

MOTHERING PETER PAN

The story behind the story of AD/HD

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Abstract

Mothering Peter Pan explores the relationships between young males with Attention Deficit Hyperactivity Disorder and their mothers, specifically the negative impact that these children have on their mothers and the manner in which these effects are minimized by mothers and the professionals who treat AD/HD alike.

Topics covered include: the characteristics of an AD/HD male child, the effects of AD/HD on the relationship between an AD/HD son and his mother, the cultural ideal of the good mother and the impact that ideal has on Peter's mother, the internal and external criticism of Peter's mother and the consequential feeling of isolation she experiences, culminating with the development of the Peter Pan Moms Program (PPMP), a project connecting these mothers through a supportive group modality.

This thesis is designed to bring attention to the difficulties experienced by mothers of AD/HD sons. Through research, interviews and group meetings with predominantly Caucasian, middle-class, American mothers, the lack of support for this population becomes evident. This work endeavors to close the significant gap that is a lack of early intervention with mothers of AD/HD sons.

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Introduction

Mothers of sons with Attention Deficit Hyperactivity Disorder encounter significant challenges and experience intense emotions that are often minimized by both the mothers themselves and professionals in the diagnosis and treatment of AD/HD. Literature and typical AD/HD support groups focus primarily on child-based and school-based strategies and do not adequately address the effects on mothers of the complex task of raising these challenging children. There is a lack of supportive programs and behavioral management techniques specifically geared toward mothers of “Peter Pans” to assist in the issues the mothers themselves face as a result of this diagnosis. Both mother and son consequently suffer unnecessarily throughout Peter’s childhood.

Using Peter Pan* as a metaphor for AD/HD boys, this thesis explores the needs of Peter’s mother: her own emotional climate and self-esteem; her awareness of failure in living up to the models of “ideal” motherhood permeating our society; her sense of isolation from peers and family due to criticism she receives; an understanding of AD/HD and how it impacts her family system; maintaining balance in her own life; and access to information and a supportive environment in the form of a group that assists in normalizing her experience of raising a Peter Pan.

Early in his life, a mother of a Peter Pan discovers that her dream of mothering a child has nothing to do with the reality of her experience of motherhood and searches to figure out what it is *she’s* “doing wrong.” Consequently, she falls prey to negative emotions, damaging self-talk and feelings of failure as a mother.

Peter’s mother is often deluged with criticism from her spouse, peers, family and members of the healthcare profession that further serves to batter her self-esteem. Every AD/HD mother has been told she’s not disciplining her son enough or correctly. Specialists she reaches out to for assistance fail to recognize that the structural and behavioral strategies they promote often fail with children exhibiting severe AD/HD symptoms. Rather than saying to the mother, who has tried diligently to implement these behavioral strategies, “I haven’t helped you enough,” the practitioner tells her: “You haven’t followed through with what I told you to do.” Friends and family who do try to be supportive will offer her the inevitable “He’s just all boy.” These words mean little to a mother when her son has just been expelled from his third daycare or preschool.

*The metaphor of Peter Pan is used throughout this thesis to represent AD/HD boys. While the story of Peter Pan is primarily about the resistance to growing up, the language of the Peter Pan story suggests that Peter also may have had AD/HD. Peter Pan is impulsive, forgetful, aggressive and hyper kinetic. The character and story of Peter Pan will also be used in this project to assist mothers in viewing their AD/HD sons through a different lens, incorporating the use of playful metaphor.

Peter's mother constantly carries with her a sense of guilt occurring on many different levels. She questions everything that she did or didn't do during her pregnancy, fearing that she somehow "damaged" her child. She experiences guilt at the negative feelings she harbors toward her child as she has been conditioned to believe that good mothers never feel these emotions of *intense* anger, even hatred of their children. She has no one to talk to or who understands the shame she feels after losing control and screaming at her child. She begins to understand why child abuse happens and it scares her. She may self-medicate in unhealthy ways through the use of substances or activities that remove her from her home and child, leading to increased feelings of guilt.

Peter's mother, even in our progressive society and dual-career families, is still his main caregiver. The constant conflict between the two erodes their relationship and leaves the mother physically exhausted and emotionally drained. Peter's father does not encounter the same difficulties and often can't understand why it is the mother does and often inadvertently feeds into her self-image as a "failure at motherhood."

Our society has created an image of an ideal mother and holds every mother under the microscope of this ideal. The very nature of an AD/HD child and his relationship with his mother is the antithesis of this ideal. While it is ridiculous to hold any mother to an ideal of perfection, in reality, our society does just that and Peter's mother suffers both externally and internally from her inability to live up to this ideal.

Mothers of AD/HD sons become as isolated from their peers as Peter does from his. Peter is ostracized due to his lack of social skills and behavioral disruptions. His mother withdraws from her peers to avoid the embarrassment and humiliation that occurs when Peter acts out or melts down. Although never overtly stated, she is also well aware of the "poor parenting" label she receives. Peter's mother is left alone in her struggles and begins to avoid interactions and social situations that lead to painful experiences. She becomes estranged or cuts herself off from family members, frequently unable to bear the criticism of her child and her mothering skills.

This thesis will address the issues that challenge Peter's mom and develop ways and means of supporting mothers around these topics. By the time Peter's mom receives his diagnosis of AD/HD, her relationship with her son has suffered potentially several years of conflict, her self-esteem is damaged and both she and her child have been labeled as "bad."

It is important that Peter's mother is offered the appropriate support for Peter's developmental stage. Peter's preschool years are the most difficult and least addressed, as currently these children are too young to be considered for an AD/HD diagnosis. The outcome of this thesis will be the development of the Peter Pan Mom Program (PPMP). The PPMP is an integrated psycho-educational and support program, focused on mothers of potential Peters ages 3-6 that will educate these mothers about AD/HD and its effects on her and assist them in strategizing and preventing the fallout that often occurs around AD/HD children. Education in the impact of AD/HD on family systems will strengthen their ability to connect with their sons and clearly articulate their needs to their spouses. Addressing the

emotional climate and normalizing negative feelings will be balanced with sharing strategies to “maintain sanity,” promoting positive self-care and enhancing self-esteem.

A group modality is an important and vital way to offer support to mothers of AD/HD boys and normalize their experiences through sharing their stories and highlighting mutual themes. It is critical for these mothers to be connected with other mothers who *really* understand. In fact, a key phrase that suggests a mother is in need of this service is “no one understands.” In this sense, I support a group modality rather than or adjunctive to individual treatment around these issues (although if a mother is opposed to a group modality she should be referred for and receive individual support).

This thesis is a project designed to reach out to mothers of Peter Pans in therapeutic support of their unique yet common experiences in raising a son with AD/HD. Peter’s mother is virtually non-existent in the story of Peter Pan and consequently she needlessly suffers alone and in silence. In drawing these mothers into the forefront of the story and normalizing the complexities and challenges of mothering Peter, we do both mother and Peter a tremendous service, reuniting her with both herself and her “lost boy.”

Introducing Peter Pan

“I don’t know whether you’ve ever seen a map of a person’s mind. Doctors sometimes draw maps of other parts of you, and your own map can be intensely interesting, but catch them trying to draw a map of a child’s mind, which is not only confused, but keeps going round all the time. There are zigzag lines on it, just like your temperature on a card, and these are probably roads in the island; for the Neverland is always more or less an island, with astonishing splashes of color here and there, and coral reefs and rakish-looking craft in the offing, and savages and lonely lairs, and gnomes who are mostly tailors, and caves through which a river runs, and princes with six elder brothers, and a hut fast going to decay, and one very small old lady with a hooked nose. It would be an easy map if that were all; but there is also the first day at school, religion, fathers, the round pond, needlework, murders, hangings, verbs that take the dative, chocolate pudding day, getting into braces, say ninety-nine, three pence for pulling out your tooth yourself, and so on; and either these are part of the island or they are another map showing through, and it is all rather confusing, especially as nothing will stand still.” – J.M. Barrie

Metaphorically speaking

Most adults remember J.M. Barrie’s charming story of Peter Pan as the tale of a little boy who desired to never grow up. In re-reading the original text of this story as an adult and as a mother of two sons diagnosed with Attention Deficit/Hyperactivity Disorder (AD/HD), I found the language of Peter Pan suggested that this little elfin imp was a wonderful metaphor for these children. Walt Disney’s animated version of the Peter Pan story clearly portrays a Peter who is impulsive, distractible, forgetful, aggressive, and hyperactive – all hallmark traits of AD/HD.

The use of metaphor in working with people in therapy can be a useful tool in assisting clients in viewing an issue from a different perspective. Therapeutic features of metaphorical use include:

- Avoidance of intellectualization or overly intense, disruptive affect and the consequent promotion of ego development.
- Generation of the possibility of new meaning where previously there existed only rigid certainty or concrete fact
- Transformation of passivity into activity
- Minimization of destructive power struggles with authority.
- Provision of various levels of abstraction or concreteness as well as differing perspectives
- Creation of a verbal play space
- Evolution of a shared group language

- Examination of unhealthy group norms
- Intensification of group affect by shifting from the there and then to the here and now
- Countering of negative projections (Enders, 2001)

This thesis relies on Peter Pan in my work with mothers who are raising a difficult son to portray their little boy through a lighter lens, particularly using the above concepts of shared group language and a verbal play space. These children often carry negative nametags: hellion, demon child, and brat. In bringing to mothers the image of Peter Pan, it may help her to see and better understand the little boy who, while seemingly rejecting the notion of a mother, longs for her and to fly back through the window of her heart. I am by no means suggesting that Peter's mother doesn't love him; however, the negative effects of raising a Peter Pan on his mother can be substantial and should not be minimized.

This thesis explores the needs of Peter's mother: her own emotional climate and self-esteem; her awareness of failure in living up to the models of "ideal" motherhood permeating our society; the criticism she receives and the consequential sense of isolation from peers and family; an understanding of AD/HD and how it impacts her family system; behavioral strategies she can employ for *herself* to facilitate a more positive connection with her son as well as clarifying and making her needs known to Peter's father; maintaining balance in her own life; and access to information and a supportive environment that assists in normalizing her experience of raising a Peter Pan.

Attention Deficit Hyperactivity Disorder Defined

Before we can talk about mothering Peter, I feel it's important for the purposes of this paper, to discuss who Peter is in terms of this project from both the perspective of the experts and his mother. Children who are hyperactive and distracted, who can't focus on what's in front of them or control their behavior, have always been with us. They entered into medical

documentation in 1902 when a British physician described a group of children with “morbid defects of moral control” (Allen, 2001).

There are many varying opinions in the field of childhood development and psychology about Peter and his characteristics. Is he a spirited child, or possibly a child born with a difficult temperament? Does he truly have a disorder? There are some who question if AD/HD even really exists. Is he simply a “hunter in a farmer’s world?” There are a myriad of resources available that explore these theories on Peter in depth, so I offer the following as a brief overview of Peter and how he is described in the professional literature:

The Medical Model

AD/HD is a disorder characterized by age-inappropriate levels of inattention, impulsiveness and hyperactivity and constitutes the most common reason children are referred for mental health treatment (Alexander-Roberts, 1994; Barkley, 1990).

Approximately 5-6% of children between 4 and 16 years are age are likely to be diagnosed with AD/HD with boys more likely to manifest overt symptoms and to be referred for treatment (Barkley, 1990).

The medical model of AD/HD is the best known and the most referred to in deciding if a little boy is on a journey to the Neverland. The current edition of the DSM-IV-TR, the manual used by mental health professionals for diagnostic purposes defines the criteria for AD/HD and I refer the interested reader to the manual for the complete diagnostic criteria included there.

The *Child and Adolescent Psychotherapy Treatment Planner* (1996) offers an outline of the hallmark traits of AD/HD and defines a Peter Pan as stated here:

- Short attention span; difficulty sustaining attention on a consistent basis
- Susceptibility to distraction by extraneous stimuli
- Impression that he/she is not listening well
- Repeated failure to follow through on instructions or complete school assignments, chores or job responsibilities in a timely manner
- Poor organizational skills as demonstrated by forgetfulness, inattention to details, and losing things necessary for tasks
- Hyperactivity as evidenced by a high energy level, restlessness, difficulty sitting still, or loud or excessive talking
- Impulsivity as evidenced by difficulty awaiting his/her turn in group situations, blurting out answers to questions before the questions have been completed, and frequent intrusions into others' personal business
- Frequent disruptive, aggressive, or negative attention-seeking behaviors
- Tendency to engage in careless or potentially dangerous activities
- Difficulty accepting responsibility for actions, projecting blame for problems onto others, and failing to learn from experience
- Low self-esteem and poor social skills (p.19)

. The following table offers a composite of AD/HD in childhood compiled from the work of Mary Fowler (1999):

Table I. AD/HD IN CHILDHOOD

Infancy	Problems regulating state, e.g., going from quiet to alert, wake to sleep Interferes with positive interactions Does not meet parental expectations of infancy Can result in physical/emotional abuse
Toddler Years	Symptoms intensify as environmental expectations increase Exhibition of an impulsive, restless, always-on-the-go behavior pattern Other behavioral difficulties include: unstable mood, problems with sleeping and/or eating, extreme curiosity, intense responses to stimuli Disturbances of parent-child attachment Children are viewed as <i>choosing</i> to be noncompliant
Pre-School	Symptoms often become highly visible Difficulties arise at home, in school and with peers Preschool parent and teachers often report difficulties with: following directions, staying on task, immaturity, easily frustrated, temper tantrums, aggressive and destructive behavior, non-compliance, noisiness
School Age	Educational outcomes present a picture of serious academic underachievement Typical problems include difficulty in: starting, staying on, and completing tasks, following rules, working independently, disorganization, excessive activity and talking, frequent interrupting, waiting turns or delaying responses, low frustration tolerance, persistence of effort, socialization and handwriting

(p. 27-28, 51-52, 75-76, 159-160)

Russell Barkley, a leading expert in the field of AD/HD, provides his definition of the disorder:

AD/HD consists of developmental deficiencies in the regulation and maintenance of behavior by rules and consequences. These deficiencies give rise to problems with inhibiting, initiating, or sustaining responses to tasks or stimuli, and adhering to rules or instructions, particularly in situations where consequences for such behavior are delayed, weak, or nonexistent. The deficiencies are evident in early childhood and are probably chronic in nature. Although they may improve with neurological maturation, the deficits persist in comparison to same-age normal children, whose performance in these areas also improves with development (1990, p. 71).

One of the major components that the medical model does not take into account is a child's individual temperament – the personality that Peter brings into this world upon his birth. Turning our attention to temperament, let's look at how Peter's inborn characteristics might earn him a diagnosis of AD/HD.

The “Spirited and/or Difficult” Child

Authors Kurcinka and Turecki each write about the same child. To Kurcinka, Peter is “spirited” while to Turecki he is “difficult” (Kurcinka, 1998; Turecki, 2000). Their version of Peter Pan is characterized by his temperament and character traits outlined in the table on the following page:

Table II. Temperamental Traits of the Spirited/Difficult Child

<p>High Energy/Impulsivity Many of these children are energetic. The need for them to move is real and comes from inside. They like to climb, jump, run, and in general be on the move. The challenge for parents is to keep them safe and teach them to use their energy in positive ways.</p>	<p>Low Sensory Threshold Sensitive kids feel emotions, see sights, hear sounds, and smell odors to a degree and depth that most of us mortals will never know. They are not teasing when they tell us their socks are hurting their feet. Problems occur for sensitive children when they are overwhelmed by the amount of stimulation or emotional stress around them. When this occurs a pressure builds which can overpower their control system.</p>
<p>Distractibility/Perceptiveness Spirited kids are perceptive. Their senses are keen, drawing in every aspect of the stimulation around them – this explains their amazing insight. Problems occur when they are barraged with information from their senses and are unable to sort it out. It is as though they were incapable of deciding which is the most important message or where their focus should be. When this occurs, they become distracted, confused, and unable to concentrate on the task at hand or the instruction that has just been given.</p>	<p>Initial Withdrawal 15% of all children are born with a tendency to become upset in new and unfamiliar situations. Their blood pressure rises, pupils dilate, and vocal cords tense. Kids who experience a strong first reaction need our encouragement not our push.</p>
<p>High Intensity Intensity is the driving force behind the strong reactions of the spirited child. It is the invisible punch that makes every response of the spirited immediate and strong. Managed well, intensity allows spirited children a depth and delight of emotion rarely experienced by others. Its potential to create as well as to wreak havoc, however, makes it one of the most challenging temperamental traits to manage.</p>	<p>Poor Adaptability These children adapt slowly to transition – any transition. To shift gears, to pass from one activity, place, or topic to another, requires a wrenching, grinding effort on their part. Smooth transitions are one of the most significant aspects for a good day. Transitions will never be easy for slow-to-adapt individuals but they can learn to make them more easily</p>
<p>Irregularity Unpredictable describes many, but not all difficult children. Their bodies do not seem to fall into natural rhythms. They're never hungry at the same time and it's a good guess as to when they will be tired.</p>	<p>Negative Mood Studies show that the secret to a child's disposition may lie in a specific patter of brain activity. For the child who is serious and analytical, his mood has nothing to do with a good night's sleep. This is the way he is wired. He needs help understanding his disposition and learning to be positive and tactful.</p>
<p>Negative Persistence Living with a persistent child is not easy. To tell him no, to thwart his efforts, is to risk his wrath. Even as infants they are determined and strong. They push where other kids don't push. They demand more than other kids demand. And they never give up. It is nearly impossible to ignore them or distract them.</p>	

(Turecki, p. 180-181; Kurcinka, p. 91, 114, 124, 136, 149, 166-169)

Kurcinka tells us that all children possess these characteristics to a certain degree, but the distinguishing factor for these children is *more*. They are more intense, impulsive, etc... than other children. She does not believe that these children are experiencing AD/HD. She states that children with AD/HD, even if they want to, are unable to focus their energy and attention and that spirited behavior falls within the range of normal human behavior (1998).

I have to fervently disagree with her on this point. Peter absolutely can and does focus his attention and will even hyper focus to the exclusion of everything else on something that

motivates him enough to hold his interest – video games or a favorite television program are good examples. Wilson (1996) also blatantly gives mothers incorrect information in this statement:

While spirited children tend to be very energetic, they should not be confused with hyperactive children or children with ADD. The difference is in a child's ability to focus on a subject or project. Occasionally, spirited children will be easily distracted, but they also possess an incredible ability to focus and even "lock in." Hyperactive children and those with ADD often have difficulty keeping their attention on any one thing or person (1996, p.30).

Although it is not quite clear why, AD/HD symptoms fluctuate in situational settings (Barkley, 1990). This is one of the banes of mothers around this disorder, as on certain days or in certain situations or environments the child can behave and focus normally and the next day he can't, often leading to the conclusion that the child does not have AD/HD and is simply choosing to be non-compliant.

If we look once again at the characteristics of the spirited or difficult child and compare it to the medical model, we can immediately see the similarities. A question that I raise is, are the proponents of temperament theory unwilling to call a disorder a disorder? Or, on the flip side of the coin, does the medical model create pathology out of behavior that is normal on the human spectrum? Is Peter normal or not? Let's look further into the belief that AD/HD doesn't exist at all.

Hunters and Farmers

A pair of authors named Thomas, one Armstrong (1997) and the other Hartmann (1992), question the existence of AD/HD. Thomas Hartmann presents to us the idea that ADD is not a disorder at all – but instead a personality trait that comes from a specific evolutionary need of humankind. He believes that children with these characteristics are leftover "hunters" from bygone days, trying to fit into a world taken over by farmers. He describes for us the characteristics of each (1992):

Successful Hunters

- Constantly monitor their environment
- Totally throw themselves into the hunt; time is elastic
- Flexible, capable of changing strategy on a moment's notice
- Throw an incredible burst of energy into the hunt
- Think visually
- Love the hunt; easily bored by mundane tasks
- Face danger that "normal" individuals would avoid
- Hard on themselves and those around them

Successful Farmers

- Are not easily distracted by their environment
- Sustain a slow and steady effort
- See the long-range picture
- Are not easily bored
- Team players
- Attend to the details
- Cautious
- Patient with others (p. 14, 19)

What I believe he is suggesting is that by forcing hunter children to adapt to a farmer society, we have *created* the disorder of AD/HD.

Armstrong holds an even more cynical view of AD/HD and postulates that it is a product of consumerism. He suggests that an AD/HD label provides many material benefits to those who know how to work "the system." He implies that parents seek a diagnosis for the following reasons: maintenance of a competitive edge in school and life by qualifying them for more time for on exams such as the SAT; enabling their children to receive special protections at school under the American with Disabilities Act; securing social security monies for a child identified as AD/HD; and obtaining Ritalin as a "cognitive steroid" to ensure better school performance and a greater chance of admission to the college of their choice (1997).

He goes on to state that AD/HD exists largely because of a unique coming together of the interests of frustrated activist parents, a highly developed psychopharmacological technology, a new cognitive research paradigm, a growth industry in new educational

products, and a group of professionals (teachers, doctors, and psychologists) eager to introduce them to each other – all of this taking place under government approval (Armstrong, 1997).

As with anything, there are those who will exploit this diagnosis for profit, but frankly, Armstrong insults the many families dealing with the day in and day out struggles of living with and raising these children, while Hartmann puts lovely gift-wrap and a bow on the significant issues experienced by Peter and his family. These authors minimize the struggles of raising a child with these difficulties. As one mother stated: “I’d like to see if that speaker would say AD/HD is a gift if he stayed in my house for even one week. Maybe I’m blind, but I don’t see that gift” (Brooks, 2001). I appreciated Kasdin’s candid opinion on these experts:

The experts also fail to report on the results of their own personal parenting experiences. They interview thousands, maybe million, of parents like me for their statistics and anecdotes, but I don’t want to know how other parents like me fare with their children. I want to know how the greatest parenting minds of our time are doing. Forget it. It’s classified information. All I know is that I recently become friendly with a local child psychologist and her child is wack-o, so there you go. (1997, p. 64).

An important observation I made in researching the “unbelief” in AD/HD is the blatant hypocrisy of these disbelievers in AD/HD, especially skeptics who criticize those who benefit monetarily from this diagnosis. They themselves are using the term AD/HD to sell their books. A good example of this is Haber’s book *The Great Misdiagnosis – AD/HD*. This title is misleading and one of the reasons Peter’s mother becomes so confused when she does seek help from these types of books. All Haber is discussing in this book is the process of differential diagnosis. Any professional worth his degree will do this. The rest of the book is simply another how-to-manage AD/HD re-hash.

These experts who suggest that AD/HD does not exist are promoting exactly the same management techniques to include both behavioral interventions and medication therapy, and yet tell us there is no such thing as AD/HD. There were also distinct differences in how a male expert writes about AD/HD and a female who has raised a difficult child. It is prevalently the male experts who see AD/HD as a creative gift. I was left wondering what these authors' own mothers would say had I had a chance to interview them? So, what are we to believe about AD/HD, its existence or non-existence, and its impact on Peter Pan and his mother?

Who is Peter Pan?

The research and theories surrounding Peter Pan appear limitless and contradictory. This thesis couldn't even begin to touch on other disorders such as Sensory Integration Dysfunction or Non Verbal Learning Disabilities that may masquerade as AD/HD. However, if we eliminate all of these labels and consider Peter to be a composite of all of the above: a spirited, difficult child who may or may not have something called AD/HD, where does this leave us? In my opinion, we need to listen and lend the most credence to the description of Peter in the eyes of the person who knows him best - his mother:

The young mother in the pediatrician's office appeared on the verge of tears. As she looked from the doctor to her four-year-old son, her voice quavered. "Doctor, I know I shouldn't say this in front of him, but this child is driving me crazy! He's on the go night and day. If I take my eyes off of him for a minute he tears the house apart. He has to have his own way, or he throws himself on the floor and screams. Every time I take him anywhere, it's a disaster. He just goes wild. And I can't leave him with a sitter - I can't find anyone who's willing to watch him because he's such a handful. Nursery school didn't work, either: he lasted two weeks. Have you ever known anyone who was expelled from nursery school?" She tried to smile but only managed a grimace. "My husband says that I'm the problem: he think I'm too lenient with him. But my mother says he's just 'all boy' and needs to let off steam. I don't know - maybe he's 'hyper.' All I know is, we've got to do something because I just can't take it anymore (Ingersoll, 1988, p. 1)

Peter's behaviors were more flamboyant than his brothers - there was the time he learned about dialing 911 for emergencies in preschool, and he tried it out when I had the flu. I had asked my children to give me a hand that morning because I wasn't feeling well - went back to get dressed, and all of a sudden heard male voices in my house. I had paramedics, police, and fire fighters - they made

me sign a form that indicated I refused their services. Another time, he took my keys and put them in the ignition and slipped the car into gear while I was picking him and his brother and sister up at the babysitter. Yes, the car rolled down the hill and hit a moving vehicle, totaling our car. He was such a charming, articulate little guy that people walked away from these events practically amused. It drove me nuts, because I stayed in fear that my children were in danger because of these activities (S.E., personal communication, 5/13/2001).

For the purposes of this thesis, Peter Pan is a young boy with many of the characteristics described by these wonderfully candid and honest mothers. These behaviors exist on the human continuum and may be more severe in some Peters than in others. He and his mother dwell together in a state of conflict in part caused by his temperament as well as the challenges she faces in helping Peter manage his own behavior. In removing labels, we discover the common denominator. Where we find a mom experiencing severe stress, helplessness, hopelessness, marital conflict, isolation, exhaustion and a sense of failure at motherhood – where quality of life is compromised – we may have discovered a Peter Pan*.

*Mothers of children with other disabilities such as physical handicaps, developmental delays or autism almost certainly experience many of the same “symptoms” as listed above. However, it is my belief that these symptoms are more prevalent and of a more intense nature in mothers of AD/HD sons, because she is dealing with a hidden disability. Mothers of children with visible disabilities have access to better support in the medical and educational communities as well as a higher degree of tolerance and understanding from family and friends.

How Peter arrived in the Neverland

“But where do you live mostly now?”

“With the lost boys.”

“Who are they?”

“They are the children who fall out of their perambulators when the nurse is looking the other way. If they are not claimed in seven days they are sent far away to the Neverland to defray expenses. I’m captain.”

“What fun it must be!”

“Yes,” said cunning Peter, “but we are rather lonely. You see we have no female companionship.”

“Are none of the others girls?”

“Oh no; girls, you know, are much too clever to fall out of their prams.” – J.M. Barrie

The loss of a dream

Peter did not accidentally fall out of his pram. When no one else was looking, his mother gave him a push! Mothers of Peters are forever vowing to “give him to the Indians.” And since Indians do live in the Neverland, this is not such a farfetched idea.

Mothers do not start out contemplating sending Peter away or even worse, carrying out what they consider unspeakable acts towards Peter. No, his mother begins her adventure in the manner of all mothers, with wonderful hopes and expectations regarding her relationship with her new son.

All new mothers have expectations. These expectations are shaped by the mother’s background, the experiences of other mothers, by the media and by the thousands of parenting books available to guide new mothers. No mother plans for a complete reversal of expectations, and when this occurs right at the beginning of the mother-child relationship, the mother begins to feel embattled very early on (Turecki, 2000). Fishel states that no matter how keenly anticipated and well prepared for, the constancy of the new baby’s presence and the unrelenting nature of his demands come as a surprise to most parents, a shock to many and a nightmare to more than a few (1994). Unfortunately for the mothers of a Peter Pan, their dreams are the ones that rapidly turn into nightmares:

“When we found out that we were going to have a family...a little life to mold and shape...an extension of one’s self...I envisioned life would be happy and full of growth and accomplishments...what I thought it would be and what it has come to be...are so different.” (S.K., personal communication, 6/6/2001)

The following is typical “professional” description of what is like living with a Peter of preschool age:

Persistent in their wants, demanding of parental attention, and often insatiable in their curiosity about their environment, AD/HD preschoolers pose a definite challenge to the parenting skills of their mothers (Barkley, 1990, p. 110).

Peter’s mother’s version:

“I just don’t know what to do with Peter’s behavior, he is so defiant and so angry – the kicking, screaming, throwing, crying and basic hysteria. I try to hold it together, but I just lose it and find myself yelling and screaming too. I have tried to let situations go and let Peter try to get it together...I have tried to pick my “issues” or “battles” with him but I think he has taken this to mean that he can tell Mommy “No, I’m not doing it” or “I don’t care what you say I’m going to do what I want” because that’s been his attitude lately...Let’s see, what’s one of his favorite lines “no and you can’t make me” and “I’m not going to.” I am so tired I just can’t cope with it...Tonight’s episode started when we got home from his ball game...it was 8:00...his bed time...and he was crashing from his meds...so I said let’s get in the tub and get ready for bed. His response was “No, I don’t want to...I want to go out and play...and since our neighbor’s children were out it didn’t help the situation...I said no honey, we have to get ready for bed...it’s late and a school night...well we have stomping and yelling...major attitude...major yelling and stomping and at this point he walked out the door saying “I’m going out and you can’t stop me”...I got him back in the house as he started screaming and throwing himself on the floor in hysterics...I’m mean and...why can’t he go out and...and...and...well it just went down hill from there...Should I have given in and let him continue out the door...I was more angry with his attitude than him going out. I think I would have let him go to try and save a bad situation if he hadn’t been so defiant. I don’t know, I just can’t seem to do it right for some reason. The after thought seems to be all in its place...I should have done this and maybe that...but in the heat of the frenzy...it’s so distorted. I seem to get sucked into his conflict and I can’t be the parent with the right answers. I find myself feeling so out of control and helpless...is this normal? Well, it might not be...I just don’t have anyone to talk to who understands.... I just feel like I’m doing something wrong...it must be me...why can’t we have a normal existence? (S.K., personal communication, 4/30/2001).

With a fleeting vision of their dream child in mind, mothers are quick to realize that despite all of their repeated attempts at normalcy, their child is unable to meet their expectations. As the child tries to meet these expectations and fails, parents become confused, angry, frustrated, depressed, and often feel a sense of failure and guilt (Alexander-Roberts, 1994).

Peter does not fit the picture of the child his mother dreamed of raising. Having a child is fertile ground for one’s hopes, wishes and dreams. Although a mother expects

parenting to be at times difficult and challenging, most mothers do not start out expecting a negative relationship with their child. Unfortunately, this is frequently how the relationship with Peter comes to be experienced by his mother (Jacobs, 1998).

What adds to the struggles between Peter and his mother is that his mother often fails to recognize Peter's behavior as problematic and out of ordinary bounds, especially new mothers who lack experience with children and do not know how to identify abnormal behavior. Mash & Johnston (1990) observed that the most stressed mother-child systems arise when the first-born child is hyperactive, a situation in which the parent has had no prior opportunity for successful care-giving experiences that would serve to enhance parenting self-efficacy. Early signs and symptoms are thus often overlooked as "just being a boy" or misunderstood as failures of parenting practices, and by the time Peter has reached preschool age, his world and his mother's has become a very difficult place (Fowler, 1999).

Before a mother even understands or has received a diagnosis that helps her better understand Peter, she has experienced a significant loss – one of her anticipated relationship with her son. As with all major losses, grief is an inherent outcome – a legitimate response to the loss she feels. She feels anxious, confused, sad and angry (Alexander-Roberts, 1994). Seay describes parents he meets as disabled in their own right – the "walking wounded." These are parents who are deeply hurting because the child they got was not the child they expected. These parents may grieve for their child's hidden disability, but mostly, they grieve for themselves (1998).

The effects of Peter on his mother

How does the behavior of a difficult little guy such as Peter affect the way his mother interacts with him and ultimately their relationship? Any mother of a Peter Pan can confirm that coping with Peter can drive even the most patient of mothers to the brink of despair (Ingersoll, 1988).

Raising a Peter Pan produces some or all of the following effects on his mother (Turecki, 2000):

- Bewilderment
- Anger
- Embarrassment
- Worry
- Depression
- Victimization
- Feeling Trapped
- Exhaustion
- Guilt
- Inadequacy
- Anxiety
- Isolation
- Lack of Satisfaction
- Over-involvement (p. 37-41)

I believe that Turecki left out one important effect, that being *under-involvement* with the child. One effect of unhappiness is withdrawal. Mothers of Peter Pans may become “absent in spirit” (Dally, 1983). Some mothers become rejecting and distancing of their child due to the fact that interacting with Peter brings them little joy and a great deal of anguish.

These effects of Peter on his mother have been confirmed in many research studies. Armstrong (1997) discusses one study that used the Parenting Stress Index as a measure. Researchers found that mothers of “hyperactive” children reported higher levels of stress than parents of “normal” children.

These results were replicated in this thesis project using this same rating tool with mothers who participated in the Peter Pan Mothers Program as part of this thesis project. Of the three out of five mothers who completed the measurement, all reported higher levels of defensive responding, parental distress, and parent-child dysfunctional interaction than the

“norm.” Parents expressed feelings of depression, self-blame, social isolation, and incompetence in parenting skills. Parents also report elevated levels of depression and anxiety and experienced more stressful events, such as marital difficulties, divorce and hospitalization (Armstrong, 1997).

In many of his own studies, Barkley (1990) found that hyperactive children were much less compliant and more oppositional during parent-child interactions than normal children, and their mothers were more directive, commanding and negative than mothers of normal children. This does not say that poor child rearing or negative mother-child interactions cause AD/HD – only that they are associated with its persistence. In support of this interpretation have been studies of medication effects on hyperactive children with their mothers; these demonstrate that the mothers’ negative and directive behavior is greatly *reduced* when stimulant medication is used to manage the symptoms in their child.

This research indicates that when Peter’s behavior and compliance are improved through medication, mothers in reciprocation decrease their level of control and supervision, shifting to a less directive mothering style. This contradicts beliefs that mothers of Peter Pans are inflexible individuals who maintain rigid control over their children, causing them to behave defiantly (Fischer, 1990).

Barkley’s research thankfully disconfirms the long held, and unfortunately in this enlightened day and age, *still held* belief that Peter’s difficulties are caused by poor mothering. Of course, as Chess and Birch point out, children are not immune to their mothers and sometimes children’s difficulties are caused by poor maternal care. It is important to recognize however, that what appears to be “bad” mothering, after careful

exploration, is really the mother's confused reaction to a difficult child, rather than the primary cause of the child's difficulties (Chess & Birch, 1976).

Any mother who has been persuaded that she is uniquely responsible for her child's healthy development (and this is all mothers in our culture) is bound to feel guilty and anxious when her child is difficult. When these problems persist, these feelings sometimes explode in anger at the child. On the other hand, some inkling of bi-directional effects emerged from a clinical study in which mothers perceived that the child was the cause of the problem and reported that they felt abused by their child (Bell, 1997). The tale is actually more complex. The problem is not just the mother's, and not just Peter's, but results from a pattern of interaction between the two (Chess & Birch, 1976).

It is true that children are not immune to their mothers. It is also true that mothers are not immune to their children. Early in Peter's life, he and his mother become locked into a vicious and negative pattern of interaction, unrecognizable of course to Peter, but also unrecognizable to his mother. Turecki explains how this cycle infiltrates this relationship:

The difficult child's behavior creates a vicious cycle of negative parent-child interaction. The extent of this depends on the degree of difficulty and the quality of the fit. Temperamental difficulties cause problem behavior in young children. Parents try to cope conventionally with these problems, but they get poor results. Discipline becomes more and more ineffective. There are constant power struggles between parent and child, during which the parent descends to the child's level, screaming when the child screams, throwing parental versions of the child's temper tantrums. The child, no longer perceiving the parent as an authority figure, becomes more resistant to the parent's demands and more locked in to his own difficult behavior. The parent now varies discipline widely, totally at sea as to what to do, and anger, guilt, and anxieties begin to play a large role in the relationship with the child.

The constant battling arises for the most part from *an established habit pattern between the child and the mother* – the pattern I call the vicious cycle. Not only is the child repeatedly misbehaving; it is very important for the mother to realize that *her* ineffective response has also become habitual, and is in fact *reinforcing* the bad behavior. The parent wants the child to do something and the child won't; or the child misbehaves and the parent wants to punish him. The child won't listen to the parent; the parent gets furious: "You don't respect me," "You want to make me mad," "You know how I hate it when you won't answer me." And the more the mother acts like this, the more defiant the child becomes. The parent and the child get locked in, they escalate, and battling increases (2000).

A significant aspect of this process of the vicious cycle involves the mother inadvertently beginning to anticipate and focus her attention *exclusively* on Peter's negative behavior; in this process, they may lose sight of any pro-social behavior that may occur (Barkley, 1990). Peter's mother is now actually reinforcing the negative behaviors and eliminating the positive ones. It is true that Peter will seek any kind of attention he can elicit from his mother, negative or positive.

Effects on the Family System

This is not to say that mother and Peter are the only two involved in these struggles. The stormy relationship between Peter and his mother affects the entire family. As Lavoie (1995) states so well: "A family of five is like five people on a waterbed – whenever one person moves, everyone feels the ripple."

Erk (1997) describes the following signs of family interaction problems that are often found in a family of a Peter Pan:

- Family has frequent conflicts
- Activities and social gatherings are unpleasant
- Parents argue over discipline because "nothing works"
- Parents spent "hours and hours" on homework with Peter, leaving little time for others in the family
- Meals are frequently unpleasant
- Arguments occur between parents and the child over responsibilities and chores
- Stress from the child's social and academic problems in continuous
- Parents often feel frustrated, angry, helpless, hopeless, guilty, disappointed, alone, fearful for the child, sad and depressed (p. 6).

Alexander-Roberts (1994) describes what life is like for Peter's family:

Families need balance to progress, yet children with AD/HD manage to keep families unbalanced in varying degrees. These degrees change, often daily, and confusion develops. One thing is always certain and that is "nothing is ever certain." We often can't predict how our child will act from one situation to the next, or one day to the next, which leaves parents feeling as if they are on an emotional

roller coaster. Visiting friends, going to the store, your place of worship, or out for dinner, is not a matter of just picking up and going. This is a privilege that belongs to other families. Instead, decisions to leave the house with the child who has AD/HD are usually made, and well thought out, in advance. To not think ahead may result in a disastrous experience for all (p. 173).

What often happens in these families is that parents enter a state of “learned helplessness.” Initially, Peter’s parents may utilize common parental strategies such as making request of the child, giving commands and providing reminders. However, as Peter continually and consistently fails to comply, his parents’ emotions escalate and they begin giving more frequent, more restrictive and emotionally laden commands that are also ineffective. Ultimately, some of these frustrated and exhausted parents develop passive and acquiescent parental behaviors, simply allowing the child to have “his own way” because they are too tired and beaten to fight anymore (Flick, 1996).

Hidden Affects

It is my firm belief that the most adverse and significant affects of Peter on his mother, and the ones that cause the most damage to both, are the affects that are never verbalized by Peter’s mother. These are the emotions that remain buried inside of Peter’s mother, her shadow side – her Captain Hook. Mothers may allude to these feelings through sarcastic remarks or joking – it is important to remember that while these mothers appear to (and often do) have a sense of humor, this is masking some truly devastating emotions – those of sometimes intense hatred of her child and the urges to hurt him. Radl, author of *How to be a Mother and a Person Too* couches these intense feelings in humor:

How does a parent control a child like this? A child who, at age three, somehow manages to get his trike over a six-foot fence, climb over, then get on it and take off – only to be found by his distraught mother, riding down the middle of the train tracks? How does she control him when, just before he takes off on one of his outings, he puts water in the gas tank of her car so she can’t go looking for him quickly – which is the only way you look for such children. What does she do when he’s “napping” and he quietly climbs out of his bedroom window and somehow winds up on the roof? And what does she do when the same boy, now eight, launches a missile that lands on the roof of a neighbor’s house, setting fire to it? What does she do when he’s gone on a rampage and she remembers that someone told her to throw water on him to shock him out of it, and she does, and one hour later when she walks out to empty the garbage he turns the garden hose on her?

Is there anything more a mother can do when she's warned, taken away privileges time and again, yelled, and against all expert advice, threatened him or tried to make him feel guilty? And has been consistent in all warnings and threats? Because all of these incidents have occurred, and because they represent only a tiny sampling of that I've heard about or experienced firsthand, I put these questions to a social worker whose specialty is child protection. Her answer? "You beat the snot out of him." (Radl, 1979).

A mother of a Peter Pan recently called our practice for an initial therapy visit. When told that it was a six-week wait, her comment was: "I don't have enough duct tape to last me until then!" My own pediatrician told me when my first Peter was still under a year old that "had he been born to a lower-income level family, he would be an abused child." So many times I came so close. I vividly remember straddling him as a toddler and holding him down by his shoulders, screaming incoherently and holding on for dear life so I wouldn't hit him. Because I knew I wouldn't stop. I was also guilty of turning a playpen over his head (on the advice of this same pediatrician). More than once I locked myself in my room and called my husband, sobbing for him to come home so I wouldn't hurt my son. I appreciated this description of the rage and emptiness within Peter's mom:

They can be like rats. I mean this in the nicest possible way. They may still be drooling, covered with effluvia, trying to wrestle underpants on over their heads because they think they're shirts, but in the miniature war room of their heads, they still know where your nuclear button is. They may ignore you, or seem troubled by hearing loss, or erupt in fury at you, or weep, but in any case, they're so unreasonable and capable of such meanness that you're stunned and grief-stricken about how much harder it is than you could have imagined. All you're aware of is the big, windy gap between you and your lack of anything left to give, any solution whatsoever (Peri & Moses, 1999, p.)

This entire affective experience of mothering Peter is rarely put into words, acknowledged, explored or validated by his mother or professionals in the field. The anxiety, the exhaustion and the feelings of being trapped are never voiced. The mothers who experience these emotions often feel that are particularly incompetent, particularly guilty, particularly bad. The strength with which some parents hate their children remains a well-kept secret (Pearce & Friedman, 1980).

Of the thousands of books in print on parenting, almost all focus on caring for the child, the needs of the child and how to solve specific and universal disciplinary problems. If they acknowledge that a mother has needs *too* and touch on the negative emotions she might feel, they do so only lightly (Radl, 1979). I found this to be very much the case in the research of the literature for this project. With the single exception of Mary Fowler's *Maybe You Know My Kid* most experts devote an obligatory chapter to the emotions and experience of Peter's mother. As a result, these important issues continue to be minimized by both the mothers themselves (due to their are socially unacceptable nature) as well as the experts.

I am of the belief that mothers of Peter Pans need to be cognizant of the fact that we are human. We just may not like our child because he's obnoxious and dislikeable – just as some *adults* are unpleasant, some children are, too, just because they are, not because their mothers made them that way. In one meeting with these mothers, when I gave them permission to “not like” their child, there were visible signs of relief. Emotional fit can be understood by looking at the different between loving and liking a child. A difficult child's likeability will enable that child to have a good emotional fit with his mother. If a mother dislikes her difficult child, her job as a parent becomes more difficult. The temperamental characteristics of negative mood and poor adaptability are particularly easy to dislike (Turecki, 2000). I have often commented in regards to my oldest son that “this is how grumpy old men are made – they are born this way.”

Peter Pans are children who are, by nature, very active, often negative and would be difficult for *anyone* to deal with – the sort of child that makes a mother want to burn every child guidance book she's ever cracked (Radl, 1979). It would make sense that Peter's mother acknowledges the fact that loving her child and liking him can be two completely

different things. However, our American culture of perfectionism (as evidenced in the media) does not allow us express this fundamental truth of human relationships. Biology aside, a mother in our society is held responsible for all aspects of her child's development. As we will explore in the next section, Americans hold tightly to the belief in the ideal mother and allow her no less than perfection.

Mrs. Darling – the Perfect Mother

“Mrs. Darling first heard of Peter when she was tidying up her children’s minds. It is the nightly custom of every good mother after her children are asleep to rummage in their minds and put things straight for next morning, repacking into their proper places the many articles that have wandered during the day. If you could keep awake (but of course you can’t) you would see your own mother doing this, and you would find it very interesting to watch her. It is quite like tidying up drawers. You would see her on her knees, I expect, lingering humorously over some of your contents, wondering where on earth you had picked this thing up, making discoveries sweet and not so sweet, pressing this to her cheek as if it were as nice as a kitten, and hurriedly stowing that out of sight. When you wake in the morning, the naughtiness and evil passion with which you went to bed have been folded up small and placed at the bottom of your mind; and on top; beautifully aired, are spread out your prettier thoughts, ready for you to put on.” – J.M. Barrie

Ah, Mrs. Darling, so sweetly and so tirelessly caring for her children and tucking them into bed at night; calmly rearranging all of their thoughts. She is only one of many role models mothers to which mothers in our culture aspire to be. The motherhood myth remains pretty much the same as it has for the last thirty years – variations on a theme from *Leave it to Beaver*, *The Brady Bunch* and peanut butter commercials. The underlying message is that motherhood is fun, easy, fulfilling, natural, and the ultimate experience of every woman’s life (Radl, 1979). As all mothers in our society, Peter’s mother strives to be a “good mother.”

While common sense tells us that there is no such thing as a “perfect” mother, we continue to hold mothers to an impossible ideal. Motherhood – the way we perform mothering – is culturally derived. Each society has its own mythology. Our cultural beliefs regarding motherhood are not necessarily better or worse than others. Our ideas of what constitutes a good mother are only that – ideas, not truths. The current standards in our society for good mothering are so formidable, self-denying, elusive, changeable and contradictory that they are unattainable (Thurer, 1994).

Our current myth holds that the well being of our children depends entirely on the quality of their upbringing. There are no bad children, only bad parents. Never mind

biology, mom needs only to “do the right things.” Never before have the stakes of motherhood been so high – the very mental health of her children. Parenting is a precarious business. Do it wrong, and your child will be warped (Thurer, 1994). For Peter’s mother these myths can produce damaging blows to her beliefs in herself and her mothering.

The nature of the negative relationship between Peter and his mother is damaging to her self-esteem (as well as Peter’s). Not only is Peter’s mother questioning “What’s wrong with my child?” but she is also asking “What’s wrong with me?” She is left wondering why she cannot connect with or discipline her child, why she cannot enjoy being with her child, why she feels the need to be away from her child, and why she harbors intense anger towards him. These feelings of anger and disappointment are matched by her feelings of inadequacy as a parent. These feelings of inadequacy are reinforced by the cultural implications of motherhood (Jacobs, 1998).

We *know* there is no such thing as a perfect mother, yet we *continue* to strive for perfection – our society demands that we do. Why do these myths exist and why are they erroneous? McBride tells us:

Man desperately hopes that someone is capable of unconditional love, patience, and generosity. There must be comfort, security, and peace somewhere. Since women seem to be more attuned to nature, why not make them responsible for keeping natural feelings and frustrations at bay, in order that the world of thought, of discipline, of travel and adventure can come to pass? Mother is happiness. Mother is supposed to defuse the aggression that threatens to poison all relationships. It is a beautiful dream, a poetic fantasy, but it is doomed to failure. It is doomed to fail because women are human beings. They are no more patient, generous, loving, understanding, secure, and natural than men are, though both sexes have the potential for learning a wide range of behaviors. No matter how much you want mother to love you without reservations of any kind, it can’t happen, because she is not even a little bit divine. She does not come equipped with a magic wand. The mother’s emotional needs, society’s expectations of her, and the limits of the feminine role have made her inclined to put all sorts of riders on her affections. Mother represents a life that never was and a world that never will be, i.e., unconditional affirmation of the child’s life and his needs. No wonder everyone is angry with mother; the ideal is corrupted every minute of the day. Mothers may actually feel inclined to finish a chapter of the book they are reading before they answer the baby’s cry for food, companionship, or a clean diaper. When the child screams out his/her frustrations, the mother often responds in kind. Mankind’s infatuation with mothers does not prove that the ideal can be realized, but it surely does prove that the first person with whom the child has extended contact has been the object of a fantastic amount of magical thinking (1973, p. 81).

It's interesting how, even though she doesn't exist, we can still describe the prototypical "good mother." The good mother holds herself primarily responsible for raising healthy well-adjusted children and will do whatever it is she needs to do to accomplish this goal (Coll et al, 1998). One mom tells us that she has actually lives next door to the ideal mother and how as a mom of Peter, she compares herself to this model of perfection:

I think I live next to "the perfect mother." She has three children. The two oldest are girls – one has just graduated from a top college in the east and her second daughter is at a top university in the east. Her third child is a boy and he's the same age as my Peter. Her children are bright and have done so well because of the schools she's put them in and all her hard work with them at home. She never gets babysitters; she takes her children everywhere she goes – dentist, doctors, haircuts, etc. They travel internationally and can speak at least three languages. Her home is always as neat as a pin. Her children never play in the rain (mine love it!) and never leave the house to play outdoors without a jacket and shoes (mine are never dressed enough!) They are religious churchgoers – mine have no clue! Her children all play musical instruments – mine are tone deaf! Her yard is meticulously cared for – I have no landscaping. She has three large meals prepared each day – (let's just say mine get pizza and McDonald's more than they probably should). Truly a tough neighbor to live next to, but she has a heart of gold and has always been wonderful to my family and me. Granted, the ages of her 3 are extremely different from my three...but somehow; I wonder if she had been blessed with my three could have the same lifestyle? And if she raised my children, would Peter be AD/HD? (J.N., personal communication, 6/1/2001).

During the research for this project, I surveyed mothers regarding several different topics on mothering Peter. The topic of the cultural ideal of motherhood elicited the most responses of any other. The voices of these mothers clearly speak better than I to the cultural expectations of motherhood and the difficulty of living up to what we have invested in as the idea of a good mother versus the reality of mothering a Peter Pan:

My ideal mother is one that listens and understands, not matter what. One that loves her child unconditionally. One that makes her child feel safe, secure and that he is the most wonderful person in the world. I am not sure where this comes from. I naturally think it came from my mother but I can't rule out the influences of television and literature. Sometimes I want to be what my parents were not – demonstrative about my love for my children. I always felt I could turn to them if I had a problem or needed help. I hope my children feel that too. I have found it difficult to be naturally demonstrative to my Peter but not my other child. Sometimes I feel angry with him that he makes things so difficult and stressful for me and I just end up pushing him away. This of course instills tremendous guilt in me and I have to reground myself by thanking God that he doesn't have muscular dystrophy like the little boy down the street. I look at other moms who spend all their time with their children (I am not wholly convinced this is a good thing – I need more space than that – is this selfish? Sometimes I feel I lack that maternal instinct) and at times feel jealous that their lives are so "normal" and that I don't know how to be a good mother (V.M., personal communication, 6/4/2001).

To be honest with you I struggle every day with this question (what is a good mother). I did not have the greatest of role models growing up. My mother was there for me physically but definitely not emotionally, therefore I'm not sure what a "good mother" is. I guess if I had to describe what I think a good mother is it would be the following: A good mother is someone who loves her children unconditionally. Who gives freely of her time to nurture her children. She praises her children every day and is always willing to give those extra hugs. She is a good listener and tries to be non-judgmental. She is firm but loving. She sets boundaries for her kids and lets them know that there is a consequence for every action. She enjoys being with her children...playing with them...surprising them with little treats now and then...and bending some rules occasionally. She is not afraid to admit that she is wrong and show her emotions. She tries to teach her children that feelings are not right or wrong and allows them to express their feelings without being judgmental. I try my best to be this kind of mom, but boy it's not easy!" How it makes me feel when I don't live up to the expectations of being a good mom? LOUSY!!! I feel like a failure. No matter how hard I try sometimes to be patient and loving it's just not enough. I feel like I am always giving and getting nothing in return. Each day I get up thinking okay...today will be the day that I don't raise my voice, won't have confrontations with my son, and will have a day with smiles instead of frowns because he doesn't get his own way. Rarely does this happen, but when it does I treasure those moments! (G.R., personal communication, 5/30/2001).

My image of the good mother? Right off the bat, I know it is not ME. I think a good mother is patient, kind, understanding, young (I now know why it is important to have children while you are young) and explains things to her child or children as they come along in day-to-day life. When my Peter was little, I thought I was a good mom, but as time has progressed, I no longer think that...however, I feel that I have done the best I can with the abilities and experiences that I have encountered in my life thus far! (J.P., personal communication, 5/30/2001).

The motherhood ideal and the reality of mothering Peter Pan are worlds apart. In not allowing mothers to give voice to the negative feelings associated with raising Peter, we do her a significant disservice. Admitting these negative feelings is too frightening. What if she is perceived as selfish for needing time away from Peter? What if she is seen as a lousy mother? The result of this discrepancy between the motherhood myth and the reality of mothering Peter is that mothers hide these emotions, stuffing them down where they cannot be voiced and allow them to simmer inside as a toxic substance. They may rise to the surface in other forms – manifesting their existence in the appearance of depression, substance abuse, marital conflict or inappropriate angry outbursts.

McBride (1973) picks up the fact that even those books with a section on “Parents Have Feelings, Too,” always manage to convey the impression that any negative feelings in a parent should last only as long as it takes to read the 5-page chapter. Apparently, she tells us,

mothers can become cross but not ferociously angry, glum but not morose, grouchy and irritable but never truculent and caustic.

In a society where enjoying motherhood is mandatory and turning out a well-adjusted and well-behaved human being is the complete and total responsibility of a mother, Peter's mother becomes isolated. All around her *appear* to be other women epitomizing the motherhood myth and she finds herself wallowing in self-blame for her seemingly inability to effectively mother Peter and guilt for not enjoying the experience of raising him. She asks, "What is wrong with me?" "Yes, what *is* wrong with you?" echo those around her.

Battling Pirates & Fighting Crocodiles

Let us now kill a pirate, to show Hook's method. Skylights will do. As they pass, Skylights lurches clumsily against him, ruffling his lace collar; the hood shoots forth, there is a tearing sound and one screech, then the body is kicked aside, and the pirates pass on. He has not even taken the cigars from his mouth. – J.M. Barrie

Societal expectations and ideals manifest themselves in people. Individuals that Peter's mother comes into contact with bring these notions of "the good mother" to life. Whether it be "the look" given to her by a stranger in the market as Peter experiences a public meltdown; the advice of well-meaning relatives or her own and even her spouse's deprecations of her mothering skills, Peter's mother is constantly bombarded by both internal and external messages that her mothering is lacking.

The criticism I receive can be emotionally paralyzing...the worst by far is self criticism...I start to question myself "Am I being a good parent? Am I being a good mom? Maybe I'm too easy or maybe I'm too hard." Then everyone you know becomes an expert at parenting your child...family and friends seem to have the answers... "You need to spank that child, he is taking advantage of you." "You let your child run all over you." The emotion it evokes ranges from immediate anger to guilt and self-pity to total frustration. "How would you know how to discipline my child" to "Oh, poor me, what did I do to deserve this!" If they only knew what it's like in the day and life of my child. Then there is "the look." The look I feel from perfect strangers in public...at the mall or grocery store...like "What kind of parent are you?" and "Why haven't you taught your child anything?" The criticism that hurts the most is when it comes from my husband. I need his understanding and support and I often don't get it. It's hard for him to see that we have issues with our child's behavior...we will have a good day with him and the next day we won't. My husband will often think that he is being willful and deliberate and I'm being lenient and a pushover. Coping with it...well, there is always avoidance. I tend to avoid certain situations or outings with some of my friends. Then I tend to agree with them...because getting into a lengthy discussion about AD/HD, Oppositional Defiance, or Inflexible/Explosive behavior often falls on deaf ears...and they often look at you like you are trying to make excuses for your child's behavior and your parenting skills. Mostly, I ignore it and try to tell myself that I am doing the best I can for my child and it will get better (S.K., personal communication, 5/24/2001).

The Pirates

Pirates are thieves. In this story, they are cloaked as friends, relatives, teachers and strangers, brandishing words that cut like swords. They unwittingly assist in stealing from

Peter's mother one of most shining possessions – her self-esteem and feelings of efficacy as a mother. What are some of the common pirating techniques encountered by Peter's mother?

- He is expelled from preschool because he is unmanageable.
- Other shoppers aim disapproving looks at Peter's mother as he races through the aisles and has a melt down in the checkout line.
- Other parents in the neighborhood don't want their children to play with him (this is a especially tough one to cope with)
- Even his grandparents won't take him for the day because he is so difficult, although they often take their other grandchildren for days at a time (Ingersoll, 1998).

Here moms relate first hand experiences with pirates:

The criticisms from family come in more subtle form than from other moms. These might include comments like "I don't know where you find the energy to deal with him" or "He's a busy guy." Of course there are the implied criticisms from my mother that I don't spend enough time with him or I'm too impatient. Criticism from other moms is generally in the form of "the look" or "the snub." And there's always the one that hurts the most – not letting their child come over to play. My first instinct is to hide and not put my child in a situation where he is likely to be hurt. I will try to entertain him so that he doesn't want to call a "friend" to invite over. Sometimes I feel that for him to understand his effect on people I must let him "take his lumps." This of course, kills me inside. On a more personal level, when I have to go to school and face all those "cats," I take extra special care to look good (since it always buoys one's confidence) and walk in very self-confidently. Hopefully my demeanor will fool them into thinking that their hurtfulness doesn't affect us (all the while inside I'm quivering like Jell-O of course). With my family, I can be a bit more direct and tell them to keep their comments to themselves or if I feel I'm going to say something I'll be sorry for later, I will leave the room." (V.M., personal communication, 6/4/2001).

My husband is mostly very supportive. His one complaint is that I'm not strict enough. I'm certain this comment comes from his mother. She knows of our difficulties in raising Peter, and thinks it's because we (but mostly me) are not firm enough. I have been extremely firm and sometimes I wonder if he's the way he is due to my having to put him in time out as early as six months of age. My mom believes it's too much sugar and too much stimuli (game boy, computer, TV). While these comments hurt, I have to continually tell myself that these grandmothers see Peter seven days a year (maybe) and that they truly have no clue how we've raised him. As for my husband, he travels a good amount and has no idea how many battles I have fought before he comes home from work. I think friends and parents of children at school probably think to themselves that I've been either a weak parent or just "absent." Again, I just have to keep reminding myself that they don't have any idea how hard I've worked. I've learned a lot from my experience in raising a spirited child. I fully appreciate others who have "difficult" children, and I don't prejudge their parenting skill (J.N., personal communication, 5/27/2001).

Just as Peter's mother has expectations of her son, grandparents, other relatives and friends also have preconceived ideas about Peter. Some may be straightforward with their criticism, telling the mother explicitly what she is doing incorrectly. Every Peter's mother has heard countless times that her son just needs a good spanking and firm discipline. Or the ever popular, "Give him to me for a week, I'll fix him." Still others may offer the mother

advice using the backdoor approach, “If I were you...” and still others may simply shake their heads in disapproval (Alexander-Roberts, 1994).

There are the kinder pirates who offer support and tell Peter’s mother he’s “just all boy” or “don’t worry, it’s just a stage he’ll grow out of.” These remarks, although offered in a caring manner, serve to confuse the parent and cause them to deny their child has a problem (Flick 1996). This well-meaning advice can in fact exacerbate the problem as the longer the mother-son relationship is left untreated, the more entrenched the negative patterns became and the harder they are to change. It is not uncommon for AD/HD to go undiagnosed and for families to marginally cope for long periods of time before seeking counseling (Erk, 1997). Family and friends reinforcing that there is “nothing really wrong” unintentionally do both mother and son additional damage.

Mothering Peter firmly establishes his mother in a no-win situation (and she’s not allowed to kill any pirates!). If she assumes that teachers, friends and relatives are right, and Peter is basically normal, she is forced to conclude that she is a miserable failure at motherhood. If she recognizes Peter’s struggles as a handicap and acts accordingly, she will be labeled as overprotective or over controlling. If she simply wears out, or can’t control her child, she is being too permissive (Ingersoll, 1998).

Ingersoll discusses the “ripple effect” surrounding Peter that affects the relationships outside of Peter’s immediate family. Peter’s mother learns to dread large family gatherings, knowing that the child will be compared unfavorably with his cousins. She knows that she will have to listen to critical comments and unwanted advice. All of these well-intentioned remarks only add to her guilt and confusion (Ingersoll, 1998).

It is normal for mothers to look to extended family and friends for emotional support and information on appropriate child-rearing techniques. In surveying the mothers in the Peter Pan Program using the *Ways of Coping Questionnaire*, nearly all mothers seek social support as a coping mechanism. What is typical in Peter's mother's situation is that these important connections are reported as fewer in number and less helpful in nature than mothers of normal children (Barkley, 1990).

Of even greater concern, when the *professional* pirates band together, the effect on Peter's mother can be devastating. Peter's doctor says there nothing wrong with him, so the implication is that there must be something wrong with his mother. Mothers find themselves wishing Peter would throw one of his major fits right in the doctor's office, so that the doctor could see it for himself (Turecki, 2000).

Child clinicians, even those who claim to be proponents of a family systems view or "waterbed" concept, continue to ignore the reciprocal relationship between mother and son and scrutinize the mother for the slightest flaw upon which to build a case that she is at the root of Peter's difficulties. Although such views are one-sided and unfair, they continue to be held by many in the professional community (Barkley, 1990).

Time and again, my own pediatrician assured me that nothing was amiss with my son, while I sank deeper and deeper into self-blame and depression over my inability to properly mother my child. As Ingersoll (1998) tells us, very few professionals, no matter how much experience they have working with Peter Pans, has had the experience of ever having lived with one.

The media treats the raising of this generation as a lifestyle issue. Magazines, books and websites appear to be on a mission to wrestle child rearing into chirpy 12-Step Guides

and 10-Best Lists (Peri & Moses, 1999). Parenting articles written by experts and other media venues such as talk shows suggest we find the humor in all of this (Boyles, 1999). Great advice. However, when a mother is deeply engaged in a seemingly impossible relationship with her son, there is no humorous side to be found. Every day is a war and every moment a battle. Innate parenting techniques do not work with Peter Pan. These same articles and experts always suggest, “Take time out for yourself.” That’s all well and fine, but they don’t offer to baby sit for you, nor does anyone else.

The Crocodile

Let me preface this section by assuring the reader that casting Peter’s father as the villainous crocodile in his story is not to be construed or misinterpreted as “father-bashing.” However, it is important to note that without fail, *every* Peter Pan mother I interviewed or worked with in the course of this project, raised the issue of conflict with Peter’s father regarding their child as a recurring theme, much like the continuous theme of Captain Hook battling the crocodile in the story. It is clear that mothers and fathers of Peter Pans view him very differently. Sadly, these different experiences of Peter very often produce additional crushing blows to his mother’s already fragile self-esteem. Mary Fowler writes in *Maybe*

You Know My Kid:

With the tea from my rampage still a blot on the kitchen wall, I felt responsible as though somehow he (Peter) patterned his actions after what others now referred to as “my high-strung behavior.” His father continually said to me, “You’re the one having the problem.” There seemed to be no other explanation but the obvious, his mother. My self-esteem hit an all-time low. I slipped into a depression (1999, p 58).

One of the mothers in the Peter Pan Program relates an incident that left her feeling bruised:

Peter bopped somebody on the bus the other day and has to be driven to and from school for two weeks. Major hassle. This kid has bugged Peter for a long time and I could see it coming. Two things made matters worse. First, the kids on the bus cheered. Great reinforcement! Secondly, the way I found out was via the loudmouthed bus driver yelling to me from across the street in front of all the neighbors waiting at the bus stop. “Hey, did they call you yet? Peter got in a fight, drew blood too. He did a real good job.” Needless to say I lambasted the principal about her uncouth behavior and

was promised that she would be spoken to. And my husband wonders why I don't make a point of getting together with my neighbors! On top of this, Peter was leaving the next day for Nature's Classroom, which meant a three-day stay at camp with his fellow classmates. And guess what? He was in the same cabin as this kid! Put an end to that damn quick. I jumped every time the phone rang during those three days figuring it would be the call to go pick him up for disruptive behavior. He pulled through like a trooper through without incident and had a great time. Sometimes life is good! So this too shall pass and I just wait for the next crisis. Now I am left to deal with the guilt my husband has heaped upon me at how I reacted to all this. I cried and left the dinner table. I cried out of fear for my son, sadness that these things happen to him, utter frustration that he doesn't learn from experience and out of guilt that this is all a result of my lousy parenting skills. (V.M., personal communication, 3/21/2001).

That mothers and fathers deal with Peter differently is no secret to the many mothers who feel that their husbands do not understand what they go through every day, who receive the message from their spouses that their concerns are exaggerated, who feel belittled for believing their child has a serious problem, and who, in spite of their superior effort, care and time with their children, find that their children behave better with their fathers than with them (Jacobs, 1998).

I do get some support from my husband, but not on a consistent basis. After all, he isn't the one who is around Peter as much. What hurts the most is how sweet and loving he can be with my husband and then be such a little bastard (sometimes) to me (G.R., personal communication, 4/19/2001).

One of the most pleading questions that mothers in the Peter Pan Program have asked me is "Why is Peter so much better behaved for his dad?" Barkley gives us his ideas:

The reasons why fathers should have fewer difficulties than mothers have not been completely established, but there are several likely explanations. One probably has to do with the amount of time each parent spends interacting with the AD/HD child, especially in regard to work or chore performance. Mothers remain the primary caretakers of children in our society, even if they work outside the home. The parent who taxes the behavioral deficits of the AD/HD child more often is clearly going to be the one who will have more conflicts with that child. Another reason is that mothers appear to rely somewhat more on reasoning and use of affection in gaining children's compliance with instructions, while fathers may reason less, repeat their commands less, and institute punishment for noncompliance more quickly. When these sex differences in normal parent management of children occur with an AD/HD child who has major difficulties with rule-governed behavior, that parent relying more on reasoning and rules is likely to face more problems with compliance to commands. One also cannot rule out the fact that the greater physical size and strength of the father may be sufficiently intimidating to the AD/HD child, such that he elicits greater compliance to his requests (Barkley, 1990).

I believe that Peter behaves better for his father because he hasn't had the opportunity to create the vicious cycle in the father-son relationship; compared to the hours of behavioral training he and his mother provide for each other every hour of every day. In family systems

theory, we would notice that Peter and his mother are a very enmeshed and conflicted side of a triangle that leaves father out while simultaneously trying to pull him in to relieve the tension between the other two. Ideally, *mother and father* should be united in their parenting of Peter, but in these complex and unique relationships between mothers and difficult sons, this is typically not the case.

Peter's mother complains of a lack of support from his father – suggesting that Peter's father is not behind them in their struggle or sympathetic to her plight. It is fascinating to see however, that as negative as Peter's and his mother's relationship is, the degree to which she tries to protect him. Often when dad steps in to try and help, the mother immediately becomes defensive and chastises the father for being too harsh (Turecki, 2000). One of the most tragic consequences of raising Peter Pan comes in this form of misdirected hostility of the parents toward each other:

- The father may feel shut out
- The father questions what the mother is doing
- The mother has no energy for the father
- The mother can become jealous of the father's relatively conflict-free relationship with the child (Turecki, 2000, p. 44-46).

There have been countless explorations into the differences between men and women. The differences in parenting styles of mothers and fathers are no less obvious than in men and women's styles of communications or the myriad of other ways in which the sexes differ. Jacobs (1998) gives us an excellent synopsis of parenting differences between the sexes:

Fathers

- Are more disruptively attuned
- Teach child to adapt to others
- Control play interactions more
- Are more intense, exciting, and physical when playing
- Create more breakdown in verbal communication
- Communicate in controlling ways
- Stimulate taking on challenges in play
- Challenge the child to raise level of performance
- Introduce novelty
- Attempt to teach the right way to do things
- Force child to adapt to external reality (p. 73)

Mothers

- Are more homeostatically attuned
- Blend in with child
- Let child be in control
- Are slower paced when playing
- Adjust language to child's level of understanding
- Are more responsive to what the child is attending to
- Provide child with safety, empathy, sense of trust
- Are more tolerant of mistakes and development of individual approach to problem solving
- Adapt to child's internal world

Jacobs also states that men often make the mistake of ignoring the emotional side of the ledger in an attempt to simplify the world and make things conform to the way they think they should be (Peter should just *stop* the behavior *now!*). Problems exist in order to make them disappear. Emotions are obstacles to solutions (1998). Peter's mother on the other hand, is more likely to take into account their own and the other person's subjective feelings and experiences that might complicate the process of solving the problem, as admitting emotions and subjectivity into the equation introduces greater variables for which to account (Jacobs, 1998).

Due to these distinct differences, fathers often see the value of punishment better than they see the value of reward. If Peter doesn't behave, he should be punished until he does

behave. He believes that Peter should *know* better (Jacobs, 1998). Children on the easier end of the behavioral spectrum often do understand this concept – Peter truly does not. One mother beautifully sums it up:

“I’m convinced that men and women will always have a different outlook on this type of situation. Why does it always seem that when we need support and encouragement from either our spouses or family that they seem to add fuel to the fire? It seems we always hurt the ones we love – or they hurt us! Is it because we know we will forgive them or they will forgive us?” (J.P., personal communication, 3/21/2001).

In defense of fathers, I truly believe that they do not understand the internal and external struggles that are occurring on a daily basis in his home. I believe that with all his heart he wants to “fix” whatever is broken in the family system, but lacks the understanding of Peter and the chaos his difficult temperament wreaks on his family system. Consequently, the entire family operates in a dysfunctional manner and creates additional patterns of conflict. Divorce in Peter’s family is not an uncommon occurrence.

Group Work

I tell you it is such a relief knowing that there are other people who live a day in our life. Just knowing that I am not alone is such a revelation (S.K., personal communication, 4/18/2001).

It is so great to connect with other mothers who face the same day to day challenges that we all face (J.P., personal communication, 2/12/2001).

The group and your thoughts are very precious to me as I have never had anyone to talk to about my cherub let alone about my feelings (especially the guilty ones). At our first meeting, I had trouble "waiting my turn" (sound familiar?) because I had so much to say. Such a catharsis. I am looking forward to meeting the new member of our group. I guess I am afraid we might jade her a bit. But hell, I wish someone had prepared me a little (V.M., personal communication, 2/28/2001).

Several months before I actually began this project, I thought it would be helpful to gather together a few mothers that I knew were struggling with Peter Pans, just to talk about their experiences and provide me with background information for the thesis. This was an eye-opening experience, as I realized that in coming together as a group to simply chat about these issues, we found the encounters to be therapeutic. This sparked an idea to actually develop a group for these mothers as an important element of this project and the Peter Pan Mom Program (PPMP) was born.

It quickly became apparent that the issues of mothers of younger Peter Pans were developmentally very different from the mothers of the older Peters. Research findings suggest (Mash & Johnston, 1982; Ross & Blanc, 1998) that mothers of younger Peter Pans report significantly higher levels of stress in their mother-son interactions. I absolutely concur that a Peter between the ages of three and six presents a considerably greater challenge to his mother. This is the crux of where the negative patterns begin and become ingrained. Several of the mothers of older Peters, as well as myself, agreed that we wished there had been some sort of education and support available to us during those early years

with our sons. With this in mind, I focused the Peter Pan Mom Program (PPMP) as an early intervention program for mothers of preschool Peters.

Barkley (1990) states that there is little evidence that a group mode of intervention is any more or less superior to individual support. I disagree, having watched the relief on the faces of mothers as they quickly realize that they are among other mothers who truly understand the difficulties they are experiencing and find themselves in a non-judgmental environment. For women who have been battered by internal and external criticism, enough that they have become isolated from friends and family, being understood by others is an extremely healing experience. As Breggin explains in *The Heart of Being Helpful*: healing presence is not magical. It is the product of ways of being in relation to one another. It expresses the reality that the very presence of a person (or in this case, persons) can have a healing effect (1997).

Tardy (2000) did a very interesting study around the social interactions of mothers and how they base their beliefs about their own efficacy as mothers through interactions with other mothers. She discovered that the topics mothers discuss are not without boundaries; sensitive topics and issues that were not consistent with cultural beliefs regarding the role of being a good mother were not discussed. These include abnormal developmental concerns and all of the issues that Peter Pan mothers face. Sadly, these very mothers who need support are not receiving it through the normal venues of motherhood. The PPMP seeks to give them this venue.

Peter's mother often needs someone just to listen to her. One of the most helpful services we can offer these mothers is simply giving them the chance to discuss their struggles and frustrations (Rabiner, 2000). By sharing reactions and solutions, by being

given the opportunity to talk things over with sympathetic, nonjudgmental people in similar situations, Peter's mother may begin to be able to hear that she is not incompetent, alone, or a bad mother (Belenky et al., 1997).

Hallowell and Ratey (1994) give their opinion of the benefits of working in groups:

- Groups give people a chance to meet and interact with other people who have to deal with many of the same problems as themselves.
- Group members can teach each other a great deal. They can talk about their own experiences and share tips and pointers that they have found helpful while learning similar information from others in the group.
- A group can validate the experiences of its members in a way that individual work cannot. A group gives powerful support to its members. The acceptance one finds in a group can be uplifting.
- A group can supply a tremendous amount of energy to its members and give them the boost they need to implement changes and the ability to more effectively cope.

Anyone endeavoring to practice group work should be familiar with Yalom's (1970) curative factors. He suggests that these are the factors that make working in a therapeutic group the healing entity that it is:

1. Imparting of information
2. Instillation of hope
3. Universality
4. Altruism
5. The corrective recapitulation of the primary family group
6. Development of socializing techniques
7. Imitative behavior
8. Interpersonal learning
9. Group cohesiveness
10. Catharsis (p. 5)

According to Rutan (1984), these factors are not of equal importance or strength. In my work with the PPMP, the factors that have appeared to come strongly into play are: imparting of information; instillation of hope; altruism; group cohesiveness and most significantly, universality.

While each mother is an individual and has her own set of unique experiences, these mothers enter the group believing that she is alone in her struggles. However, as the members begin to disclose and share experiences, their feelings of aloneness disintegrate and their sense of “being the only one” is removed (Posthuma, 1999). The concept of universality is simply explained in the cliché, “we’re all in the same boat.” As the mothers of the PPMP came together for the first time, I witnessed the power of the concept of universality. As these mothers realized that they were in the presence of those who truly understood and were experiencing many of the same challenges, the energy in the room was palpable. There was none of the awkwardness often found in groups of people experiencing each other for the first time – in fact, there was more to be shared than we had time for.

As mothers and as women, we all have altruistic tendencies and the need to feel helpful. In the PPMP program, I watch these mothers reach out to each other in meaningful ways, devoid of judgment and notice their ability to help those in the same situation augment their own sense of efficacy and self-esteem. Several of the mothers have expressed that they felt that some of the other members “had it worse” and found it fulfilling to reach out in meaningful ways – even simply listening is a help-giving act.

The concept of cohesiveness is apparent in the manner that the mothers have also contacted each other outside of meetings, keeping in touch with each other for support through e-mail groups in between meetings. Even the initial small group of mothers who were informally brought together has continued to remain in contact, continuing to meet on a monthly basis and growing in membership.

The Peter Pan Moms Program offers the mothers support but also the important element of education (imparting of information) around many of the issues addressed in this thesis.

My leadership role entails bringing information to the group, but it has been my experience that quite often the mothers will bring in resources to share for the benefit of all.

It is the goal of the PPMP to validate the experiences of these mothers, offer them a safe place to express the emotions that go hand in hand with raising a Peter Pan, educate them about Peter's inborn temperament and traits and how these impact their family systems; give them ways of handling internal and external criticism and strategizing changes in their own behavior to facilitate a more positive relationship with her son.

Methodology

The process of researching this project began with an informal group of mothers who I invited to come together to share their experiences of raising a Peter Pan prior to the actual thesis residency. While my own experience in raising difficult sons provided substantial “grist for the mill” of this thesis, I wanted to be sure that the issues that I planned to discuss were common themes of this population. I discovered that this was the case and that conflict in mother-son relationships; negative emotions; poor self-esteem; tension between both immediate and extended family members and feelings of isolation were factors for all of these mothers in this initial group and all of the mothers I have come in contact with since.

Immediately after residency, I contacted Medical Associates Pediatrics in Leominster, where our mental health group has opened a satellite office, and forwarded a copy of the thesis proposal. The response was very positive and validated that these were important issues to be addressed.

I conducted an intensive review of literature, articles and Internet resources on the topics of group therapy; Attention Deficit Hyperactivity Disorder, parenting and motherhood. I discovered that the resources addressing raising difficult children spoke a great deal to child behavior management and intervention strategies, but very little to the needs and experiences of mothering difficult children.

One exception was Mary Fowler, author of *Maybe You Know My Kid*. I sent a note to Ms. Fowler, asking if she could point me in the direction of additional resources. She was wonderfully gracious and interested in knowing more about *Mothering Peter Pan*. Her note, and her asking if she could read the finished product, was one of the highlights of this

project! As it turned out, hers truly was the only book I came across that honestly addressed the actual mothering experience of raising an AD/HD child.

I also explored online resources, such as C.H.A.D.D.'s (Children and Adults with Attention Deficit Disorder) web site, by far the largest "support" entity in the world of AD/HD. What I saw gave me the impression that making money through advertisements and selling memberships, was more important to them than actual support, which lends credence to the argument that AD/HD can be exploited as a source of revenue.

I joined an online support group to interview and interact with mothers of AD/HD sons. I did meet one mother through the group who offered valuable feedback and insight into her experiences of mothering Peter Pan in response to the "question of the week" that I sent out to the group. I found the habit of other mothers circulating jokes and product advertisements to be an annoyance and consequently removed myself from this venue. I continued e-mailing survey questions and interviewing the moms I was currently working with and received many heartfelt and informative responses that aided greatly in my research. Many of their actual stories are included within the thesis, as I felt they told their stories so much better than I.

In early June, I attended The Northeastern Society for Group Psychotherapy's annual conference and completed a 13-hour group therapy certification. I found this very helpful in reinforcing what I had already learned about group process and leadership.

During this period of research, I was also actively designing the Peter Pan Moms Program. Medical Associates continued their support of the project and offered space to hold the group meetings. I held little hope that I would be able to implement the program before the end of this project but decided to put forth my best effort. I designed a flyer and sent it to

pediatric practices and childcare centers. I also faxed announcements of the program to two local newspapers.

I was unprepared for the overwhelming response to the group offering. The group filled within a week of sending out the announcements and flyers and there is currently a waiting list for future program offerings.

The first Peter Pan Mom Program launched on July 10, 2001 with ten mothers enrolled in the program. The mothers who responded to the group offering were predominantly Caucasian, middle-class women. All but two were married. The rational and objectives developed for this group have proven to be on target with the needs of these mothers for education and support. The appendix of this thesis details the actual documentation and materials used in the development, process and outcome of the PPMP. It is my plan to continue to offer the PPMP to mothers struggling with raising difficult children, as well as expand the program to include educating health care professionals, daycare workers and preschool teachers in recognizing Peter Pans and referring their mothers for appropriate support.

Fairy Dust

“You see,” Wendy said complacently, “our heroine knew that the mother would always leave the window open for her children to fly back by.” – J.M. Barrie

During the course of this project, it was clearly evident that mothers were looking for strategies and solutions. I read more parenting articles, books and tips than I care to count in search of anything that might be helpful to these mothers. One or two of them I closed in amused disgust. After all, what mother of a Peter Pan has time for meditation or the creation of soothing essential oils as proposed by Wilson (1996) in *Restoring Balance to a Mother’s Busy Life?* We’re happy if we can get in a three-minute shower every day.

A great deal of literature in the field of AD/HD and difficult children offer child-based and school-based strategies and I created a bibliography for the mothers in my program to explore all of these options as many of them are helpful. However, I discovered along the way that what makes my view of mothering Peter unique from the rest of the professional world is this: I am offering the idea of behavioral strategies for Peter’s *mother*. How can she change her own reactions and behavior to circumvent the vicious cycle? How can she learn to recognize the role (not blame) she shares in the conflicts? While these ideas are often touched upon, they are never *focused* on.

Behavioral modification is a common intervention used for Peter (and those damn sticker charts *never* work) but is not suggested as an intervention for his mother. Peter’s mother is mature enough to recognize and change her behavior – Peter is not. With that in mind, my recommendations are specifically addressed to Peter’s mother.

One thing that is for certain is that there are no “magic” solutions. Peter Pans are difficult and will wake up tomorrow morning continuing to be difficult! However, I offer the following recommendations as “fairy dust” that you can sprinkle on your relationship with Peter and other members of your family and community to begin the project of building more positive connections. Before implementing any of the following suggestions, keep the following advice of Radl’s in mind:

While advice on communicating with your children, disciplining them, and enriching their lives may be well warranted and useful, first you cope. You don’t put a roof on a shaky foundation; instead you stabilize that foundation from the ground up and then make improvements to the whole structure (1979, p. 17).

If you are not coping, or using unhealthy means of coping in such forms as alcohol, other substances or distancing yourself from the problems through extramarital relationships or over-working, seek professional help to help you clear the path to restoring your familial relationships and solidify your own foundation first. When you have your own issues under control, the following ideas can assist you in improving your relationship with your Peter Pan:

- Begin with accepting Peter’s difficult temperament. You are not going to change him into a cheerful, easy-going child. Your temperaments do not match and this is the source of a great deal of your conflict with him. By allowing Peter to be who he is will deflate a good deal of the tension between you. Instead of trying to buoy him up with “look on the bright side,” give him permission to express his negative emotions and ask him if there is anything you can do to help. Even if you can’t help, you allowed him his feelings. You are, however, entitled to limit whining!
- As Virginia Satir recommends in *The New Peoplemaking* (1988), turn your family into a “research team” instead of a “blame society.” Put yourself into the role of observer of Peter as well as your family’s interactions. You’ll soon notice that the lyrics are different, but the melody of the conflicts is almost always the same. Find the patterns of conflict. Learn to recognize the signs that trouble is brewing and Peter is heading for a meltdown. They are there. Meltdowns commonly occur around transitions or unexpected change. Be a good scout and learn to “prepare” Peter for anything different – even changing activities. Ross Greene’s *The Difficult Child* offers excellent advice in this area.

- Change just one thread in the pattern of your interactions with Peter – watch what happens. Remember, Peter is too little to change, but you certainly can. One successful (and fun!) technique is to try changing the way you verbally respond to Peter. When you want to yell, try talking in smooth, low “FM Radio Announcer” voice. Peter won’t expect it and you’ll have his immediate attention. He probably won’t like it and may simply stop the negative interaction with you when he realizes he’s not going to be able to push your nuclear button.
- Refrain from “over-verbalizing” and explaining the “why” of everything. In our innate kindness, we often try to reason with very young Peters. It never works and prolongs the misery. If an answer truly is your “final answer” stop the negotiations there. Meltdowns will occur, but will be shorter.
- Learn to notice when you are mothering on “auto pilot.” Sometimes we are so used to saying “no” or reacting negatively that we automatically bristle when Peter approaches us about *anything*. Practice telling Peter that you need some time to think and that you will get back to him on his request. Look for opportunities to say “yes.”
- This is hard, but step back take your emotions out of difficult interactions with Peter. Turecki (2000) suggests practicing the following series of steps:
 - *Can I deal with it now?* You want a quick take on your own state of mind. If you can’t deal with it, disengage as quickly as possible, or call for reinforcements.
 - *Become the leader.* Stand back, get your feelings out of it, become neutral and start to think.
 - *“Frame” the behavior.* Is it manipulative or simply beyond his control?
 - *Is it temperament?* If the behavior is linked to temperament, the response is management, not punishment.
 - *Is it relevant?* If the behavior is not due to temperament, is the issue important enough to take a stand on? This is where you decide to choose your battles. If not, let it go, or respond minimally and disengage.
 - *Effective reaction.* If it’s *not* temperament but the behavior *is* relevant, respond sternly and *briefly* (p. 183).
- A good deal of the vicious cycle is caused by us as mothers becoming so caught up in dealing with the negative behaviors that we forget to reinforce the positive ones. Consistently giving attention to negative behaviors in reality actually reinforces those very behaviors we don’t want. Learn to “catch Peter doing something right” and make sure he knows you caught him!
- Radl gives excellent advice to mothers who feel on the brink of potentially physically punishing Peter. *Most people who hit their own children don’t hit other people’s children.* When you are really furious, try taking a step back and pretending this child is not yours (1979).

- Quit the damaging self-talk that fuels the negativity:
 - “It’s not fair!” (Of course it isn’t, but did you get a guarantee that life would be fair?)
 - “He *shouldn’t* behave that way.” (Whether or not he should is irrelevant, he *is* behaving that way.)
 - “I can’t stand it.” (Yes, you can. It’s unpleasant, but it’s not the end of the world.)
 - “How terrible that he’s like this in public. Everyone will think I’m a bad mother.” (Give up “stranger anxiety.” Is it really a tragedy if total strangers think you’re less than perfect?”) (Ingersoll, 1998, p. 120).

- Acknowledge the differences that you and your husband bring to parenting Peter. Model for him some of the strategies that you have found that work. In starting with changes within yourself, you will find this impacts that rest of the family (remember the waterbed!) Do not have parenting discussions in the heat of the moment – plan them (preferably over a nice dinner out)!

- Do the best you can to educate grandparents and family members about your child’s limits. If they are not willing to listen, you may have to curtail your exposure. This is an unfortunate, but sometimes a necessary survival tactic.

- I understand that the advice of hiring a babysitter and having time for you and your spouse is often given and much easier said than done. However, if you look hard enough, you *can* find a trustworthy caregiver to give you a break. The trick is, go about it slowly. Introduce the sitter gradually and remain there the first few visits. Explain your child’s special needs to the sitter and techniques that work with your individual child. Do not rule out the use of a trustworthy male babysitter – they can often tolerate a lot more than the females and have a better understanding of Peter. Our godsend came in the form of Brian, a son of good friends, who even now at the age of twenty-one still enjoys just “hanging out” with my sons. Oh, and make sure you pay them very well – more than the going rate!

- Right here and now, give up the guilt. Nothing that you did *made* Peter this way. Do not feel guilty if you don’t *like* your child. You love your child, but these difficult kids can sometimes be impossible to like! After all, you don’t like everyone you work with or meet right? And although you don’t believe it, you are a *better* mother than most for everything you deal with on a daily basis (after all, he’s still alive!) Do *not* feel guilty for needing time (even large amounts of time) away from Peter. Raising him is difficult. Take the time to rejuvenate. Find a job or volunteer work if that will help. Both of you will be better off when you meet your own needs as well as those of Peter.

- Do not beat yourself up when old habits and ways of interacting rear their ugly head. It takes lots of work and practice to change the vicious cycle – Peter craves the familiar and will work harder to “get you.” If you get off track, dust yourself off with forgiveness and try again. Eventually the new ways of interacting will replace the old ones.
- From this day forward, never ask Peter “why” he did something, whether it be throwing something across the room or setting the cat on fire. He truly does not know the “why” and you will only further aggravate yourself and become angrier if you press for an answer (Radl, 1979). Give him a consequence, but stop trying to make sense of it all – you won’t. As far as those consequences go – choose them very carefully. Do you really want Peter grounded for a month? Trust me, one day will have the same affect on Peter and save your sanity. Make consequences short, to the point and allow for immediately “starting over.”
- If you seek help from your pediatrician or other professionals and are not satisfied with their response, don’t give up and keep looking for someone that will listen to your concerns. You know Peter far better than anyone else. Trust yourself and listen to your gut.
- Lastly, escape your self-enforced isolation and search for ways to meet other mothers who are experiencing the same struggles in mothering a Peter Pan. You are *far* from alone.

As with all research, this study raised as many questions as it answered. A further area of research that I am very interested in, and far beyond the scope of this particular project, is the impact on the relationship between mothers and children with AD/HD when the mother herself has the same attentional and impulsive issues.

Ultimately, it is my hope that this project and the Peter Pan Moms Program will be a step toward closing the yawning gap that is a lack of early intervention in the story of AD/HD. Throughout the implementation of this project, I was often asked about mothers of difficult little girls as well as Peter Pans and have begun the development of a group for this population of moms in the form of *Mothering Madeline*. Through the future expansion of these programs to educate pediatricians, daycare providers and pre-school teachers in how to

look for “red flags” of potential Peter Pans and Madelines; specifically overly aggressive, behaviorally challenged and/or *unusually* active children of exhausted mothers who express little joy in mothering their child or minimize their difficulties with sarcastic humor, it is my hope that mothers can be assisted in preventing the negative patterns and conflicts before these interactions become the reality of their child’s childhood and adolescent years.

As a therapist I recently met so wonderfully expressed, it is “working with the dog and not the tail” that is a key aspect of work in this field that has been a missing element in available resources. Peter’s mother was non-existent in the story of Peter Pan. It is in re-writing this story to include the voice of Peter’s mother that she is heard, acknowledged, and ultimately, healed.

“Of course Peter promised; and then he flew away. He took Mrs. Darling’s kiss with him. The kiss that had been for no one else Peter took quite easily. Funny. But she seemed satisfied.” – J.M. Barrie

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