is manually inadequate, demand for 'talking' in a child who has difficulty engaging spontaneously in non-verbal activities, or teaching 'reading' to a child who is having difficulty solving very simple everyday problems, are common examples of misplaced educational priorities which add to rather than relieve the child's developmental difficulties.

In working through the agency of parents it is much better to begin by agreeing on the nature of the child's real needs than attempting merely to gratify the parent's own needs, even though such a course of action usually entails convincing the parent of the discrepancy between *her needs for her child* and the *child's needs for himself.*

Geoffrey Waldon

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Introduction

It is my contention that in our approach to the education of children, and in particular to the education of children with difficulties, our sense of priorities - composition of 'subject matter', rank order (order of precedence), relative degrees of emphasis, etc. - is commonly at odds with those priorities which seem to follow from a study of the child's real, that is to say *long-term*, needs.

We commonly encourage the unnecessary and even the obstructive at the expense of the necessary and it is only that our influence as parents is relatively restricted that prevents our causing more harm than we actually do.

It is not, of course, that there is something 'wrong' with our basic behaviours as parent, only that the portion of our children's abilities and behaviours over which we do have some conscious influence is confined to the exploitation rather than the development of their talents. It is the child himself who, quite properly, selects the activities in which to engage. This selection, and consequently the form and balance of the child's fundamental learning, is determined at any time by the state of his understanding … and for the majority of children this is sufficiently robust for them to take up what they need whilst resisting excessive interference from their social surroundings.

It is the child made vulnerable by some early malfunctioning of his physiology which has led to the formation of a week and distorted understanding who tends to succumb to inappropriate outside influences.

The child, like every other organism, develops within a relatively blind environment and depends on its own relatively blind, immediate desires to select what interactions are relevant to its progress.

Its behaviours represent personal needs, being so fashioned by evolution that the gratification of any conscious feeling of desire is likely to bring about some developmental advantage, or is at least unlikely to occasion serious or lasting disadvantage.

One aspect of the environmental raw materials from which the child can actively select to interact with is the behaviours of adults, only a small proportion of which, however, is consciously directed towards modifying the child's own behaviour.

It is apparent then that however important parental behaviours are to the child's development they do not need to match, cannot in fact match, the child's

overall needs, not even his social needs, but must simply supply sufficient opportunities for interactions. It is the child's behaviour which determines what, and how much of what is available, is made use of. Hence a parent's view and sense of priorities as to what a child needs etc, need not, rarely in fact does, coincide with what, or with the order of precedence of what, that child really does need.

It is only when the child's behavioural pattern falls outside the 'normal' range, or when adults set out deliberately to modify the child's fundamental abilities, that the adult's heavily biased distorted view of the child's needs is likely to begin to deform that child's progress.

Our behaviours towards children, however 'natural' these behaviours may be, are the outcome of our gratifying our own desires, or our *own needs for the child*, and should not be thought to do more than supply some of the raw materials from which the child, in gratifying his own desires (or his needs for himself), selects.

Recognition of this fact should make us wary of accepting that our 'normal' behaviour towards normally developing children is also appropriate for the unusual child - in fact I would suggest that much of what we do, with the child's best interests at heart, actually compounds the backwardness of many vulnerable children. We are, for the most part unaware of the child's real (i.e. long term) needs and simply persist in the behaviours to which we have been conditioned. For example a remote or 'autistic' child may be made excessively anxious by the supposedly 'comforting' caresses and cuddles of a well-meaning adult who tends to be confirmed in her belief that the child is in need of such a 'loving' care by his regularly absconding to the toilet, there to run the taps or endlessly flush the lavatory pan.

Our list and order of priorities for supplying the child's needs then may not only be at variance with the child's actual needs but is also likely to be lacking or completely deficient in some of the most important ones.

Since it is the conflict between the *needs* of the child and those of the parents, and between real and apparent *needs* in each case which is likely to lead to difficulties for both child and parent and since *we* professionals are advising *parents* this might be a suitable time to delineate what I mean by these terms.

Parents are strange elusive creatures who figure in the vernacular of the professionals but who, like the Snark, are rather difficult to pin down. Since in practice it is the quality of the concern of a mature person for a (vulnerable) child that is of importance we can see that, whereas the actual procreator of a child will occasionally not qualify, many adults who are not the actual parents of the children in question, or indeed of any child, do qualify fully. Hence it seems that we are talking about all concerned and responsible adults. It follows then

that the doctor, teacher, psychologist, etc, is himself a parent in this sense who must however also adopt his particular professional role for the duration of certain interactions.

All this is obvious but we professionals so often speak of the parents as if they were different from us and not of equal standing. From what has gone before it follows that there is no clear criterion of demarcation between the involved professional worker and the actual parents of the child. This view should lead to the recognition of the parent as partner with the teacher and doctor in the furthering of his child's education, and for the need for free and open exchange of information.

It is not necessary, of course, to attempt to define the word 'need' but for all practical purposes 'real' need may be equated with long-term requirements leading towards some anticipated satisfactory outcome, whilst an 'apparent' need is a short-term need, roughly equivalent to immediate desire. Hence apparent needs are concerned with the gratification of the immediate desires whilst real needs involve a more global and dispassionate point of view.

Before coming to the main burden of my paper, which is the educational priorities of the child, I would like to say a little about the needs of parents at the time when it is first discovered that a child has, or might have, problems with learning and development.

The doctor must decide what to tell the parents and when to tell them. His decision will depend on what he thinks he knows about the child and how he feels about the parents' probable ability to cope with bad news.

But what he tells them and when he tells them really follows from how well he understands the difficulties of children. Thus the real needs of the parents may play little part in his decision. Unfortunately many parents, especially mothers, get the idea that the doctor pooh poohs their anxieties about their children's development and while it might be true that many mothers are unnecessarily fearful about their children's development it is certainly true that many parents of vulnerable children feel that their early anxieties were not taken seriously by the doctor.

Why is this?

Some doctors do seem to think that excessive concern about abnormal behaviour is common in parents and are rather too ready with a sort of heavy-handed reassurance as a result, but some seem to feel that even if a child is not developing properly, postponement of official recognition is somehow better for the child or for his parents. Sometimes it is thought that parents continuing to treat an abnormal child 'naturally' confers some advantage on the child and helps the parent to form a bond which might be more difficult if strained by

anxiety about the future. This is probably particularly the case with Down's Syndrome babies when the parents have seemingly not recognised the condition.

I feel that all parental anxieties should be taken very seriously, particularly since many subtle features are more likely to be noticed by a parent than by a relatively inexperienced (and this goes for most) doctors. At the very least we should show the parent the courtesy of treating her concern with respect and it is in fact possible to do a great deal without adding to the anxieties.

When the doctor is certain or fairly certain about a developmental anomaly he has to decide what, and how to communicate this to the parents. When I first asked doctors about how they dealt with this problem I was told that they came to a decision on the basis of their knowledge of human nature and of the people in question. I was told a very similar story when I asked doctors how they decided whether or not to tell a patient of his impending death.

I'm afraid I do not think that I have yet met anyone capable of making such an individual decision.

It seems to me that the parents have at least as much right to all the information as the doctor and should always be told as soon as it is reasonably possible. To withhold such important information from those most concerned is, I consider, morally indefensible. Putting myself in the shoes of the parent I feel that I would be unable to trust anyone who withheld such important information from me, whatever his motivation for so doing.

It is true that it might subsequently prove to be the case that the condition of a child or his parents seems to have been worsened by the communication, but this in no way alters the argument, for no man is capable of such prescience.

Perhaps doctors sometimes 'funk' telling parents because they feel that the realistic acceptance of serious developmental anomaly necessarily implies a pessimistic view of the outcome and feel unable to provide practical help and advice.

Although always difficult I believe that the information should be communicated as early as is practicable and the parent encouraged to a realistic acceptance, *but* it is essential that the realism should be tempered with optimism and that the information about the anomaly be accompanied by information about what can be done about it, and in particular what they the parents can do about it (minimise its untoward effects, maximise the realisation of the child's potential). From that moment on they will need not only support but regular and continuing practical advice and demonstration.

A parent's real or long-term needs for her child should, of course, coincide with the child's own real or long-term needs and so both may be considered together in terms of *the educational priorities of the child.*

The child's real needs are for a steady increase in his ability for learning to learn and for a growing capacity for adaptive independence within society.

His apparent or short-term needs which entail his gratifying *his immediate desires* through demands made on the environment also supply his real needs *unless,* as a result of some impediment to progress such as a movement or sensory disability, he has deviated significantly from the normal developmental pathway. In the event of such deviation variable slowing with neglect of some basic activities together with the accumulation of defensive or 'handicap behaviours', leads to inadequacy of the autonomous selection of environmental interactions and to an over-susceptibility to the influence of adults.

The parent's real needs for the child should, of course, coincide with those of the child but the parent's immediate needs are usually very different and in the case of the anomalously developing child vary according to the child's problem as seen by the parents.

The parents who recognise their child's educational difficulties will commonly and quite naturally view these in terms of (1) the deficiencies which *they* recognise (i.e. offend their expectation) and/or (2) the undesireableness or unacceptability of the child's behaviour.

In both cases it is usually *the parent's needs for the child* which are being expressed in their selection of what areas of understanding are to be remedied or what undesirable behaviour is to be eradicated, rather than *the child's own needs for himself.* Should the parents come to see that some other treatment would supply the child's real needs then their needs for the child would necessarily come to coincide with the child's own real needs.

The child meanwhile is expressing his own apparent needs through his behaviour, the socially overdependent child perpetually 'seeking' the 'attention' of others or warding off excessive demands on his understanding, the backward child avoiding those areas of activity which bring him the least reward or the most stress. His *real needs* entail the overdependent child's learning to cope without the help of others and the satisfaction of being able to resist their attentions and so function more or less autonomously within the presence of other people.

The vulnerable child requires to approach and engage in the activities he is least familiar with.

Parental concern about their children (and hence the scope for inappropriate order of priorities) may be discussed under the following headings which are not mutually exclusive

(i) Recognised abnormality of appearances, e.g. cerebral palsy, blindness, hyperactivity etc,.
(ii) Recognised degree of backwardness.
(iii) Specifically definable deficiency in development e.g. 'not walking', 'not talking', reading disability, etc.
(iv) 'Undesirable' habit(s) of behaviour.

(i) When a child can be seen to be struggling against heavy odds our natural tendency is to overcompensate for the difficulty and to do too much for him.

This tendency is an exaggeration of the natural inclination of the more active partner in an interpersonal exchange to cross the midline, so to speak and take on a greater share of the work. There is normally between adults a reciprocal relationship, the more active role passing to and fro. The helpless and dependent baby grows into the young normal child who soon exerts his independence with an 'I want to do it' 'let me do it' but the weak or clumsy child, or the one whose vision is limited, who in reality needs to practise more, is likely to accept having things done for him and, as he neglects his practical skills, to become steadily more clever at socially manipulating others, on which skills he becomes progressively more dependent.

A teaching approach which encourages the child's struggling to do things for himself and which discourages dependence on others, even though it is felt to 'go against the grain', is a much more rational one. It can be emotionally draining to stand by passively whilst an athetoid child struggles painfully or even frantically to achieve something which would be so much more easily done by someone else – especially when the child implores your help; however his future motivation and relative independence, to say nothing of his social acceptability, probably depends on if, when and how you intervene.

(ii) It is sometimes argued that the most pressing needs of the very backward child are to render him as presentable and innocuous, that is to say acceptable, as possible to society at large; and this is done, if indeed it can be done, by providing him with a number of behaviours or skills which are thought to resemble those of a normally developing child.

Although, of course, fitting in with society is essential if the child is not to be excluded from it, this argument seems to me like the one which recommends painting odd objects to make them less conspicuous.

If a child is to truly fit in, partially or fully, for part or the whole time, then he must be able to cope under conditions involving the minimum of adjustment

by society. That is to say it is not his *levels* of functioning which are important, for all those are to be found among normal children, but his *competence* in coping at those levels.

However the child who is recognised to be significantly developmentally delayed, although seen to have difficulty in coping satisfactorily with the world, is generally met with attempts to help him which are aimed at training him in a few 'useful skills' rather than at increasing his fundamental understanding.

Since throughout the educational system efforts are usually concerned with facilitating the acquisition of specific skills which exploit rather than encourage the general understanding, we seem to imagine that the achievement of such skills, which in the normal child represent evidence of the underlying abilities, will somehow induce the appearance of such fundamental understanding in a backward child.

It seems to me that consolidating, strengthening and enriching the basic understanding the child has already acquired and so promoting the likelihood of enlarging it, is of much greater importance than the mere acquisition of isolated so-called 'useful' skills. This does not mean that truly useful skills, that is to say skills which are the natural outcome of real understanding, need in any way be neglected.

(iii) Often the child's difficulties seem to crystallise in the parent's mind as specific deficiencies such as: 'not able to feed himself', 'not toilet trained', 'not talking', etc., deficiencies which are commonly not really relevant to the child's real problems.

Much time may be spent on encouraging a very backward child to walk, seemingly under the impression that this will further his intellectual capacity. Walking becomes a desirable accomplishment once a child has relatively advanced understanding and general abilities, which need to be ferried about, but walking in a very backward child not only does not advance his understanding but frequently impedes its development since it is incompatible with the kinds of early learning which require prolonged periods of active reaching and picking up within restricted geographical limits. Having little competition from other interests, walking tends to remain a self-delighting activity for an excessively long period of time.

In some ways the most obvious example of this kind of confusion of priorities is in 'reading'. Since in a literate society reading mediates a high proportion of the information flow there is often very natural concern lest a child should be at a disadvantage due to his not being able to read adequately. We devote a fair amount of teaching time between the ages of five and seven to the child's acquiring facility in reading and many parents and teachers consider the teaching of reading to be one of the main purposes of primary school – yet essential though reading is to the normally able and linguistic members of our

society it is merely a secondary channel for the transmission of conventional language so that, generally speaking, limitation in linguistic ability is in no way compensated for by facility in reading.

Furthermore, conventional language itself reflects a prior and more fundamental state of understanding so that effective reading assumes not only a capacity for recognising the written forms but also an ability to interpret its meaning through application of the underlying understanding.

Despite this it is commonplace to meet with very backward children with extremely limited capacity for recognising and interpreting their surroundings and having great difficulty in concentrating their attention and interest for a few seconds together, being given lessons in what is intended to be reading.

It is almost as if reading ability which might be viewed for most children as a passport to the real world, a world that is to say of literacy, is also seen as a sort of magical cure for intellectual inadequacy or ignorance.

'Talking' is in fact a much more important subject for misplaced priorities. Speech, even more obviously than literacy, is an essential skill in human behaviour, and one whose precursors are necessarily practised from birth. However the mechanics of vocalisation and articulation not only require to be guided by a phonological system and by linguistic structure but must embody ideas based on understanding without which the sounds produced are so much hot air, and yet since we as 'parents' are moved by our own emotional needs we give very high priority to the encouragement of talking in a young backward child when we are quite able to overlook his inability to recognise the existence of, let alone solve, elementary practical problems. Furthermore, the understanding of the speech of others has nothing like the same priority in our estimation. I once calculated after seeing several thousands of children with developmental difficulties that only a handful of parents complained that their children did not understand what was said to them, whereas the opinion that everything would be alright once they started 'talking' was (and is) commonplace.

Even if one included an assumption of '*not understanding'* in the description of 'not talking', which would be unusual, most educational efforts tend to be aimed at the utterance, very little being devoted to the child's responding appropriately to the speech of others.

The child's own real needs, that he should be as competent as possible, by which I mean able to regularly approach tasks with a fairly high level of understanding, entails exercising his very basic abilities and taking precautions against his becoming overdependent on others.

With the majority of backward children talking ability should take relatively low priority and reading very low priority but this does not mean that these skills need be neglected, only that their real positions within the hierarchy

of priorities are recognised so that sufficient emphasis may be put on supplying the really important deficiencies.

(iv) 'Undesirable' habits of behaviour. This is an area in which a confusion of priorities is most likely of all, for the strain on the emotions of the parent or teacher as a result of such behaviour can be immense. Immense since it is the very susceptibility and sensitivity of the adult to the behaviour which leads to its selection by the child, and to its further shaping and encouragement.

Having once become the victim of a child who throws or threatens tantrums if he does not get his own way, or who teases his siblings to distraction, or who cannot be taken into a shop or restaurant or on to a bus without creating havoc, or who will not be left to go to sleep at night, etc, (as the victim of such a child) it is virtually impossible to escape from the vicious circle or spiral without outside help.

When one is caught up in such a situation one longs for its interruption, and so dreads a reoccurrence that if it is possible to put it out of mind between whiles one does so. The result is that as a victim we cannot bring ourselves to sit down to analyse and interpret the problem and to plan its solution. At such a time it is difficult to recognise and accept that it is the child who is now in the greatest distress, and that, originally at least, it was his intolerable predicament which led to his adopting the most convenient and satisfactory defence measures available.

All being well a less emotionally involved person intervenes and helps to plan and launch a campaign to redress the balance but even now the truly highest priority – that is to say the child's being sufficiently competent so as to not need to defend himself against excessive demands – is often neglected.

In the eradication of an undesirable habit of behaviour the order of priorities from the child's point of view are roughly as follows:-

Long term need to be so competent as to rarely require to resort to anti-social behaviours;

Practice in tolerating emotional strain so as to be able to withstand such strain when it does occur;

Experience of conditions within which excessive demands on his understanding, which lead to defensive responses, are rare;

Experience of conditions in which the anti-social behaviours are not reinforced;

Experience of conditions in which the anti-social behaviours do not occur for prolonged periods.

You will notice that it is those which I have given last or as having the lowest priority which normally enjoy the most therapeutic attention. In practice all may be worked out simultaneously of course.

Summary

Parents are entitled to all the relevant information about their child and to an opportunity to play an active role in his education. Quite apart from helping to provide for some of their own needs the parents often have unique qualities as teachers of their own child which may allow them to supply some of the child's own needs.

Since the parents' short-term needs w*hich they are conscious of* do not usually match the child's long-term needs (and in the case of the vulnerable child are often also at variance with his short-term needs) and since it is not possible to rely on the child to regulate adequately the influence of his parents' behaviours, it is important that these parental behaviours are sometimes consciously modified to suit the child's real needs.

Hence in my view the professional worker who sets out to assist parents to help their child, whilst taking fully into account the parents' apparent or immediate needs such as to hear their child 'talk' or to gain some relief from difficult behaviour must first of all communicate to them the general nature of the child's real requirements.

In my own practice I see a very wide range of children of all ages, types of problems and degrees of backwardness but I decide whether to 'take on' a child entirely according to whether I can get manage to get across the difference between the parents' natural needs for their child and the child's actual needs for himself.

How far I am successful I cannot be certain but sometimes even among the very atypical group of parents I see at present, I fail completely to do so and then it is quite impossible to work along my lines.

I have tried to indicate the artificiality of our common concept of a 'parent' in our work with vulnerable children and their families and to indicate the practical value as well as the moral necessity for a free exchange of information and opinion.

I have also emphasised that in working though the agency of parents it is much better – I would say essential – to begin by agreeing on the nature of the child's real needs than by attempting merely to satisfy the parents' own needs, even though such a course of action usually entails convincing the parents of the

discrepancy between *their own needs for their child* and the child's *own needs for himself.*

Geoffrey Waldon (1978)