



**Physician Guide Sheet**  
**Ghostbusters – Finding Out About Parents’ Childhoods**

- John Stirling, Jr, MD

When we say that “kids don’t come with instruction books,” we’re not entirely right. In fact, each parent begins the job with a set of biases and preconceptions about children and their role in the family. Some of these will be helpful, but others may lead to stress when the child does not behave as he or she is supposed to.

Our strongest preconceptions derive from our own childhood experiences. Whether we liked it or not, whether we agreed or disagreed with our own parents, it’s the only one we really know. Even when he has grown, and seen alternate ways of interacting, the patterns learned in childhood exert a powerful influence.

It’s not enough for the pediatrician to merely discourage a parenting behavior. A new parent, having decided to not replicate his parents’ style of childrearing, still needs help to learn new techniques. Many parents who have vowed to reject corporal punishment, for example, fall back on spanking when “nothing else works”.

A second cause of concern is parent’s *expectations*. When these cause problems in relating to the child, it can be useful to help the parent consider the origins of those expectations in his or her own childhood experience, as in the example below.

***Problem:***

Tessa, a single mother of two, presented to the office complaining that she was “at the end of my rope”. Her 3-year-old son Zach was constantly misbehaving, and she claimed to have “tried everything”, without success. She told the doctor that she felt powerless, having punished her son’s behaviors by assigning time outs, removing toys and privileges, and finally by “just plain yelling” without improving his behaviors.

***Intervention:***

The pediatrician sympathized, and then asked Tessa, “How did *your* parents respond when you and your siblings misbehaved?” Tessa tearfully explained that her father and mother had punished her with frequent beatings. She admitted to intense frustration because she had vowed never to spank Zach, but saw no alternative. The doctor was only too happy to suggest some.

### ***Discussion:***

Tessa's parents had convinced her that misbehaviors required punishment, not teaching. By listening to Tessa's concerns and helping her make the connection with her own past, the pediatrician was able to suggest a different approach: that perhaps the problem was not the need for a bigger, more effective punishment. By helping her consider and eventually understand the difference between punishment and discipline, the doctor helped Tessa to devise more logical and appropriate responses to Zach's undesirable behaviors.

Many times, simply helping the parent to recognize the unquestioned assumptions behind their own behaviors will allow them to move on. The pediatrician can then explore antecedents of the distress, and suggest new ways to approach the problem.

- One easy way to do this is to open a dialogue by asking parents how their own mother or father might have reacted to this problem.
- In doing this, it is important to listen without judging, gathering information not only about the parent's early experience, but also about their reaction to it. Though it sounds complicated, this usually only takes a few sentences.
- With this information in hand, the doctor can determine whether the parent needs only a new technique or two, or whether an underlying philosophy needs to be questioned.

Even when the parents are happy with the way they were raised, a brief visit to their own childhood may be helpful.

- By asking, "How is your child different from you?" or "Which of your siblings is your child most like?" the provider can help them recognize differences between them and their own child, or between their childhood environment and that of their own children.
- When biases and preconceptions can be seen for what they are, parents may become more receptive to suggested alternatives.

Biases and preconceptions don't automatically make for dysfunction. For example, even families that are doing well may differ on:

- Authority
  - Who's the "boss"? Is authority shared? How are disputes settled?
- Communication
  - Who talks to whom? How much? About what? Who's allowed to talk?
  - How do family members communicate *without* words?
- Discipline and punishment
  - Is the difference recognized? How strict are the rules? What's done?

When a parenting approach doesn't seem to be working for one or all family members, however, it is often useful to take a moment to revisit the past.

Finally, in helping families to remember their past influences and to question their assumptions, we can't forget to remember and to question our own. Physicians had parents, too, and our early experiences have left us with biases and preconceptions that can interfere with our ability to provide objective counsel to our patients and their parents. We owe it to them and to ourselves to listen well, to seek out new and improved parenting techniques, and to continually question the advice we provide.