

Living in the Real World

Reality Bites: Biting at the Center — Part 1

by Jim Greenman and Anne Willis Stonehouse

You can see it in the eyes of staff and parents when an epidemic of biting breaks out. A tension hangs over the room like smog, a demoralizing haze of fear and anger and anticipation: when will it strike again?

Children biting other children is at once the most common and the most difficult repercussion of group child care, especially with toddlers. It happens even in the best of programs (but it happens more in lousy programs). When it happens, it is often scary, very frustrating, and very stressful for children, parents, and teachers.

Group living is hard — people rub up against each other and children in child care need and want attention from adults, and (sadly) negative attention is more desirable than being ignored. A bite is powerful and primal: quick and effective, usually inspiring immediate and dramatic reactions. Size and strength are not required, even a baby can inflict a very painful bite. Once present, it is hard to get rid of quickly. The child often bites again, another child imitates, and soon it's an epidemic. Parents become very upset about biting, and the problem escalates.

Why Do They Do It?

Biting is a horrifying stage some children go through and a major problem or crisis for the group while it is happening. Yet at the same time, for the biting child, it's a natural phenomena that has virtually no lasting developmental significance. It derives its significance from the group care setting. **It is not something to blame on children or parents (or teachers).** A child who bites is not on a path towards being a discipline problem, a bad person, or a cannibal. Yes, it is an anti-social act, but an act of an individual not yet equipped to be fully social, just beginning life as a citizen.

So why does this child bite and that child not? We make all sorts of guesses but don't really know. There are a number of possible reasons that children under age three bite, none of them the fault of a bad home, bad parents, or bad teachers. Sometimes we think we have a good idea what's causing the biting but most of the time it is hard to guess what is going on in the child's head. Some of the likely reasons suggest ways of handling the biting:

- **Teething.** When teeth are coming through, applying pressure to the gums is comforting, and babies will use anything available to bite. Obviously, if this is a likely cause, then a teething ring or objects to bite will lessen the baby's need to bite other people.
- **Impulsiveness and lack of self-control.** Babies sometimes bite because there is something there to bite. This biting is not intentional in any way, but just a way of exploring the world.
- **Make an impact.** Young children like to make things happen, and the reaction when someone is bitten is usually pretty dramatic.
- **Excitement and overstimulation.** When some very young children are very excited, even happily so, they may behave in an out-of-control fashion. Natasha loved moving to music and, after a session in care with music and scarves and everyone twirling and enjoying themselves, it was very predictable that Natasha would bite someone if an adult did not help her calm down.
- **Frustration.** Too many challenges, too many demands, too many wants, too little space, too many obstacles may lead a child to bite, especially before they have the capability to express frustration through using language.

Memoirs of the Parent of "That Child!"

"I still have vivid memories of that horrible period that began when she was 19 months old. It was so awful, every day walking into her room and waiting to find out who Jenny had bitten. Four bites in one day, 14 in a week, 25 for all of June. Life was hell. We slunk in and out like the parents of a criminal. Was it us — some flaw in our home or some mutant gene?

Jenny was such fun as a toddler — this tiny red-haired mop top, with a great smile and bouncy enthusiasm. Even at her biting worst, she was happy. We never saw the biting at home, there weren't very young kids around.

We'd have these meetings with her teachers and the director. We were all desperate, and even though we all were doing everything we could, we became defensive, sometimes disbelieving each other. Maybe she was bored (their fault), troubled (our fault), immature (her fault).

I knew other parents were upset. After all, their children were coming home with Jenny's imprint (thankfully this was before AIDS). I saw them look at Jenny, at us. Finally one mother began yelling at me, shoving her son's arm in my face with the incriminating two red half circles.

And then at about 22 months, Jenny stopped. Part of it was all the stuff the staff was doing and we were doing at home. But probably she just outgrew it. Now I look at Jenny and see this high school kid — good student, lots of friends, never in trouble — and I can laugh about what Sheila and I went through. But I remember wondering how she would ever have a normal life."

The name of a child who bites another should not be released because it serves no useful purpose and can make a difficult situation even more difficult.

PUNISHMENT DOESN'T WORK TO CHANGE THE CHILD — either delayed punishment at home which a child totally will not understand or punishment at the center which may make the situation worse.

Managing the Crisis

No other situation requires as much perspective, thoughtful responsiveness, and careful communication as an epidemic of biting. Doing the following are important:

- Prepare parents for the possibility of their child being either a biter or a victim **before** the fact, as early as the intake into the center. If it is not un-likely to happen, then let's not hide it.
- Empathize with all the children and parents involved, and the staff. It's a difficult situation for all.
- Make sure parents are aware of all the steps that you are taking to minimize biting and end the crisis before they become upset. They need to know that our understanding biting as a natural and common phenomena does not mean we throw up our hands in resignation.
- Have a sense of how long you will stick with a child "stuck" in a biting pattern, and communicate that to the child's parents right away. Fear of a sudden loss of child care adds to the tension. Again, it is better if parents know this before a crisis occurs.

Who's to Blame?

We have to blame somebody. If it isn't the child or the parents, it has to be the program, right? There is no blame, but **a good program should accept responsibility for biting** because it recognizes biting as a natural phenomena — like toileting accidents, tantrums, and separation trauma. It is the center's job to provide a safe setting where no child needs to hurt another to achieve his or her ends and where the normal range of behavior (including biting) is managed. In the dire case where all attempts to extinguish the biting behavior are working too little or too slowly and

the child has to leave the program, it is as much the program's setback as the child's or the parents'.

When a child has become "stuck" for a while in a biting syndrome and it is frustrating for the parents of victims that the caregivers are unable to "fix" the child quickly or terminate care, empathizing with their feelings of helplessness and their concern for their children is essential while you let parents know all your efforts to try to extinguish the behavior quickly. It is important to articulate how you are struggling to balance your commitment to the family of the biting child with that of the other families.

The Other Side of the Mirror: My Child the Victim

"If I can't keep my baby safe, keep him from being some other kid's snack substitute, what kind of mother am I? One day there is a bite on his cheek, then on his arm, two days later another one, and then even a bite on his bottom. The teachers would empathize with me and say, 'Biting is normal at this age.' Yeah, I know that toddlers bite, but mothers protect and I couldn't protect my kid. It may be normal to bite, but it's not normal to be gnawed on every day.

'We're doing all we can,' they said. So? Was I supposed to live with that? I wanted those biters out. How long was I supposed to let my child suffer, at 14 months old? I was told, 'Stevie is so curious and friendly that he is the most common victim.' I blew up. So it's his fault?

I left the center with hard feelings. Not because it was the center's fault, or even that they wouldn't throw out the biters. They were trying so hard to solve the problem, they didn't seem to understand what it was like to be in my shoes. We had to leave."

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