*ABC of 1 to 7*CLAIRE STURGE
H B VALMAN

THE TERRIBLE 2s

The period between 2 and 3 years brings disillusion to parents. Their idealised innocent angel seems to have become a calculating devil. Until then the words "mischievous," "naughty," "little devil" were terms of endearment. At 2 years they become accurate terms of description: the child's behaviour appears to be planned to cause the maximum anguish.

Independence versus dependence

At about the age of 2 the child discovers that he can control what happens around him when he begins to talk and can decide when to pass urine or stools. A conflict develops between his desire to assert his independence and his wish to regress to an earlier stage of dependence. The independence may be expressed in the defiance of temper tantrums, but increasing independence brings a fear of insecurity, which may be expressed as a phobia, overdependence on items that represent security—for example, a blanket—and rocking. The conflict between independence and security is seen in lapses of sphincter control and in feeding and speech problems.

At the age of 2 symbolic thought is just beginning but it is self-centred. The high level of understanding and speech combined with a disregard for the needs of others may lead the parents to think that their child wants to hurt them. A mother might be trying to dress a 2 year old quickly to be on time for an appointment, but he treats the whole event as a game, running and hiding, and does not understand why his mother loses her temper. These episodes also illustrate the toddler's inability to see any behaviour from the other person's point of view. A violent temper tantrum, even when he kicks or bites his mother, is related to what the child can achieve from the action and is not motivated by a desire to inflict pain.

At this age there is also little sense of time and if the mother goes next door to see a neighbour for a few minutes the child may fear that he has been abandoned for ever.

Effects on parents

The other half of the picture of the terrible 2 year old is the distraught parents, particularly the mother. Mothers often feel that they cannot cope and become depressed and anxious. Their families, friends, and husbands may support them, but living in high-rise flats may have an adverse effect. The referral rate for 2-3 year olds to family doctors is the highest of any age group, including the elderly. The consultations are usually ostensibly about coughs and colds but the real reason may be that the mother is having great difficulty in coping at all. Accurate diagnosis and sound advice at this stage can be an important part of preventive child health. Two years is also a common age gap between children, so the mother may be pregnant or just have had another baby. The toddler may show resentment, sometimes very intense, towards the new baby, and the parents feel hurt by this resentment. These negative feelings may precipitate or accentuate any of the problems seen in this age group, and the parents' disillusion may lead to feelings of guilt or doubt about where they went wrong in bringing up their child. These responses may reinforce the confusion of feelings in the child and worsen the problems. Many of the problems of 2 year olds are habit problems—for example, sleep problems—and the habits have developed only because the parents have reinforced them in some way.

Intervention

Every baby is born with a different temperament and while the parents may be genetically responsible there is nothing they can do to change it. Children vary in their moodiness, intensity, response to frustration, and adaptability. They also vary in the intervals between micturation and defecation and their need for sleep and food. If this variability is explained to the parents it may improve their understanding of their child, remove some of their guilt, and enable them to handle the child better.

Intervention is effective only if the parents can see the child's problem in perspective and are more concerned with resolving it than with concentrating on the feeling the child's behaviour arouses in them. Despite the parents' bitter complaints about their child's behaviour they are often unable to change their own behaviour. For example, if a 2 year old who has frequent temper tantrums makes his mother feel that she is responsible for his not being happy and she thinks that the tantrums are a sign of insecurity she will not be firm with the child and will not follow the doctor's advice. Families often claim to have tried everything when in fact they have tried no one method with commitment. They may see any intervention as cruel and unloving. If the mother realises that she, the child, and the family would have an easier time if there were fewer tantrums she can be advised to ignore them. She must ignore them every time and if necessary leave the child alone in the room or put him in another one. When the child is finally calm, however long this takes, she should then behave normally and accept the child fully: she should never give additional treats in the form of sweets or cuddles. Behavioural studies show that if a subject finds that he can ever "get away" with a particular form of behaviour he will repeatedly try it out because he knows exceptions to the new, firm response are possible. The parents need to know that any inconsistency will lead to failure. When the child realises that both parents have an agreed pattern of attitudes his temper tantrums will stop.

Sleeping and eating

The approach to sleeping and eating problems is similar. Healthy toddlers gain weight normally in spite of their mother's protests that they eat very little. They seem to know instinctively their minimum requirements. Refusal to eat is a very powerful weapon as it challenges the mother's ability to nurture her child. If the mother is reassured that the child will not harm himself by not eating then she will not press him when he refuses.

Toilet training may be tackled either by highly structured training schemes or by waiting and attempting training after an interval. Most 2-year-old children have problems with bladder and bowel control at some time, but in most they resolve spontaneously at the age of 3 or 4.

Problems of dependence

Problems relating to dependence, such as fears (phobias), excessive use of security items, or excessive masturbation or nightmares need a very different approach and it is the parents who need most help in understanding the problems and helping the child. They need to learn not to reinforce the anxieties by over-reacting to the child's fear but to help the child learn to feel in control of his situation and more confident. Encouraging the child to play or act out things he worries about may help. Separation fears are a common anxiety, even when there seems no real reason for them. Difficulty in separation at this age is normal and should never be seen as a problem. If, however, a 2 year old can learn to separate from his mother and trust her to return he will become more confident and less vulnerable.

Better by 3

All the problems that have been discussed are variations in behaviour that fall within a normal range. When doctors are consulted they should be prepared to find that they cannot help because the family does not want to change the way it behaves, in which case reassurance that the child's behaviour will probably improve with time may be all that is possible. As the child approaches the age of 3 years he becomes more sociable and learns to share and to take turns. Whether the family is receptive or resistant to suggestions of help, an explanation of why the child behaves as he does may be valuable and help to make the parents feel understood.

In some cases the child may need to be referred for specialist help. Those with speech problems, for example, should see a paediatrician or speech therapist. If the child's behaviour or the family's reaction is well outside the normal range then he should be referred to a child psychiatrist, and if the whole family is disrupted by the child's behaviour the help of the social services department may be needed.

Dr Claire Sturge, MRCPsych, DCH, is consultant child psychiatrist at Northwick Park Hospital and Dr H B Valman, MD, FRCP, consultant paediatrician at Northwick Park Hospital and Clinical Research Centre, Harrow.