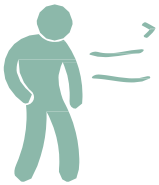


## Passive or Non-Problem Solving Behaviours

The term 'passive behaviours' comes from Transactional Analysis. It signifies those behaviours that children (and adults) use to signal emotional tension and distress when they find themselves in a situation that they cannot manage or facing a problem they believe they cannot solve.

Thrive describes five passive or non-problem solving behaviours adapted from Mellor and Schiff's work in 1975. We have all learnt to manage intense emotional discomfort at times when we feel threatened. Depending on the child's temperament, genetic make-up and the emotional role-modelling of their routine carers, the child will express their emotional tension in one or more of these ways:



**(a) Aggression:** This describes a strong surge of hot energy that comes up in the child when they perceive a threat. Depending on temperament and context, the child will discharge this energy outwardly towards others or in the general environment or inwardly towards self, physically or mentally.

Outward expression: aggressive or violent actions to release pent-up emotion in a desperate attempt to signal a level of distress and / or force others in their environment to recognise and solve the problem.

Inward expression: aggressive negative self-talk ("I'm rubbish / stupid/ useless / unlovable"), self-harm, substance misuse, eating disorders.

When a child behaves in either of these ways they are indicating that they are unable to solve the problem without help from an adult.

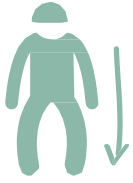


**(b) Agitation:** In order to release the pent-up emotional energy that feels trapped inside, the child engages in repetitive, purposeless, fidgety physical behaviours or feverish repetitive mental 'going over' situations without being able to clearly act to solve them. This might include tapping feet, drumming fingers on surfaces, jiggling, wriggling, repetitive gestures or sounds etc. These behaviours release some of the internal tension the child is experiencing, but do not solve the problem



**(c) Adaptation (sometimes called Over-Adaptation):** The child manages the emotional tension by attempting to get the care, recognition and the soothing they need by being pleasing and / or doing what they think the adult wants or needs. This child loses touch with their own emotional and physical needs believing that their survival depends upon the adult and that it is unsafe to be themselves or ask for help.

Children who respond in this way can be over-looked in classroom situations as they appear helpful and caring. However they will not be aware of their own needs and may well avoid learning tasks by offering to do helpful jobs or look after others. They can be clingy, whiny and over-keen to please.



**(d) Doing Nothing:** The child feels unable to deal with the situation at hand. The child reacts to the emotional tension in their body and can 'freeze' which stops them from taking any action towards solving the problem.

The behaviour of a child who is 'doing nothing' is stuck and this can look like obstinacy, an immovable mental or physical stance. The child may ignore requests or respond positively to requests but then do nothing or withdraw by day dreaming.



**(e) Incapacitation:** The child becomes overwhelmed by the emotional tension triggered by the situation and begins to feel ill e.g. tummy upsets, headaches or has accidents, is clumsy and may frequently present with minor ailments. This way of expressing the difficulty unconsciously through the body is sometimes called somatising. By becoming ill or hurt, the child is distracted from or avoids the frightening or overwhelming situation. It is also a way they might have learned to get care and attention.

**The neurology that underpins these behaviours is strongly connected to survival systems in the brain:**

The amygdala picks up sensory data and immediately transmits an impulse to the brain stem and HPA axis (hypothalamus / pituitary gland axis) if a threat is perceived. Three survival systems respond to threat: (i) Fear (ii) Anger/Rage (iii) Separation /Loss. The child needs an adult to help them to soothe and regulate these painful emotional states. At best, this happens in early infancy. It does depend on the parent or significant carer being available and able to soothe and calm the baby's distress. When this happens in a routine way, the baby / infant learns how to soothe themselves. Stress management systems develop in the brain to help the child to manage strong emotional states for themselves.

However, when a child behaves in ways that show us clearly that they cannot YET soothe and regulate their own emotional state, we, as the responsible adults, need to respond to their distress in ways that will help them to do the emotional learning (and brain development) that is necessary.

When the child has not got developed stress management systems and cannot self soothe their expression of different passive or non-problem solving behaviour is **best the child can do**. AS YET they do not have other, different, emotionally literate ways of responding.

**Whenever a child is behaving aggressively (outwardly or inwardly), becomes agitated, or is over-adapted, is stuck in doing nothing or becomes incapacitated they need help with solving a problem that seems overwhelming and unresolvable.**

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