



Physician Guide Sheet
Helping Parents Deal With Infants' Temperamental Differences

- John Stirling, Jr, MD

By the time a baby is 2 months old, most parents are beginning to learn who their baby is. Of course, their education can be sidetracked by a bewildering array of emotions. Overpowering concern for their child's welfare and lack of experience can lead to confusion, fear, and anxiety, all aggravated by a lack of sleep. Most of us muddle through somehow, and the child's irritability, crying, and disordered sleep behaviors become more tolerable as the baby settles into his or her new home. When the baby's behavior is extreme, however, or when the parents are under additional stress, their baby's adaptation can be slowed or diverted into a maladaptive pattern. **By helping new parents to understand their baby's normal behaviors, the pediatrician can help keep them on the road to healthy mutual development.**

Observing temperament

Researchers describe infant temperament as varying along several distinct axes to give a profile that remains more or less stable over the child's lifetime.¹ These characteristics are:

- *Activity level*
- *Regularity over time*
- *Tendency to approach, or withdraw from, novel stimuli*
- *Adaptability to new situations*
- *Threshold of responsiveness (sensitivity)*
- *Quality of mood (positive vs negative)*
- *Distractibility*
- *Persistence (attention span)*

The qualities vary independently. For example, an active child may be more or less regular at bed or mealtimes. A sensitive child may adapt quickly to new situations or may take a long time. In any event, parents who try to change their child's personality are in for a struggle. **Skillful parents will quickly recognize their baby's traits and ease the child's transitions into stressful circumstances, helping to ensure successful adaptation.** When a parent insists that the child behave in a "normal" fashion that runs counter to his or her nature (for example, imposing a rigid feeding schedule on an irregular infant), the result is increased stress for both.

¹ Chess S, Thomas A. *Temperament in Clinical Practice*. New York, NY: Guilford Press; 1995

Goodness-of-fit

Some personality combinations make for “easy babies.” A child who is calm and regular and who adapts quickly is likely to present less of a challenge to his or her parents than a more unpredictable peer. An active, hypersensitive, persistent child who adapts slowly can try the patience of even an experienced caregiver. **It is essential that parents recognize that their little one’s less desirable traits (eg, irritability or an unpredictable schedule) are usually neither a sign of disease nor a comment on their own childrearing abilities.**

Because parents also vary along the same axes, naturally some infants will inspire more severe reactions in their parents or “push their buttons.” **When an infant’s characteristics seem to unduly distress parents, it can help to encourage the parents to discuss their own feelings and reactions to the child’s actions.** Awareness of the baby’s multifaceted personality must be coupled with parental self-awareness to ensure the best outcome.

Interventions

The pediatrician can suggest interventions that may help (see below) but should keep the focus on helping the child to make difficult transitions in ways best suited to his or her particular temperamental profile.

- *Validate the parents’ feelings of stress, inadequacy, or even anger at the baby or each other.* By listening well and acknowledging such emotions, the pediatrician gets useful information about interactions at home.
- *Ask routinely about sources of support as well as stressors.* With a better knowledge base, the pediatrician can help absolve the parents of some of the inevitable self-blame and can help focus the discussion on interactions between baby and caregivers and between the caregivers themselves, rather than on “what’s wrong with the baby.”
- *Teach parents how to be aware of their baby’s temperament and what it means.*
- *Encourage parents to see the child’s distress as reflecting a difficulty adapting to environmental change, so it will be easier to guide their attempts to comfort the child.*
- *Teach parents methods to calm their baby based on his or her temperament.* Many children do better if left alone for a short while than they do when bombarded with further stimulation as the parents attempt to comfort them. Swaddling, quiet rocking, and calm, gentle handling can also be effective and are more likely to occur when parents understand the nature of the infant’s state of arousal.
- *Lastly, make parents aware that their child’s temperament also affects their sleeping and feeding patterns.* If caregivers can come to see the child’s waking as related to daytime activity levels and not necessarily to unsatisfied hunger, their responses can be more adaptive and appropriate.

Summary

Both infants and their parents vary in temperament, and some variations “fit” better than others. By starting early to help parents recognize the effects of temperamental variation on their child’s difficult behaviors, the pediatrician can help them adapt more successfully to their new responsibilities.



Temperament vignettes

CRYING BABY

- Too sensitive child – parents’ attempts to comfort result in overstimulation, more crying.

THE PROBLEM:

Two-month-old Carly’s parents both appeared tired and worried in the exam room. “No one sleeps at our house,” they explained, “except for the baby’s catnaps. She spends most of every evening in pain, and nothing we do works.” A careful review of systems revealed nothing, and the physical examination was reassuringly normal, but the parents remained anxious. Carly had already been to the emergency department on one particularly scary night, and the recommended change in formula had not helped. Acetaminophen hadn’t seemed to make a difference, either. Carly’s parents wondered whether gas drops or antispasmodics would help. Carly’s parents wondered whether there were any tests to show what caused their child’s discomfort.

USEFUL INFORMATION:

A return to the history showed that the child’s crying seemed to occur primarily in the evenings. She would nap well enough but would fuss inconsolably every night for several hours while her parents rocked her, bounced her, walked, and sang. They sheepishly reported taking her for midnight rides in the family car, or placing her car seat on the dryer to let the vibrations soothe her. She would eventually pass out, but her parents lived in fear of awakening her.

RESOLUTION:

After discussing the concept of temperamental differences, the pediatrician suggested that Carly might not be in physical pain but might just be an extremely sensitive – and outspoken – child. He explained how such an infant can be overwhelmed by the end of the day and will protest any further stimulation. The parents were counseled to leave the baby swaddled on her back in a dark room for 10 minutes at bedtime and to hold her quietly in the dark if this was not immediately effective. At a follow-up appointment 2 weeks later, a much happier couple related that Carly was no longer “in pain” and that she was settling to sleep without protest most of the time.

Temperament vignettes-Continued

NEEDY BABY

- Infant needs frequent comforting; parent fears doing so will have bad consequences.

THE PROBLEM:

Eighteen-year-old Emily brought her 2-month-old son Brian to the office. He was healthy enough, she said, but she was losing patience because he was so needy. She complained that he wanted to be held all the time, and that she was unable to “get anything done.” She’d begun leaving him alone in his stroller for scheduled periods of time, but Brian’s constant crying had made her miserable and, as she reluctantly admitted, angry.

USEFUL INFORMATION:

Once Emily felt secure enough, she confessed that she felt “like a bad Mommy.” Her boyfriend’s parents, with whom she lived, had criticized her frequently for “spoiling” Brian, and she’d begun to wonder if this was true. She wanted to pick him up, she said, but worried that he would grow up too dependent if she did. Much of her stress arose from the tension between her instincts and her fear.

RESOLUTION:

After discussing the concept of temperamental differences, Brian’s pediatrician suggested that Brian was a child whose personality required more parental reassurance than Emily had, perhaps, expected. The doctor was able to explain how some babies are naturally more fearful of new situations than others and how a maternal presence can provide important reassurance to help them adapt to the world. Finally, by reassuring Emily that providing such comfort would eventually help Brian to become more independent, the pediatrician was able to encourage Emily to give Brian the support he needed. A follow-up visit was offered to discuss these issues with other family members.

Suggested Further Readings

- Brazelton TB. *Infants and Mothers: Differences in Development*. New York, NY: Dell Publishing; 1983
- Chess S, Thomas A. *Temperament in Clinical Practice*. New York, NY: Guilford Press; 1995
- Kurcinka MS. *Raising Your Spirited Child: a Guide for Parents Whose Child Is More Intense, Sensitive, Perceptive, Persistent, Energetic*. New York, NY: HarperPerennial; 1998