The Problem is the Problem, not the Child

by Dr Rob Long

This must be one of my top favourite mantras. So often - more in the past - we would hear a child being described as a “problem child”. To understand why this is an unhelpful approach we need to consider four aspects:

1. What makes behaviour a problem
2. Labelling
3. Medicalisation of children’s difficulties
4. Problem behaviour and problem solving

1. What makes behaviour a problem?
It is trite to say that any behaviour is in itself only behaviour, nothing more and nothing less. How it is construed/interpreted is dependent on cultural, contextual and individual factors. Here are some examples of each:-
Culture
Independent and self-reliant behaviours may be encouraged/valued in individualistic cultures while obedience, calmness and respect is valued in collectivist cultures.
Context
Context is equally important. Throwing a ball is permissible on the sport’s field, during a game of cricket. But in the classroom it is a ‘problem’. Using the “f” word may be acceptable when talking with peers, but not when talking with an adult. So where the behaviour is happening can be a decisive factor.
Individual

One adult in a school might be very happy to change the clothes for a child who has soiled themselves, but find obscene language distressing. While for another adult the reverse is the case.
So it is helpful to look at who is deciding, on behalf of an institution/family, whether a behaviour is a problem or not. Children's behaviour is a problem when an adult decides it is. It usually means that a child is doing something that the adult decides they should not. And if it interferes in some way with a goal that an adult is pursuing, then it is even more likely to be labelled 'a problem'. Also if the adult believes the behaviour to be potentially harmful to the child or others, then that increases the likelihood of it becoming defined as a problem. So hitting, spitting, biting others will be considered problem behaviours.
So we can say that behaviour in itself is not a problem, it depends on many interacting factors.

2. Labelling
When a child is labelled as a problem child, there is usually an underlying assumption that they are either 'mad or bad'. The madness label suggests that their behaviour is the result of a medical condition; the bad is that they are wilfully being naughty. Labelling in education can be positive: hard working, gifted; or negative: trouble maker, loud. Both lead to the label of a 'problem' child. The label influences how a child will be perceived and what behaviours can be expected from them. (The classic study in education is the 'Pygmalion effect' carried out by Rosenthal and Jacobson (1968) and is well worth a read).
When a child is labelled as being a 'problem child' their entire personality is being seen as a problem, as Kierkegaard puts it, when you label me you take away a part of my humanity. A child with problems is much more than the problem - whatever it is.

3. Medicalisation of children's difficulties
An approach to understanding children's behaviour supported by many is the biopsychosocial model (Engel 1977). This model believes that children and young people's social, emotional and mental health difficulties are the result of the combined interaction of these three factors. The issue is that it is the 'bio' that dominates explanations for children's difficulties. Due to the success of the medical approach to human illnesses we assume that there must always be an organic cause to a child's misbehaviour. This is not true. To always seek a medical pathological reason for SEMH is to see the child as the problem and in need of fixing. We can see this in our language; we talk about the 'autistic child', the 'ADHD child'. We do not speak of 'flu people', or 'broken-boned people'.

We do not have 'problem kids' we have 'kids with problems'.

If an assessment only looks at the child, then naturally any behaviour will be explained by within child factors. So a child who is disruptive in class, attention seeking and over-active is likely to be diagnosed as having Attention Deficit with Hyperactivity Disorder (ADHD). If the past experiences of the child were investigated and it was found that they had experienced abuse, then an alternative explanation could be that the child is suffering from a post traumatic stress disorder. Holistic assessments should always include the question, "**What has happened to this child?**" Too many assessments implicitly ask, "**What's wrong with this child?**"

4. Problem behaviour and problem solving

From Maslow's hierarchy of needs we can see that children have basic needs including safety, belonging, self-esteem etc. So a child's behaviour is motivated from within to achieve specific goals. We need to remember that children have a limited repertoire of skills to meet their needs. So, for example, if a toddler needs a cuddle, and crying results in them being picked up and cuddled, then we are not surprised to find that the toddler cries often.

It is often the motivation behind the behaviour that is more interesting and informative than the behaviour itself. Behaviour is usually seeking to either obtain something or avoid something. So a useful way of thinking about problematic behaviour is to see it as an attempt by the child to solve a problem, i.e. to meet a need. So a useful question is, "**What problem does this child think they have, for that behaviour to make sense?**"

Children are usually trying to solve a problem, not be one. But they often use inappropriate problem solving techniques. Given this, our aim now is to help the child meet their needs in socially acceptable ways, a much better approach for us as educators. Our aim should be to increase a child's behavioural repertoire, so our energy now is how to increase certain behaviours rather than how to stop some.

Finally, this approach maintains a much better relationship with the child. When a child has some problematic behaviour, we metaphorically put the behaviour on the chair and work with the child to resolve the problem.

I hope this makes clear why I think 'the problem is the problem not the child is a valuable mantra.

References

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