

Corrective Emotional Communication in the Classroom

The Marquis DeLafayette Elementary School in Elizabeth, New Jersey (U.S.A.), serving an ethnically mixed, pre-K to eighth-grade population of 1200 pupils, has an unusually high percentage of "difficult" pupils and a disappointing overall academic performance. So last September, the school's principal, Dr. Caridad Alfaro, asked Counseling Associates to train one third of Lafayette's teachers in "Emotional Education in the Classroom," a program that offers communication tools designed to turn difficult children into cooperative and motivated pupils.

Led by Aaron Lederer, Counseling Associate's director and the principal developer of the training program (known for training parents to turn around their difficult children), Emotional Education in the Classroom was considered by the Elizabeth school district (American for LEA) as a pilot professional development program for its 29 schools.

It didn't take long to see results. During the second half of the eight monthly training sessions, teachers reported remarkable improvements in pupil behavior and classroom atmosphere. A science teacher reported that it has been the most worthwhile workshop she's taken because it gave her the tools to create a more pleasant learning environment in her classroom. A first-grade teacher observed that the overall tone in her classroom has gone from mainly loud and silly to mostly quiet and studious. And one guidance counselor noted that she now understands why many of these children act negatively and that the "communication tools" she learned in the training program have been effective for her in dealing with them. The teachers remarked that they saw considerable improvement in the attitudes of their difficult charges and regretted that this training program hadn't been available to them in college.

Dr. Alfaro concluded, "This emotional education program has been very successful for us; I was thrilled at how fast our teachers saw results in the classroom."

Based on the enthusiastic response of the 21 teachers who took the 20-hour program, Dr. Alfaro asked Lederer provide this training to the other Lafayette teachers. This reaction is not unusual. More and more schools and school districts are signing up for this unique program.

Through "Emotional Education in the Classroom," teachers learn a set of communication tools based on advancement in attachment research and modern psychoanalysis in which EL plays a good part. These tools go beyond modifying behavior or teaching social skills by transforming pupils' fundamental attitudes toward their peers, their teachers, and learning itself. The result: improved educational well-being and academic performance by all pupils, along with an easier and more satisfying classroom experience for teachers.

Dr. Alfaro, the Lafayette school principal, points out that "years ago, the schools' responsibility was merely to educate pupils. Today, however, we must take care of the emotional well-being of children, too."

Aaron Lederer concurs. "Many pupils today come from troubled psychosocial backgrounds, predisposing them to school failure despite teachers' best efforts. These pupils tend to disrupt their classes and to frustrate and exhaust their teachers.

"When pupils are scared, sad, or angry, they can't learn. To learn best, pupils need to be free of disturbing emotions and to feel secure in their classrooms. Emotional literacy—that is, the ability to recognize, understand, handle, and appropriately express their emotions—enables pupils to substitute action for language and reduces their internal and external conflicts, making them more willing and able to learn."

But, he explicates, there is a category of children that requires more than EL can provide; these are children with insecure attachments. Researchers find that about forty percent of all Americans suffer from an inability to attain secure attachments (or what Lederer calls "attachment deficit"). School-age children with attachment deficit are unmotivated and uncooperative. They display disturbing behaviors that range from inattentiveness to violence. These children do not get along with their peers. They distrust their teachers and, not believing anyone really cares about them or want to help them, do not ask for or accept their teachers' help.

Attachment deficit, whose symptoms often mimic other disorders, is little known outside academic and research circles. And because this condition goes unrecognized, pupils with attachment deficit are saddled with diagnoses such as hyperactivity, attention deficit, and conduct and bipolar disorders. Attempts at modifying their behaviors or improving their social skills fail, while more and more of these children are medicated to make them more manageable without achieving improvement in their academic performance. Ever-larger portions of school budgets are spent on special education for these children, while the underlying problem—attachment deficit—remains unknown and untreated.

An important characteristic of attachment deficit is a "negative attachment behavior," unconscious behavior that aims at provoking negative responses from others. Paradoxically, deficiently attached children gain some sense of belonging when they are disliked or ignored and so are compelled to engage in negative attachment behavior.

Early in his work on the problem of attachment deficit, Lederer found that the saying "It's easier to build a child than to fix an adult" readily applies; that while the successful treatment of adults with this condition can be prolonged and complicated, attachment deficit in children can be turned around quite easily when the parents change the way they communicate with their children. He has synthesized that approach into a set of corrective communication "tools" that, when applied by parents, cause their children to re-attach to them and change their attachment behavior from negative to positive: these children begin to behave in ways that bring them affection and praise instead of indifference or dislike.

Lederer later found that teachers could obtain the same results with their difficult pupils. When corrective communication is applied, the pupils begin to seek out their teachers' help, join in with school activities, and comply with school requirements.

It is not necessary for the teacher to identify pupils with attachment deficit. Corrective communication can be applied to challenging pupils as well as to the entire class, thereby creating a cooperative and task oriented group.

The dozen or so corrective communication tools are derived from attachment theory and modern psychoanalysis, which are highly weighted toward emotional problems that originate in infancy. The tools, such as, "mirroring," "joining," "consulting," and "insulating" (in isolating, for example, the teacher asks how the *teacher* causes the pupil to misbehave), although easy to learn, are mostly counter-intuitive and require time and practice to master. Teachers usually receive 20 hours of instruction, in eight to ten sessions, with two weeks' time between sessions for practice.

The question may be asked: Should it be the teacher's job to provide pupils with what borders on therapeutic interventions? Lederer's answer is that teachers should do all they can to help pupils overcome obstacles to learning. Like the skilled mother who is more effective with her attachment deficient child than a therapist, so the teacher is with the pupil. Being an important presence in the pupil's life, a teacher can be more influential and helpful than a specialist. The role of specialized staff in dealing with the problem of attachment deficit would be to provide the teacher with training and guidance when needed.