



AP EUion Newsletter

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Welcome

The latest news for AP EU is that Meredith Small (author, professor and anthropologist) has agreed to become part of our Advisory Committee.

The Scottish Health Council has recommended that infants be held more and infant massage and touch to be encouraged.

In Ireland, a booklet has been delivered to every household encouraging gentle parenting practices and listening to our children, followed up with an advertising campaign.

Please email me with and comments or news to include in our next edition. Kate@attachmentparenting.eu

AP EU is holding monthly On-Line Support Meetings in the 3rd Wednesday night of every month at 8.30pm GMT.

At this stage the meetings are held in English but as time goes by we should be hosting meetings in other languages too.

To connect to the meeting, go to <http://chat.xs4all.nl>, choose a nickname, enter channel: #apiechat and join in.

You are all welcome to join the new mail group for support and discussion at <http://www.yahogroups.com/groups/apeu>

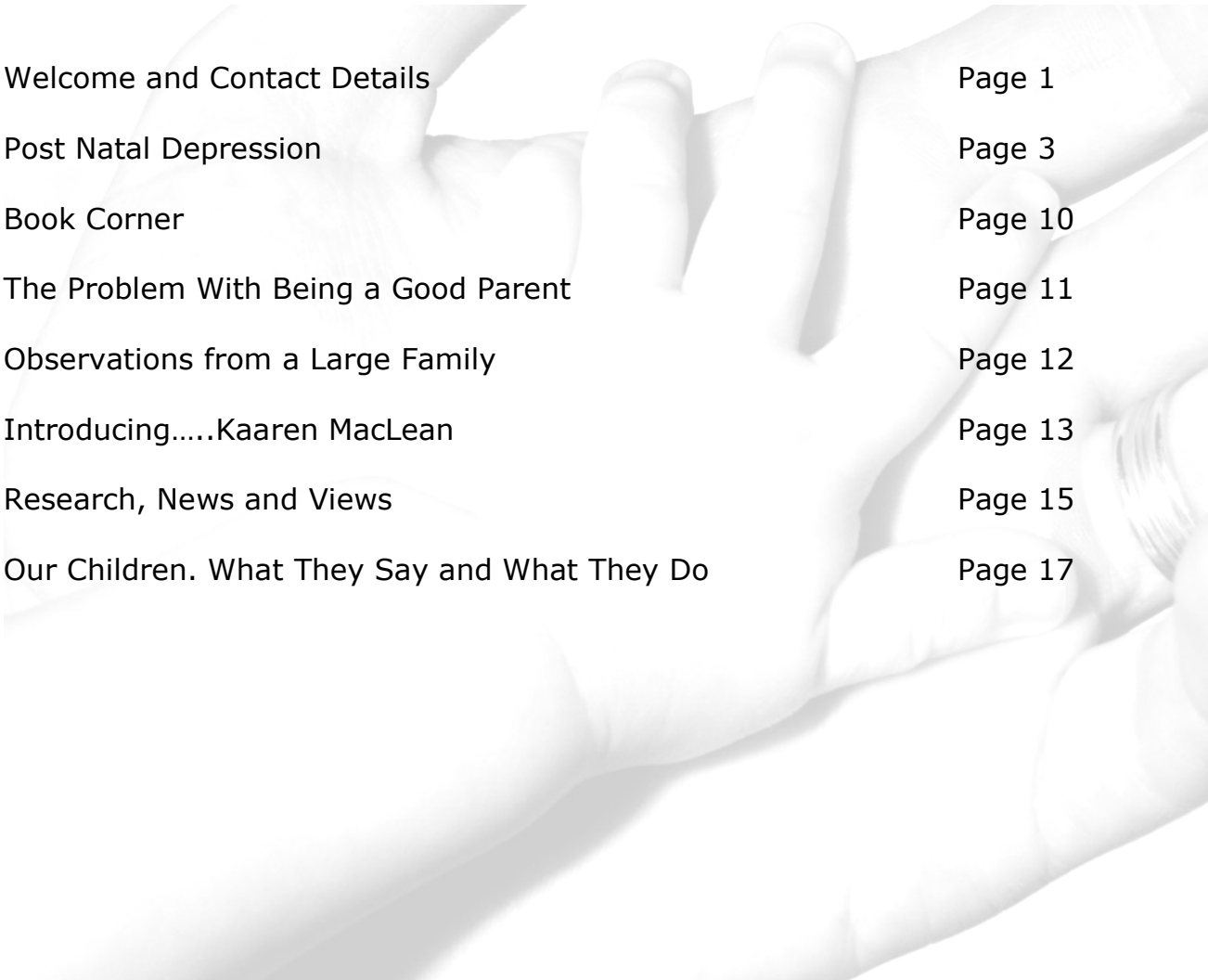
You can subscribe by sending a blank email to apeu-subscribe@yahogroups.com or mail the list moderators at apeu-owner@yahogroups.com.

This newsletter and older APEU newsletters can be found in the file section of this group as well.

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Post Natal Depression - Mental Illness or Natural Reaction?
by Robin Grille

Post Natal Depression (PND) affects at least one in ten mothers around the world. While this painful and debilitating condition afflicts mothers - within four weeks of giving birth - it is also stressful for family relationships and detrimental to mother-infant bonding.

These days it is popular to explain PND as feminine hormones gone awry - though the evidence for this is poor. We have a variety of pharmaceuticals at our disposal - and, of course, they can be helpful. But our over-reliance on the hormonal, "sickness" model has a serious pitfall. If all we do is rely on allopathic approaches we risk overlooking some of the very real situational factors that can cause depression. I believe we may be seriously downplaying the importance of mothers' emotional needs, discounting the things that wound them, and disregarding critical steps to restoring their well-being.

Among the Kipsigis of Kenya, PND is unheard of. If PND was biologically determined, you would expect it to appear in every culture. It doesn't. Among the Kipsigis of Kenya, for instance, PND is unheard of. Why? What do they do differently for mothers? Are we, in our culture, doing enough to recognize the circumstances that trigger PND? Do we do enough to protect mothers from these difficulties and help them to overcome them?

Genetic predispositions to PND are only a small part of the picture, and genetic vulnerability by itself is not enough to trigger this disorder. When a mother develops PND, something very real is hurting her, though often she cannot put her finger on what it is. Modern research, however, has shone a light on this subject.

Triggers from the present

Every mother has been biologically programmed to expect an increase in emotional support when her baby arrives; she needs to be held, to feel secure and listened to by her partner, friends, and her own mother or kin. During gestation, childbirth, and the months that follow, mothers are emotionally fragile, and they require extra understanding. This is normal.

Fathers are vital protectors of their family's emotional welfare, and their lack of emotional support can be costly. Some women who suffer from PND report that their partners are either unsupportive or

overly controlling. But even the most supportive partners may be insufficient, and in fact, both parents need the unflagging support of extended family, friends and community.

As at every other stage of mothering, a raft of emotional support for the mother is extremely important during labor. The sensitive support of a companion has such profound effects that it actually reduces medical complications quite significantly. Mothers who are accompanied by a female supporter - as well as their male partner - have a shorter labor, less incidence of caesarean section, and their babies are less likely to require neonatal intensive care.

Some of the emotional volatility experienced by new mothers might in fact be normal and healthy. Like the proverbial "mother-bear", it is natural for some mothers to become more reactive than usual. This temporary surge of protective instincts is called "lactation aggression". Because they are not reassured that there are valid reasons for these feelings, mothers feel ashamed and guilty. To top it off, they feel afraid of their own irritability, afraid of what it might do to their baby, and too embarrassed to seek the relief that comes with talking about their feelings.

It is not uncommon for mothers to feel burdened and resentful, or even to experience bursts of outright hostility towards their babies. It is unrealistic and unfair to expect all new mothers to feel nothing but radiant joy. The life changes brought about by a new baby can come as a formidable shock that few are helped to prepare for. With a precious new infant, we each forfeit much of our freedom, our personal space, and our time to be alone with ourselves and with our partners. Some mothers feel that their status has gone; they are no longer important and worthy. If they have put a career on hold, they experience a frightening loss of identity. A kind of grieving process is called for, if one is to manage to gracefully let go of life as it was before baby. Because she had not anticipated any negative feelings, and she had expected to feel elated and in love with her new baby, the mother becomes disappointed with herself. She feels like a failure, and this compounds her depression. That is why every mother needs the ongoing empathic support of her family, and friends who can listen intently, who have traveled this territory, and can mentor her through it. She needs friends who can hold her, share their own

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experiences with her, and reassure her that her emotional ups and downs are OK.

When a mother feels sad and cries, this does not necessarily indicate depression. Crying is the body's natural way to release emotional pain. When mothers cry, instead of being told they are mentally ill, they should be listened to, loved and held.

Triggers from the past

At times, clues to a mother's PND might be hidden in her own childhood history. Some mothers who felt emotionally deprived in their early years find the demands of a baby particularly nerve-racking; and this places them at risk of PND.

A new baby powerfully evokes from our unconscious memory a plethora of feelings, both positive and negative, that we felt when we ourselves were infants. Though a mother may not suspect it, her baby's cries could be triggering her own painful memories of infancy. If a mother has unresolved pain about loss or abandonment, this pain may re-emerge when she enters motherhood - though she may have no idea why she is crying. Women who had difficulties with attachment to their own mothers, who feel their mothers were not caring enough, or that their fathers were overprotective, are more likely to suffer from PND.

If our own childhood emotional needs weren't met, we might find our children's dependency hard to tolerate. It is hard to give what has not been given us, and our babies' cries assail our ears - unbearably. Researchers have found that women who are more bothered by the sound of a baby crying are more likely to develop PND once their own baby arrives.

A group of American psychologists who were working with mothers who were having trouble bonding with their babies, invited them to talk about their own childhoods. They helped these mothers to connect with their own childhood pain, and to weep. Immediately after this emotional release, these mothers spontaneously cuddled their babies. Their nurturing energies had been walled up behind a layer of frozen, unexpressed grief. For many PND sufferers, unresolved grief is the key.

An ongoing emotionally supportive and empathic relationship with her own mother can be a most potent vaccine against PND. If this is not possible, then it can be helpful - indeed, necessary - for a woman to talk openly and grieve her past, in the presence of trusted others.

Is it depression or trauma?

For some mothers, PND may be a mistaken diagnosis: they might in fact be suffering from Post-Traumatic Stress Disorder (PTSD). For many women, the experience of labor can be highly traumatic. Around 20 per cent of mothers lose at least some memory of the labor experience: they report being in a "fog". This partial amnesia is a kind of dissociation, and a classic symptom of PTSD. British psychologists have found that 2 to 5 per cent of mothers develop PTSD after a difficult childbirth. A much larger proportion suffer symptoms of PTSD, such as nightmares, intrusive thoughts, problems with breastfeeding, feelings of failure, feelings of estrangement and difficulty bonding to their baby.

The cold, clinical atmosphere of labor wards and the intrusiveness of defensive obstetrics are, for many women, thoroughly violating. More than any other time, childbirth is a scary passage when mothers need a profound and ongoing empathic connection; they need their fears validated. Mothers usually feel extremely vulnerable at this time, and modern obstetric wards place little emphasis on their emotional needs. Many women feel that their control is taken away from them, that procedures are carried out without their understanding or consent, and that their fears are dismissed by hospital staff. Moreover, in hospitals that separate new mothers from their infants, their powerful, instinctual need to remain close is brushed aside. Many mothers feel devastated by this separation; they feel strangely empty or bereft, perhaps without knowing why.

In my private practice, over the years, I have heard so many mothers complain bitterly that when they express such feelings to hospital staff, they feel dismissed, and are told they are being "irrational". Some hospital staff trivialize and minimize mothers' emotional ups and downs through this delicate process - their terror, pain, and feelings of helplessness, as if the only thing that matters is that mother and child have survived the process physically unscathed. Depression begins when women's attempts to voice their feelings are met with the message: "You have nothing to complain about". This is completely crushing. We close our eyes to these traumas and their consequences at a grave cost to mothers, their babies and their partners.

Jean Robinson, research officer at the UK Association for Improvements in the Maternity Services, says that the incidence of PTSD among new mothers has risen along with an increase in interventions such as induced labor and caesarian section. But even

after normal births, symptoms of PTSD can arise when mothers are made to feel helpless and disempowered, and their right to make birthing decisions is taken away from them.

Broken dreams

Often, what knocks mothers into a depression is that some fundamental emotional needs surrounding pregnancy, the birth of her child, and the day-to-day life of mothering are not being met. She may not even know how to validate these needs herself. The moment her baby comes, when her need for support is most acute, she finds herself alone for hours at a time, faced with a baby who wails for her attention. For many mothers, when they are alone, the day can drag on interminably. The task of mothering, along with her baby's natural, healthy but unceasing calls for attention, ends up feeling like a terrible burden. It was all supposed to feel wonderful, instead it feels like tedium. She expected to be bathed in joy, instead she finds herself struggling. She feels shocked; her illusions about mothering are dashed, and she blames herself. No one told her it was going to feel like this.

To make matters worse, her friends and family keep telling her how lucky she is, and how happy she should be. This makes her feel even more isolated, more ashamed, as if there must be something wrong with her. The worst aggravator for a mother is to be told she is being irrational. Such a non-empathic comment, at a time of emotional vulnerability, can be shattering.

Our culture fails mothers.

It needn't be this way. Our culture fails mothers. In modern Western cultures, few parents belong to a supportive family or tribe-like group. Mothers are supposed to be surrounded by help and assistance, offered enduring empathy and validation, as well as given a little of their own space from time to time. Few enjoy these conditions. Furthermore, a mother's social status is ranked lowest in our culture. She feels unimportant, secondary, unwanted. Are these kinds of circumstances not reason enough to feel depressed? That's exactly what they do differently in cultures where PND does not exist. Kipsigi mothers receive abundant social support throughout pregnancy and post-natally.

There are many more causes beyond those listed here - as many as there are sufferers. A one-size-fits-all diagnosis can shut the door on empathy and understanding. We have dangerously underestimated

women's emotional needs surrounding pregnancy, childbirth and mothering - so much so that much of what we consider "normal" and unremarkable is in fact traumatic. We undervalue maternal needs for support, empathy and practical help at a great cost to families. If we are to reduce, even eliminate, the incidence of PND, then there is much more to be done to ensure that mothers' psychological needs are taken care of, throughout the parenting journey.

Heading PND off at the Pass

Dealing with PND means being proactive against its onset. Here are some things to think about while you are pregnant:

- Make pregnancy sacred: meditate, dance, talk to your baby, have a Blessingway ceremony.
- Choose natural birthing wherever possible. Drugs used in labor interfere with the natural release of ecstatic and loving hormones.
- Examine your own birth and early childhood. Have counseling if necessary.
- Make sure there is plenty of emotional support - from partner, friends, doula. Mother or other elder women are particularly important.
- Involve the father as much as possible in the pregnancy and birth process so that he can be there to support you.
- Don't fight the depression: instead, welcome it and its invitation to introspect, to slow down, to feel and to heal. Keep a journal, draw.
- Don't stay alone at home longer than is pleasurable. Spend time with other mothers in cooperative parenting groups.
- Don't bottle up feelings. Cry, express, talk about how you feel - a lot.
- Surround yourself with good listeners.
- Breastfeed. This releases oxytocin, the hormone of love and joy.
- Don't push yourself to engage in work or responsibilities before you are ready. Plan for a "baby moon" - the month following birth - as a retreat into your process of birth, of becoming a

new family and of transition. Arrange before the birth for domestic support during this month - meals made, housework and laundry done. Friends and family can make up a roster - a real birth gift.

A full list of references is available from the author.

Robin Grille a Sydney-based psychologist, and author of 'Parenting for a Peaceful World' available at www.our-emotional-health.com

Book Corner Thumbs up ...

Confident Teens by Gael Lindenfield



Gael Lindenfield has written a book about teens for parents but all the ideas, tips and advice is applicable to any parent with self confidence issues. She is a mother herself and has lost a child in a car accident. It is easy to identify with her perspective. The book is very readable but also easy access for a particular point of reference.

Parenting with Respect & Peacefulness by Louise Deitzel



This is a book for every parent. It enhances understanding of ourselves and our behaviours, reactions and motivations. The book forces us to look at our childhood and our parents and work with the things that have negatively impacted us as parents now. The book is a great tool for parents to work on their own issues to enhance the relationships they build within their family unit.

Raising Resilient Children by Robert Brooks & Sam Goldstein



Raising Resilient Children is a thought provoking book based on supporting parents to help their children become confident, secure adults. We are encouraged to remember our own childhood and the good and bad. He book is a supportive and non-judgmental journey through parenting.

Just Like His Father by Liane Leedon



This book is a detailed guide to optimizing the outcomes for children with a genetic predisposition for personality disorders, ADHD and addiction .It is practical with lots of excellent ideas and advice for parents, caregivers and teachers in dealing with these children, The explanations for the behaviours are excellent and research based.

The Developing Mind by Daniel Siegel



This is a journal explaining all aspects of brain development in human beings. It contains chapters on attachment, memory, regulation and many more. It is easy to read and helps us to understand the functioning of the brain and neurological development.

"The Problem with Being a Good Parent"

I'm sure you're wondering, "What can possibly be wrong with being a good parent?" it's what everyone agrees is the right thing. Experts write books about it. Educators insist it is required for a child's success in school and in life. People are even put in jail for being a "bad parent". So what can possibly be wrong with being a good parent?

I agree. It sounds like a foolish idea. Yet being a good parent is a far second from what matters most to your child's success and happiness. **What matters most to your child is that you be a good person.**

The problem with being a good parent occurs when you place your emphasis on being a good parent instead of on being a good person. **Being your best self needs to be where you focus and place your emphasis.** Then you will naturally and easily be a good parent.

Your child wants to relate to you as a person, not as a role. Yet when you act from your role as a parent, saying and doing the "right" things, your child misses an authentic connection with you. **Who you are speaks more loudly than anything you might say.**

Here are some questions to ask yourself to see how you're doing--

Are you kind and considerate toward your child and the other people in your life?

Are you truly happy or are you going through the motions of enjoying your life and settling for less than what you want?

Are you true to yourself or do you pretend to be someone you are not?

Do you live from your deepest values or do you say one thing and do another?

Have you ever told your child not to lie or even punished her for lying, and then told a lie to her or someone else? Have you ever said, "Don't yell or hit," and then you yell or hit?

Your child learns how to be a person in the world by watching you. You may resist in your child the very things you don't like in yourself? If you want to change this behavior in your child, you must begin by changing yourself.

The question really comes down to, "Do you walk your talk?"

For those personal qualities that you wish were different, begin by acknowledging them to yourself and to your child. **You don't have to be "perfect" to be a great parent.** You just need to be an authentic human person who has both strengths and challenges.

When your child sees you acting from your integrity, she learns to honor her own integrity. **When she sees you make amends with someone you yelled at, she develops the skills and strength to clean up her own mistakes.** When she sees you struggle to develop a skill you desire, she learns to courageously tackle her own challenges.

It's who you are and the choices you make that matter. **Take a moment right now and think of something you do that isn't consistent with whom you want to be.** Notice what your child is learning from you. Ask yourself if this is behavior you want to see in your child. Then do what is required to be the kind of person you say you want to be.

Commit today to be the person you most want to be, and you'll never have to worry about being a good parent again.

By Connie Allen, M.A. of Joy with Children Consulting. Please visit Connie's web site at www.joywithchildren.com



Observations from a Large Family

Respect – a word with many definitions, probably unique to each person.

I wonder if each family has their own description.

In our family the definition is consideration and politeness. We have discussed the word at length and decided it is not esteem for another, fear or infallible belief. Once we had decided on our definition the word had understanding and meaning. I watch with interest the relationships and respect within my family. Dominick (now 14) is greatly respected by his younger brothers, he is involved with them on all levels, he helps me in my role within the house and he does so willingly most of the time. The younger children learn from him and take him as a role model for themselves. Dominick says this, Dominick did that. I hear this very often. He treats the littler people with consideration and politeness. I am often working towards this relationship with the lives of the smaller children, probably more so the under 7s in the house. I would be expecting a lot for them to be in a constant state of peacefulness after all there are seven of them and it rains a lot in Ireland. When respect doesn't happen I would try to move into their zone – speaking quietly and respectfully to them will encourage them to do likewise to others. I wonder in past generations that respect was more fear based, less earned. This would have been an influencing factor in parenting, respect your elders as a catchphrase in many situations. Realistically asking a 3 year old to have respect in that concept for a sibling is a very tall order but having the definition helps the expectation. Daragh, please ask Oisín politely and considerately to play with the cars with you. Of course in any family, it has to come from the top. Shouting insults or playing the blame game would not really engender respect and would create very disorganized reactions within the family. When I am stressed or under pressure I feel it is my duty to tell my family so they understand if I am less respectful or peaceful, I also have to take the time to unwind and relax when in these situations – I feel strongly that that is showing respect not only to my family but also to myself. It also teaches a lesson of respecting ones own wellbeing and doing something to redress the balance that we need. When Oisín (3) has a melt down I keep the tone respectful, it calms him faster and I encourage ways to help him unwind from a surge of cortisol. I now watch as my older sons do the same with their friends and siblings. They respect themselves, their family and their friends – physically and emotionally.



Introducing.....

Dear all!

When Kate asked me if I wanted to write something for the APEU newsletter, my first thought – after oh no, something else to fit into my busy schedule – was that I'd love to have others write a bit about who they are and what the AP situation is like in their countries. And what better way to solicit your introductions, than to offer one of my own! So here goes:

About me

I am American (of partially Danish descent) living in Denmark with my partner Peter and our daughters Ingrid (7) and Asta (11 months). Peter works full-time as a banker, and I have a translating business that allows me to stay at home with Asta and give Ingrid short days at school.

I have a Ph.D. in Comparative Literature from UCLA and so I specialize in translating academic and fine arts texts, but of course when I work more, I take on more varied clients, and so I've done a little of everything. I'm pretty introverted, so working at home and caring for the girls, plus talking to my girlfriends on the phone every so often works for me. I read a lot – of everything – mostly child development right now, but also lots of whodunits and feminist science fiction/fantasy.

For the past four to five years I have been active in the Danish organization Parenting and Childbirth (http://www.fogf.dk/About_en.html) mostly as a birth activist, working to improve maternity services in Denmark through expanding women's choices and promoting "know-your-midwife" schemes.

Some years back I was also instrumental in getting API to accept starting a Danish chapter under the auspices of Parenting and Childbirth, and it is through my work in that organization that I have also worked for API. I have co-edited special issues of the newsletter focusing on attachment parenting, written about it, and been active on the attachment parenting list, giving advice and support to mothers who want to attachment parent.

Parenting in Denmark

AP in Denmark is very different from the US – the only other country I have any in-depth knowledge of. The short of the long is that Danes are culturally pretty close to attachment parenting their infants in many ways – though not all – but that once children start childcare, attachment falls on hard times.

On the one hand, Danish culture is very egalitarian and much less violent than American, so that parents come to parenting with more respect and gentleness. No one would dream of striking or disciplining a baby, and Danish mothers are quick (relatively speaking) to respond to their infants' crying.

On the other hand, Danish children are among the most institutionalized in Europe. Most families need both parents to work, and state-subsidized daycare in a variety of shapes and sizes means that care at a reasonable price is readily available. Most children start day care or nursery school between nine and 12 months and many small children spend most of their waking hours in the care of relative strangers.

Danish parents do not wish to parent authoritatively or like their parents but lack the tools and the knowledge to do better or different. Moreover, since so many work so much, many parents feel insecure about how to handle what they see as a chaotic and frustrating life with children.

Everyone jokes that after a vacation with kids it is a relief to go back to the calm and ease of work, but the reality is that statistics show that parents of small children work more than any other demographic group in Denmark.

Finally, the gentleness that characterizes parenting infants does not last. True, it is against the law to strike or physically harm a child, but lacking better tools for disciplining children, and in the presence of some powerful unconscious prejudices against them (she is just trying to manipulate me) and lack of knowledge of age appropriate behavior (he knows better), Danish parents use a lot of harmful and counterproductive tools.

CIO is practiced by some (though as far as I can tell with older children than in the US), as well as time-outs, shaming and much blaming and scolding. There is some knowledge of NVC, attachment parenting and other "alternative" angles on life with children, but most of it remains peripheral to mainstream parenting.

Attachment Parenting in Denmark

The Danish AP community is rather small and close-knit, most people know each other through Parenting and Childbirth and the internet list there. There are a couple of websites with good articles and information, and several websites that sell slings and also either contain articles about AP or link to the important sites. While there are no actual books about AP in Danish, there are several articles – some in the newsletters that I co-edited – and most of those are available online.

So far, those of us involved with API have chosen to write and to be active on the e-mail lists, rather than to have meetings. There are a couple of reasons for this. First of all, although Danish maternity leave is long – by most standards – up to a year – official mothers' groups are organized by the health nurses that come around to people's homes several times in the first year of the baby's life. Moreover, after that initial maternity leave – 6 months to a year – the vast majority of mothers do go back to work, and very few have the energy, time and commitment to attend meetings. So, while some of the people who meet online get together unofficially to chat and share slings, it has as yet not been feasible to start up meetings led by leaders, focusing on 'real' topics.

Still, we are hopeful that at some point in the not-to-distant future we will be able to gather enough momentum to do some serious publishing and/or to put on a series of lectures that will generate greater interest and acceptance.

Please send in your introductions and perspectives to AP EUnion newsletter, we would love to hear from you.

Very interesting research based web site with great articles.

<http://www.attachmentcrosscultures.org/research/>

Physical discipline makes children anxious and aggressive

No matter what the cultural norm, children who are physically disciplined with spanking and other such approaches are more likely to be anxious and aggressive than children who are disciplined in other ways. This finding, published in the November/December issue of the journal [Child Development](#), comes from surveys of parents and children in six different countries.

The study grew out of existing controversies over whether parents should spank their children or use other forms of physical discipline. While some experts argue that physical discipline should never be used because of evidence that it is related to more, rather than fewer, child behavior problems and might escalate into physical abuse, others argue that the effects of physical discipline might depend on characteristics of children and families and the circumstances in which physical discipline is used.

To find out if the latter theory was valid, researchers from Duke University in North Carolina, Chinese University of Hong Kong, Göteborg University in Sweden, the University of Naples, the University of Rome and the Istituto Universitario di Scienze Motorie in Italy, Chiang Mai University in Thailand, the University of Delhi in India, the University of Oregon and California State University-Long Beach questioned 336 mothers and their children in China, India, Italy, Kenya, the Philippines, and Thailand about cultural norms surrounding the use of physical discipline and how it affects children's aggression and anxiety.

They first asked mothers how often they physically disciplined their children, and then asked mothers and children how often they thought other parents in their country physically disciplined their children. Finally, they asked mothers and children how often the child worries, is fearful, gets in fights, bullies others and other questions to measure children's aggression and anxiety.

The researchers found differences in how often mothers used physical discipline and the mothers' perceptions of how often other parents used physical discipline. Specifically:

- Mothers in Thailand were least likely to physically discipline their children, followed by mothers in China, the Philippines, Italy, India, and Kenya, with mothers in Kenya most likely to physically discipline their children.
- More frequent use of physical discipline was less strongly associated with child aggression and anxiety when it was perceived as being more culturally accepted, but physical discipline was also associated with more aggression and anxiety regardless of the perception of cultural acceptance.
- In countries in which physical discipline was more common and culturally accepted, children who were physically disciplined were less aggressive and less anxious than children who were physically disciplined in countries where physical discipline was rarely used.

- In all countries, however, higher use of physical discipline was associated with more child aggression and anxiety.

"One implication of our findings is the need for caution in making recommendations about parenting practices across different cultural groups," said lead researcher Jennifer Lansford, Ph.D., a research scientist at the Center for Child and Family Policy at Duke University. "A particular parenting practice may become a problem only if parents use it in a cultural context that does not support the practice (for example, if they migrate from one country to another)."

However, she notes, some practices that were condoned historically (e.g., child labor) are now condemned, at least in certain countries. "A larger question is whether a parenting practice is acceptable, regardless of whether it occurs commonly within a cultural group."

MSG (monosodium glutamate) is a common flavor enhancer found in numerous foods. High levels of MSG, food colors, and other additives can affect young children, and have been associated with hyperactivity, "learning disabilities", and even autism.

A study cited in the journal Pediatrics reported that more than 50 percent of hyperactive children show fewer behavior problems and had less trouble sleeping when put on a restricted diet free of all artificial and chemical food additives, chocolate, monosodium glutamate (MSG), preservatives, and caffeine. Great quantities of sweets and refined foods can lead to hyperactivity.

If your child has trouble getting to sleep, staying asleep, or sleeping soundly, try eliminating all food products that contain these chemicals. To help calm a child before bedtime, offer chamomile tea (iced or regular).

"The Role Of Diet And Behaviour In Childhood."
Breakey J. J Paediatr Child Health 1997 Jun;33(3):190-4.

This article reviewed the results of the most important research published in 1985-1995, on the relationship between diet and behavior in children. Particular emphasis was placed on double-blind, placebo controlled studies. A wide range of foods and food additives were found to adversely affect behavior, and the symptoms triggered were typical of those of attention-deficit disorder, attention-deficit hyperactive disorder, sleep disturbances and mood swings.

<http://www.psychology.sunysb.edu/attachment/>

Great web site.



Our Children

What they Say.....

One week before her third birthday, my daughter took all her clothes off and her nappy off and declared that she no longer needed to wear nappies as they were for babies. 'I am a big girl now so I will use the toilet like mummy' she announced! We have had a total of about four 'accidents' over the last three weeks since this but aside from that, she recognises 'the feeling' (her words) takes herself off to the potty or toilet (depending on how she feels), does the appropriate unassisted including wiping and getting dressed again and continues with whatever she was doing. I have had very little to do! This includes being dry through the night too -with the help of a toilet break when I go up to bed. I have been truly humbled and I feel so proud! I am proud of her for being so grown up and proud of myself for having trusted that she would do this when good and ready. I did not bow to the social pressures mounting to 'get her dry' insinuating that if I didn't instigate 'training' she would remain dependent on nappies into adulthood! It is a wonderful feeling to trust our children and watch them blossom because of this.

Pendella in UK.



What they Do.....

My daughter, Nairie, 5, attends morning sessions at a Montessori school. Every day, my son, Ahri, 2.5, and I walk into the foyer with her and observe the quiet bustle of all the children taking off their jackets and hanging them up, and taking off their shoes and putting on their slippers. After studying the routine many times, my son started becoming interested in imitating it himself. One day, he took off his jacket and managed to fold it up over the top of hanger and even get the jacket to stay wadded up around the neck of the hanger as he hung it up on the rack.

Spring break came and went and, with the warmth of the late spring mornings, children returned to school without jackets. That didn't stop my son, though; he was eager to hang *something* up. So, while Nairie and I were kissing each other goodbye, he found a solution. When Nairie turned to give Ahri kisses, there he was, pulling his shorts down to his ankles and trying to get them off over his feet!

Tamara in France.

