

## **Web-Based Radio Show**


### **Aggression**

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Good morning. Welcome to our Web-Based Radio Show. Today we have a very interesting topic, one that I get asked lots of questions about, which is how infants and young children of all types – those with challenges and those without challenges – learn to deal with aggression and whether they develop feelings of anger and hatred and become violent, or whether they develop empathy, warmth, compassion, and caring, and learn to cooperate. We’re also going to talk about what determines which pathway the child takes, and for that matter, what determines what pathway whole groups take because, after all, groups are made up of a number of individuals that come together, sharing a certain philosophy. If one group is prone to anger and hatred, that philosophy is embodied in that. If one is prone to compassion and empathy, the philosophy is embodied in that. Well, what are the developmental pathways towards either of these patterns, and what can we do as caregivers to influence that developmental pathway?


Let’s start at the beginning and trace the developmental pathway, either to aggression, anger, and violence or to compassion, empathy, caring, warmth and love. When babies are born, their first experiences in the world have to deal with whether they feel calm and regulated through taking in sights and sounds, and whether they become interested in the world outside them. Now, to the degree to which they become calm and regulated there’s an initial feeling of security – that initial feeling of security – of being able to be calm and calm down and have a sense of inner harmony or inner equilibrium – is the beginning of the pathway towards relationships, empathy, warmth, and compassion. To the degree to which they feel dysregulated or overloaded, or to the degree to which they feel out of control – crying, they can’t regulate their sleep and wake cycles, and they feel a sense of disharmony in the body – they are more prone to have patterns of impulsive or aggressive behavior. Two factors influence this early on. One is the equipment the baby is born with – some babies take in sights and sounds more easily and become calm more easily. Other babies, whom we may call “fussy” or “finicky” or “colicky,” may have a GI system which gives them gas bubbles that causes them discomfort or they may get overloaded by certain sights and sounds, so that high-pitched



noises or low-pitched noises may easily overload them. This creates dysregulation, disharmony, and discomfort in the body, but the good news is we've learned how to recognize these different initial constitutional differences, or innate differences, and we can adapt our care giving. For the baby who's oversensitive to high-pitched sounds, we can talk in a low, slow nice pitch and help that baby find a pattern of calm regulation. For a baby who's overloaded by bright lights, we can dim the lights a little bit. For the baby who requires us to move slowly so he can follow our face and get interested in the world, we can help that baby do that. So we've found that with almost all babies we can help them learn to feel some regulation and some comfort in those first days and weeks and months of life.

Also, we've found that we can help babies learn to take an interest in the world. If the baby is not interested in the sights and sounds around him and doesn't awaken to the world at large, he's left at the mercy of his inner sensations, which is an inner focus, and that also creates a pathway towards more aggression because he doesn't learn the value of relationships, he doesn't learn the value of what a caring other person or other human can do – he doesn't even worry about other humans and may come to see the world as impersonal, so that to him there's no difference between a chair or a table or a person. So just like he kicks a chair, he might kick a person and later on might he develop philosophies that are more impersonal in nature, lacking in compassion and caring. So it's important to awaken all babies to the pleasures of the outside world and to the comfort the outside world can give them and, through that, the existence of an outside world, particularly the world of people, and not just the world of things, and also the difference between people and things – that it's people, the caregivers, who bring you that comfort and that sense of security. This is all the more reason to tailor our early interactions to the baby's nervous system. We can do that in the first stage of what we call regulation and interest in the world. Do we bring empathy and compassion, warmth and caring or do we leave the baby at the mercy of his inner sensations or patterns of dysregulation and, therefore, discomfort at a very basic level, even before there's conscious awareness. If we do the latter then we're favoring a pathway toward aggression, impulsivity, and violence.


Now, fortunately, even though these early patterns get started during the first months of life we can correct them easily all throughout those early months of life. So even a baby who's very colicky can learn comfort and calmness and regulation and become interested in the world at four or five months, even if he doesn't do it at two or three months or even at eight or nine months of age. So with a baby who's "difficult," we



need not be pessimistic; it's simply a little bit longer journey towards establishing his first sense of security and his first sense of interest in the world.


Then our second stage, where we focus on falling in love, a baby goes from interest in the world to interest in specific caregivers, and he discriminates the general world from the world of the caregivers. This is where we see a big smile and we see joyful gleam in the eyes of our little babies and there's an opportunity to further deepen these patterns. If a baby has his needs attended to when he cries and there's a warm, loving caregiver with a soothing voice who comes over and says, "What's the matter, sweetheart?" the words aren't understood, but the tone of voice is understood, and there's nice, soft rhythmic rocking and a vocal rhythm which is comforting and Mommy or Daddy move their faces from left to right to make patterns of looking that's interesting for the baby. You can lead that baby from crying or upset into a nice pattern of joyful pleasure. If the baby's hungry and he's fed or if he's uncomfortable and helped to feel comfortable again, the outside world is viewed as having people who comfort and bring joy and pleasure, but also at other times just as a place of interest and fun – the textures of sound and different movement patterns, like the gleam in Mommy's eyes, Mommy's big, bright smile, and the nice rhythmic interactions together as they move their arms and legs together and smile at each other and vocalize together and coo together, which we see in all wonderful, positive interactions – all that supports pleasure and investment and trust and warmth and the regularity with which Mommy's available – being there as opposed to not being there, or having one or two key caregivers as opposed to six or seven – this all supports that sense of trust and security which we talked about earlier, and contributes to that sense of pleasure invested in the world supporting compassion and, eventually, empathy and warmth and caring.

On the other hand, if the opposite pattern is present – if the baby cries and no one comforts him or offers comfort very inconsistently, or if the pattern of interaction is harsh and more abusive – if the baby is shaken or made to feel uncomfortable and actually becomes scared because of the dysregulation or because Mommy or Daddy talks in a harsh, loud, angry voice, overwhelming the baby's nervous system or frightening the baby – then we see fear or we'll see crying and anguish and we'll see anger. When the baby's frustrated when his needs are not met and he's allowed to cry for long periods of time or when he's frightened for long periods of time we'll see a mixture of anger and fear. When needs are not attended to because Mommy or Daddy is depressed and the baby doesn't see that nice movement – the rhythmic smiling face or the joyful smiles when the baby reaches out – a sense of rejection is felt. When an adult feels rejection the thoughts are, "So-and-so doesn't like me," but at a more fundamental level if we could



put our words into the baby's feeling tone, the baby has the feeling tone of not being valued and not being cared for. When you look at videotapes of babies where the parents are expressionless you see the baby go through a series of reaching out, making smiles and overtures and trying to get Mommy's or Daddy's attention, but then we see the baby's emotions flattening and eventually the baby looks despondent. If that goes for hours and hours and days and days we see a despondent baby with no emotion, no joy, no gleam in his eye, no big smiles, looking sad and solemn. That baby pulls away more and more from the human world and that, too, feeds a lack of empathy, lack of compassion, an inner self-absorption and deep-seated feelings in the feeling tone of resentment and anger through not feeling valued. Later on, if that baby's fortunate to develop the ability to think, as many are, our thought patterns are always geared to try to explain the inner sensations, the inner feel tone in our bodies, so we notice in these children that feeling of not being valued, not being cared for. Often they explain it by feeling like, "I'm a bad person," leading to a depression; or, alternatively, that the world is bad. If the world is bad, it deserves our violence and our anger. Often it's a mixture of both – we vacillate between feeling bad ourselves and feeling the world is bad and that feeling can be seeded with the feeling tone in our body very early in life, from not having that caring at the second stage.

By the third stage, in which we talk about two-way communication, occurring between four months and eight months, the baby's going to learn to gesture and signal his needs with smiles and vocalization, with arm gestures or leg gestures or body posture or different vocal tones. Here we see mommies and daddies and other caregivers signaling back, so we see nice back-and-forth interactions where, for example, baby will reach out with their arm for a rattle, Mommy will hold it up and with a vocalization indicating, "Do you want this or do you want that?" and baby will smile and vocalize, "Yes!" and reach out some more and Mommy will hold it closer and we get six or seven back-and-forth interactions cooking with gestures. We see now that through this system of interactive gestures babies are learning to communicate in order to have their needs met and their needs read – needs for assertiveness and curiosity, for exploration, for touching different things or smelling different things, for tasting different things, for different kinds of playful interactions, including peek-a-boo games with the novelty of surprise. So all types of needs are now being communicated in a back-and-forth negotiation. The baby's mood can also be modulated. When the baby's upset, Mommy talks in a soft voice and the baby calms down. When the baby is more active and more agitated, Mommy also can talk in a calm voice. There's a back-and-forth negotiation when the baby wants something and they have to wait a second, so Mommy's voice has a, "Oh, can you just wait one little second, one little second?" and the baby responds, "Aahh, aahh!" but




there's a negotiation back-and-forth through vocal interactions. The baby is beginning to feel he has some impact on the world and that he can make things happen, he can get his needs met, he can negotiate how much he's willing delay to delay or to be patient. This gives the baby a sense of "can-do" – a sense of control, a sense of power over his environment, a sense of mastery. When that's present it favors valuing the world, valuing relationships, valuing those who negotiate with them and helps them develop confidence in themselves, all favoring the compassionate and empathetic side of life. Also, it's the beginning recognition of feelings of another person, that the other person exists more than just a comforter, but has a mind of his own, because Mommy or Daddy may be on the telephone or just delayed a second or maybe it takes them more time to warm up their bottle, or maybe it takes them a second to get to us when we wave that we want to play.

So at this stage we begin to recognize the existence of another person who can bring us pleasure and joy and meet our needs, and we realize we have the tools to overcome discomfort through our communication and our signaling. But when this is not present – when the caregivers misread our signals – we're looking for comfort and they over activate us with shaking us or talking to us too loudly or when they ignore us or when for other reasons we don't develop these interactive abilities to communicate – we get more frustrated and unhappy; we get more angry. We're left at the mercy of our emergency emotions, as the famous psychoanalyst Jean Rado once described them, or as our neurophysiology colleague, Cannon, described, we're left at the mercy of the "fight-flight" reaction, a more primitive global emotional reaction where, instead of having these fine-tuned nuanced, subtle vocal patterns and emotional interactions, we have these all-or-nothing rage attacks or shut down and withdraw. If we have these rage attacks, these are global tantrums that can last for hours and hours and hours. So, again, here we see either the paths toward aggression and anger and violence and hatred being mobilized or we see the patterns of compassion and caring and empathy are being further strengthened. We see babies who are institutionalized that don't have caregivers interacting in a subtle, nuanced way, but are simply fed, and if these babies are fortunate enough to have motor skills we may see that they treat the world very impersonally but are prone to these violent outbursts and impulsive behavior. This is described in the literature that dates back many, many years ago because empathy is learned through empathy and this occurs through these back-and-forth interactions where little emotional expressions are read and understood by the caregiver and responded to back again. Here, too, you can see the paths to violence or aggression or hatred, as well as the paths toward compassion, empathy and caring.




At our next stage we see shared social problem solving, where Johnny or Susie is taking Mommy or Daddy by the hand, walking to the toy area, opening and closing many circles of communication through gestures and sounds and maybe the occasional word or two, reaching for the toy and having Daddy pick it up and then reaching for the toy again and a sense of mastery is accomplished through this communication. We also see our moods being regulated – the baby gets angry and Mommy, again, uses soft vocalization. The baby’s sleepy and tired and a little self-absorbed, then Mommy uses more activating vocalizations to awaken that baby. The baby sees that the environment can counter regulate, counter balance, and have a more even mood rather than extreme mood swings. The baby learns that the caregiver can help the baby regulate and that he can regulate his own moods from anger to caring and comfort and a sense of security. They value others who are their partners, so to speak, in regulation and comfort and security and pleasure and also communication becomes valued in its own right – it’s fun to communicate and play and, in a sense, talk without words yet. This contributes to the ability for regulating together or having fun together or having fun together for communication in its own right, as well as for further understanding the needs and emotions of others – for example, when Daddy is busy and needs a little more time or if he’s talking to Mommy and we have to be patient and delay, we recognize Daddy as a separate person with a mood of his own. We begin to see patterns during this stage where Mommy may be in a good mood or a bad mood and we appreciate Mommy is not just a caregiver who attends to us, but someone who has feelings and moods of her own, but in balance takes enough care of us that they bring pleasure, comfort, and security, so we’re motivated to begin learning the magic word “wait” and patience, not again in words, so much, but in terms of the patterns of interaction. We learn to tolerate frustration because there will be comfort at the end of the frustration as part of the pattern. On the other hand, if these rich interactions where you’re finding toys together or going to the refrigerator together or co-regulating each other’s moods together are not present because the caregiver is overly reactive to you or unavailable or because they’re self-absorbed or depressed or just abusive and intrusive and bring you disharmony and dysregulation and discomfort instead of the complex patterns I’m describing, these new abilities are not developed and you’re left more at the mercy of these emergency emotions I described earlier or at the mercy of these earlier, primitive more global reactions, such as fight or flight or shutdown reactions, all of which favor pathways toward treating the world as impersonal, I’m all bad, the world is all bad, as it will be interpreted later, as well as having thoughts of anger and resentment, as well as a potential for depression and not feeling the value of oneself. When you combine depression and not feeling valued and “I’m all bad and the world is all bad” with patterns of impulsivity and violence, you have a very, very worrisome mixture in terms of individuals who can hurt others. Often when an individual



gets depressed and he shuts down and is depressed and violent, it may depend on some of his physiological variables, like his motor system and how active he tends to be, but the feelings may be similar whether they shut down and get depressed or whether they get violent and depressed.


The next stage is when babies are beginning to use some of these ideas. We'll see children progress to the stage, even if they have less than optimal early patterns, as long as the parents are not so extreme as to rob them of the opportunity to develop language entirely. They may develop ideas, but these ideas can be rich, imaginative, creative ideas embracing the full range of human emotions with caregivers who play out themes of nurturing and caring, as well as themes of assertiveness, so the caregivers respect all parts of a baby's natural interests or they may be limited to the feeling tones that the child has had in their bodies. If the child has had mostly feelings of not being valued and anger and frustration and dysregulation, we may see feelings of more aggression, with toys being banged, and we may see anger. Or we may see passivity without much richness to the creativity or without much of an inner life at all, coupled with temper tantrums and rage attacks or shutdowns and the child gets a little self-absorbed, both of which favor pathways towards violence, anger, and hatred or protection and self-absorption. On the other hand, a richer, broader theme embracing the full human drama of compassion and caring to assertiveness and healthy competition, where the good guys catch the bad guys or the good ladies catch the bad ladies, favors a balanced, rich inner emotional life with complexity. So caregivers at this stage contribute by how much they play with their children, how much imaginative play they do with them, how much they help their children "thicken the plot" by broadening the areas. So, here, too, the intrusive caregiver, or the unavailable caregiver won't be available to further thicken the plot to develop a richer inner life. Here, too, the inner life can either offset early experiences which are less than favorable because it gives the child a chance now to play out at the level of ideas some of their conflicts. So every time the child is aggressive or impulsive the parent joins in and they play together a little aggressively. But then the child feels he has a partner and even though the theme is aggression he's experiencing the pleasure of another person as part of that theme, as part of that human drama, and that teaches him caring and empathy because somebody is tuning into his world. Gradually we'll see themes of caring emerge, even if the partner doesn't push it, so that the doctor will come in to fix the injured soldiers or the injured ballerina and, after many weeks of playing out aggressive themes, the caregiver can thicken the plot. So there's a chance to compensate for early less favorable patterns, which we see with children who've been abused and abducted and who will play out indirectly some of the traumas through aggression or depression, which enter into the themes of their play, leaving an opening for healing experiences. On the



other hand, when the caregivers are not available for lots of Floortime or pretending, we don't see these compensatory experiences.

So at each of these stages there's a chance to move the patterns more into the compassionate, empathetic, caring direction or more into the compulsive, aggressive, hatred direction where the child doesn't feel valued and he doesn't value anyone else and he views the world as impersonal.

The next stage has to do with connecting ideas together – the child saying, “I want to go outside,” the caregiver asking “why” and the child saying, “Because I want to play.” Here in the play or the drama there are reasons why the dolls or the action figures or the cars or the boats are feeling happy or sad and you can get an elaboration of the feelings. Here it's very important to help the child elaborate the reasons or basis for the feelings. Something very important happens here – the child is now beginning to give more of an organized, logical explanation to himself for the feeling tone in his body. So if the feeling tone in his body is one of despondency and “I'm bad and you're bad and the world doesn't meet my needs,” in a sense it's the beginning of the child developing a philosophy to justify that, like, “I'm fundamentally a bad person because I must've done bad things, or my caregivers are bad because they do bad things.” We'll see the beginning of suicidal feelings – “I wish I were never born” or we'll see the beginning of aggressive feelings with torturing animals or lighting fires and wanting to hurt others during this stage of connecting ideas together because now the child is becoming logical, but logic is developed based on what you're trying to be logical about, what you're trying to explain. In other words, we all have mysteries in our bodies, we all have a feeling tone in our bodies – optimism, pessimism, feeling valued, not feeling valued – but initially we don't put words to it and initially we don't put thoughts to it. At this stage we begin putting words and thoughts to these in a logical manner, not just in an imaginative manner, and we begin forming a self-image, a sense of ourselves. So a picture of ourselves emerging as aggressive and violent in a world where we're not valued and we don't care about anyone, or we begin to form a picture where we're valued, our caregivers are valued, and compassion, empathy and caring are front and center-stage. Which of these develop depends on the feeling tone in our bodies, experiences that are happening during our imaginative phases, and also experiences that are happening now – we can also here have corrective experiences. For example, if at this stage a very caring caregiver inquires why we're feeling so sad or why we're feeling so angry, and helps us explore the reasons for it through play, through imaginative play going back to the early stage, and also providing that empathy and care giving that was missing from that first year of life in the tone of voice through which one verbally explores, it helps one calm



down when one is going through one's rage attacks and having these emergency emotions or these earlier fight-flight reactions and tantrums when our care givers spend hours in comforting and calming. We can help a child who's already forming a philosophy of violence and aggression and "I'm not valued and you're not valued" and begin moving more towards the compassion, empathy, caring direction. Or we can turn a child who's compassionate and empathetic more in the other direction. The older a child gets the longer it takes and the harder it is, but it's never too late. We just have to provide the experiences at the current level of the child, plus the early levels. But this stage is particularly important because the self-image is forming, the sense of self is forming, and the child is beginning to form a logic to the way in which their bodies operate and which the feeling tone of the body operates.