



# “ATTENTION SEEKING”

March 2008

## NEWS

**Bill Rogers** in Queensland continues his excellent output of books with many discussing Adler (see later) and attention seeking

The **Chicago school**, which continued Adler's work, with material by Rudolf Dreikurs and colleagues, still produces books - most recently "Discipline without Tears" (Dreikurs et al 2004, Wiley) and "Encouraging Children to Learn" (Dinkmeyer and Dreikurs 2000, Routledge)

The **second edition** of "Attention Seeking - A complete guide for teachers" is now finally available. Chapter 11 brings the subject bang up to date with material on ADHD, language problems, autism spectrum disorder, attachment difficulties, chaos theory, questionnaires etc. The new layout and summaries should make it a lot more practical. Please let me know of any mistakes you spot

Be the first to review this new book for Amazon!

## Interest in attention seeking continues to grow worldwide:

A new translation of the parents' book "The Good the Bad and the Irritating" is due soon, in **Korean**

An article on attention seeking appeared in **Canada's top parent magazine** "Today's Parent" by R.C. Myers

"Attention Seeking 2nd edition", the book for schools, is to be considered by the **California** teachers' association

A paper is offered to the International School Psychology Conference this summer in **Utrecht** on ADHD and attention seeking

A paper on **attention seeking and ADHD** drew a large audience at the BPS/DECP conference this January. This paper is currently under review by an education journal.

The third **national training day** for practitioners working with families, has recently been completed in North Tyneside. There was very good feedback from the attendees (psychologists and family support staff). Shorter training sessions were also recently delivered in Cumbria and Derby. Other in-house days are planned later in the year.

The **manual and DVDs** on working with parents on attention seeking behaviour are still in their final stages. The DVD is proving a nuisance but problems should be resolved soon. We hope to get this published this year. One or two kind colleagues agreed to preview the materials.

## A SNIPPET FROM THE LITTLE KNOWN HISTORY OF ALFRED ADLER

The concept of attention seeking derives from Adler's work. Adler himself is, however, little known these days. Here is one example of his tremendous influence on psychology generally; I'll describe others next time:

After breaking away from Freud in Vienna in 1912, Adler developed his "Individual Psychology". This was **later acknowledged** by Carl Rogers, Abraham Maslow and Rollo May, to be the **foundation for the development of humanistic psychology** (see Hoffman "The Drive for Self" p.327).

## WEB SITE



[www.nmellor.com](http://www.nmellor.com)

This web site is updated on a regular, but infrequent, basis. A recent addition is a link to a Radio Four "Woman's Hour" discussion on attention seeking. The web site also lists publications available.

Please contact me if you find any of them impossible to obtain.

## TOPICAL TOPIC

A teacher at a recent training course pointed out that Ofsted take a dim view of the ignoring of children with special needs. If they see ignoring by itself, they tend to mark teachers down

Our approach to attention seeking involves planned, selective ignoring. And this is part of a package. Ignoring must go hand in hand with a high level of positive attention (and appropriate low key sanctions as needed) or the approach will not work. So Ofsted, and the children, should all be happy!

## RESEARCH IDEAS

Interest in attention seeking is growing and colleagues have asked about research topics. There are many. Here are a few. I'll list more next time.

- There is no good **definition** of attention seeking. I tried to create one. That needs sorting/ criticising.
- There is no reliable **measure** of attention seeking in the population - partly because of problems of definition and lack of checklists and partly because researchers haven't much tried to measure it.
- There is no suitable **checklist/questionnaire** to identify attention seeking (although Martin and Carroll show a fairly blank piece of paper seems pretty reliable!).

## CASE MATERIAL: ENURESIS

Although there are oodles of current case studies in the two books “Attention seeking” and “The Good, the Bad and the Irritating”, what is fascinating is how Adler’s original case notes are still relevant today. Here is a brief example from 1924 “The Practice and Theory of Individual Psychology”

*“One of my patients, until the appearance of a brother, had been a frightfully spoiled child. His antagonism to his younger brother, for a time, took the path of defiance and laziness, and so that he might regain the attention of his parents ... he developed... enuresis and refused all nourishment” (p.61).*

We can re-interpret the paper below, which presents a very psychodynamic orientation of enuresis (and perhaps see why Adler broke with Freudian ideas!). A careful reading suggests that simple attention seeking may have been the key!

The paper is S. Stein (1998) “Enuresis, early attachment and intimacy”. British Journal of Psychotherapy, 15(2), 167-176. *I have added my own comments throughout the article in red, italics. I hope I do not appear too negative about the author’s approach - any article is worthy of a respectful read.*

- Note: the **classic trigger** of attention seeking - the birth of a sibling.
- Note: how mum’s **early management** skills were thrown off by depression (see the discussion in my article about attention seeking and chaos theory how such matters can escalate).
- Note: how parents **differ in their management** - this is very common in attention seeking (see the book “The good, the Bad and the Irritating”).
- Note: also that the main part of the intervention seems to be **more positive attention** from mum!
- For more on attention seeking and **attachment** see “Attention seeking” 2<sup>nd</sup> edition chapter 11.

### “Enuresis, early attachment and intimacy”

John was a 10-year old boy who was referred to the local child psychiatry service by his general practitioner because of ongoing enuresis. His enuresis started at the age of 6 years, John having previously been dry by 2½ years of age. Paediatric assessment and investigation had demonstrated no overt organic cause for his bed-wetting. The onset of the enuresis coincided with the birth of his younger brother (*a classic trigger for attention seeking*) and John’s entry into primary school. The school were also expressing concern regarding his aggression, mood-swings and limited attainment in spite of being a ‘bright’ and ‘sensitive’ child. Intervention by the enuresis nurse was initially helpful and John responded to conditioning techniques with pad-and-buzzer. However, over time, the problems slowly recurred. At the time of assessment, John was wetting

the bed several times each week.

John’s father is a 45-year old journalist and his mother is a 33-year old nurse. The general practitioner’s referral hinted at tensions within the marriage. His father also had a childhood history of bed-wetting. John has a younger brother, a full sibling, who is 4 years old. His younger brother nearly died at birth following an emergency Caesarean section, and is subsequently seen as ‘special’ by his mother. This leads to sibling rivalry and John often teases his younger sibling (*it is very common for parents to react to childhood illness with extra attention*)

John was born at 42 weeks gestation. After his birth, which was difficult and traumatic John’s mother suffered from postnatal depression for a period of nearly two years which she described as ‘two years of Hell’ (*it is common for early problems throw off parents’ handling*). During this time, according to her husband, she was angry, paranoid, hostile and aggressive. John’s mother found the early attachment between herself and John difficult, and she described John as a difficult infant and as a confrontational child. Whilst depressed, John’s mother said that she often came close to hitting him, and would leave him in the room and walk away when she was angry with him. She also described how she had struggled to come to terms with her negative feelings towards him.

John’s mother said that she ‘didn’t like’ John and found him difficult, aggressive and unhelpful. However, John’s father described him as pleasant and helpful. He confirmed that his wife overtly disliked John. He felt that she was too hard on John, and that John often did not warrant the negative and hostile responses which he elicited from her (*differing management is very common in attention seeking*). John’s mother also spoke about John’s attempts to get close to her, and about how difficult she found this. The problems were exacerbated by both parents’ work commitments and their return in the evenings tired and worn out. Rather than his mother comforting John according to his needs, he only received physical cuddles and contact when she was in need of the interaction. In contrast, she was very close to John’s younger brother whom she loved, liked and gave a great deal of warmth, time and attention (*the attention that John desired*). John was described as having low self-esteem and a tendency to become rapidly very angry over minor incidents. He was also said to have always been ‘unhappy with both the world and with himself’.

In the course of the family sessions undertaken, the failure of fundamental bonding and attachment between John and his mother became increasingly evident. Simple behavioural interventions designed to increase the time John and his mother spent together were singularly unsuccessful (*our approach to attention seeking is very intensive - there is nothing “simple” about it! - simple approaches don’t work*). Similarly, systemic family interventions aimed at reversing parental roles and having the father play a greater role in facilitating contact between John and his

mother were equally unsuccessful. In spite of our efforts, it was clear that John's mother was afraid of spending time alone with him and that she blurred the differences between him and his much younger brother to facilitate this process. For example, they both went to bed at the same time despite the six year age difference (*very common in attention seeking - we suggest parents stagger bedtimes and pocket money*).

Gradually a pattern began to emerge which informed a more psychodynamic understanding of John's behaviour. his desperate need for his mother's love and attention was slowly crystallising - what he wanted most was a close relationship with his mother, characterised by physical and emotional intimacy. He simply wanted to feel loved and secure (*he wanted attention, naturally*). Whilst he most wanted 'cuddles' from her, he was equally content with mutually aggressive outbursts or states of friction and tension between himself and his mother (*any attention is better than none*). John did not believe that he occupied a permanent space in his mother's mind, and felt that without his adverse behaviours she would readily forget him. These behaviours were interspersed with periods of enuretic symptoms. It soon became clear that all three presentations served the same purpose - they created for John a sense of intimacy with his mother. Physical contact and cuddles with his mother led to feelings of warmth, contentment and security. Equally, states of friction and tension allowed John to feel connected to his mother, and very much held in mind. Likewise, the enuresis served the same purpose. This could be viewed from an infantile vertex in which early recollections of urinating were accompanied by feelings of warmth, contentment, satisfaction and maternal ministrations. Equally, it could be said that the ongoing enuresis earned John more attention from his mother (*yes!*) in the present and again established an overt contact between them in an otherwise barren relationship. Only one symptom was ever needed to create a sense of intimacy and , when one behavioural pattern was overt, the remaining two were quiescent.

This pattern of shifting, intimacy-seeking behaviours was interpreted to the family based on John's early experiences with a postnatally depressed mother and the failure of bonding and attachment. They were initially sceptical, especially John's mother who was wary of any interventions which aimed to increase the intimacy between herself and John. However, they agreed to keep a diary monitoring the sequence and prevalence of these three different behavioural patterns. By the next session, changes were already evident. John's parents, monitoring the three alternative intimacy-creating options, observed that when John received physical and emotional intimacy from his mother, the aggressive behaviour and enuresis decreased noticeably. For example, on nights when John was allowed to stay up later than his brother, was given individual time by his mother and provided with evidence that he was very much being kept in mind (*i.e. getting attention*), no bed-wetting occurred. Likewise, conflict between John and his mother (when

physical intimacy was absent) reduced the enuretic episodes rather than increasing them. In the absence of both physical intimacy and conflict, enuresis inevitably occurred (*in order to get attention*).

Thereafter, each follow-up session brought reports of decreasing aggression and decreasing episodes of enuresis. John was initially bed-wetting two or three times a week, which then decreased to once or twice a week. Soon he was hardly wetting his bed at all, and by discharge he was dry for sustained periods which exceeded four weeks in duration. This improvement, in my opinion, was the result of changes in his mother's attitude and behaviour towards him. She was being more available to him (*i.e. giving him more attention*), placing his needs first when appropriate, differentiating between himself and his brother, providing him with more physical contact and giving him more time. John described how his mother now 'understood' him better and how she now 'noticed' him more. In response, he felt calmer and less angry which was confirmed by his parents. A similar response occurred between John's parents who said there was less marital tension at home and that they were able to work together in a more unified manner (*our work with parents aims for agreed management to reduce negative attention seeking*). They were also making more time available for each other.

Whilst John's mother initially accepted the need to change on a cognitive level, realising that intimacy was less destructive than either conflict or enuresis, she slowly adopted these behaviours in a more affective manner with John having to initiate the intimate contacts less often.

(omitted material)

### Discussion on attachment:

It is evident that early mother-child interactions, attachment and intimacy are integral to children's mental health. Where intimacy is absent, children are forced to seek alternative behaviours which, for them, serve the same psychic function. States of unbearable tension and over-stimulation in infancy which are not resolved by maternal reverie will thus need to find an alternative outlet. This is in keeping with the suggestion by Freud in 1953 and by Storr in 1972 (both quoted in Babbage and Valentine 1995) that a blocked capacity for intimacy may allow other behaviours to serve as alternative means of resolving the emotional need for attachment. In the clinical vignette, John found three possible outlets for his need for intimacy reflected in the ever-changing cycle of physical intimacy, conflict and enuresis. In keeping with Bion's (1961) postulate of 'basic assumptions', these fundamental defensive manoeuvres were interchangeable and alternated with one another according to need, with only one behaviour required to maintain psychological equilibrium at any given time.

As early as 1929, Ferenczi wrote of the sudden relief (relative pleasure) derived from urination by a frightened child, and how it stops the child's crying.

According to Greenacre (1953), urination is one of the readiest outlets of anxious tension and may serve a tension discharging function. Stoller (1979) described a similar case in which his patient experienced early buttock sensations which, although erotic, did not require a conclusion or orgasm: 'they were simply warm, pleasant and without much build-up; she would have like them to persist indefinitely'. These pleasurable early sensual experiences provide the child with a sense of control over their own body, as well as a sense of achievement and mastery. It also provides pleasurable relief, perhaps equated with a diminishing sense of persecution. It is therefore not surprising that the child, at times of stress and humiliation, resorts to these early psychosomatic pleasures as a way of coping with the negative situation. One of John's intimacy-seeking solutions was the development of secondary enuresis, in spite of previously being clean and dry. The regressive act of bedwetting proved ego-syntonic and reparative with echoes of infantile intimacy.

John's other alternative to intimacy was conflict between himself and his mother. After all, according to Stoller (1979), 'any attention, even if painful, is better than none' (*quite!*) and 'harassment certainly proves that you are not unnoticed or abandoned'. However, Stoller also warned that this hungry search for skin and mucous membrane stimulation, in people who got too little in infancy, could result in a perversion. Whilst John was able to rekindle a sense of intimacy with his mother through enuresis and conflict, its ongoing absence as he moved into adolescence may well have found an alternative outlet through delinquent peer group activities. John may have sought to obtain the intimacy he so desperately wanted through a close-knit peer group, or through intimacy-evoking activities such as substance misuse and crime.

These activities may replicate the cycle of infant experience where pleasurable sensations are associated with external persecuting figures who represent the distant, depressed, unsympathetic and unavailable mother. In this way painful reality is converted into excitement, and the alternation of pleasure and pain results in an addictive increase in the need for intimacy (Stoller 1979). By intervening in the child's quest for intimacy through replication of early pleasurable somatic sensations and the utilisation of conflict for attention-seeking (*as often happens in the literature, they spot the concept, but then don't use it*), the development of a repetitive cycle involving delinquency, crime and sexual perversions later in life may be impeded. (*I'm not so sure about all of these, sometimes weird, predictions of doom and disaster; but certainly children settle when attention seeking is addressed - see the follow up case studies in "The Good, the Bad and the Irritating"*)

**Case studies (of any length)  
from the chalk-face are welcomed**

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## **“ ATTENTION SEEKING ” March 2008**



*A newsletter for all professionals fascinated by the puzzles and challenges of attention seeking. Resources, ideas, news and case study material.*

Nigel Mellor, 2008.