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NEW DIRECTIONS IN DISCIPLINE: A GUIDE TO POSITIVE PARENTING WITHOUT THE USE OF PHYSICAL FORCE

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Presented at the AMCAP Convention,
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The other day after hearing me give a talk, my 16 year old son made an interesting observation. "Mom," he said, "when it comes to public speaking in your field, you are really in an impossible spot. First off there are no good jokes about family violence so you have to be either inappropriate and tell one or serious and boring like you were today." So I suspect you are in for the latter or even worse—I may be inappropriate and serious and boring.

Recently, Utah women were cited by the news media as being the youngest brides nationwide and having the largest number of children. Professor Michael Toney at Utah State University, in his recent study of young Mormon and Non-Mormon women, reported similar statistical findings. The disparity between fertility expectations of Utah Mormons and Non-Mormons is significant and reflects the continued emphasis our culture places on the family and children. Yet parenting is changing, and as therapists our concern today must focus on the dynamic family living in challenging times with high tech demands.

Children are our greatest natural resource, yet as sophisticated and advanced as our civilization appears, we make two false assumptions at the outset: 1) everyone has a right to be a parent, and 2) everyone is naturally qualified to raise children. While it is true nature has provided the opportunity for most of us to reproduce, our young parents today often seem to lack five critical ingredients for

their success: 1) the desire and value of parenting, 2) positive parenting experience, 3) parenting skills and training, 4) support systems and resources, and 5) a parental understanding of gospel principles.

My topic today is New Directions in Discipline: A Guide to Positive Parenting Without the Use of Physical Force. I realize as I begin that many of you here could address a variety of these concerns much better than I if you were in my place. Therefore, I asked myself what was my primary message to you. I believe it is this. I want to help end physical abuse in the family— particularly in LDS families—in my lifetime. I see you as critical instruments to reach that end. However, we cannot end abuse in our homes until it stops in our minds.

My concern as a researcher has been exclusively with physical violence between family members ranging from the so-called "normal" expressions of force such as spanking a child and throwing a hair brush at your sister up to the deadly use of force such as homicide. All family abuse has two things in common: 1) it is interactional, and 2) it is inappropriate in family relations.

It is important that clinicians and parents understand that there are many types of detrimental interaction in the home. Certainly emotional neglect and sexual abuse are related to child maltreatment, but the dynamics are different from those used in physical discipline. The generic term "abuse" is therefore misleading and limited. Through recent legislative efforts (i.e., Child Protection Laws, Domestic Abuse Acts, Temporary Restraining Orders, etc.), a legal definition of child and spousal abuse has been created. Public agencies, the police, schools and other helping organizations have

targeted their services toward prevention and treatment based on these legal guidelines. Yet many parents and professionals today see a variety of physical methods as acceptable forms of discipline and would not define spankings, the use of a belt or switch, slapping, etc. as abuse.

The word discipline, according to Aline Auerbach, means different things to different people. "To some, it means to regulate, govern, keep in line; to others it suggests a strict way of life from which they must never deviate. To many, the word discipline means simply punishment."

Discipline — What is it?

The big problem today is one of conflicting definitions. Most parents want to respond to the current value placed on raising responsible, law-abiding and obedient children, yet at the same time, they are attempting to uphold the "new" social belief that corporal punishment is no longer acceptable. Regardless of the new laws forbidding abuse, however, our mainstream culture clearly still fosters the attitude that hitting children is acceptable, the demarcation of "normal punishment" and "child abuse" becoming a matter of the degree of physical injury inflicted. Yet reports of extreme physical discipline continue to appear in greater numbers. More families are reported as "at risk" and borderline types of maltreatment plague clinicians as they try to determine where the *threshold of abuse* lies.

Our problem as caretakers is that these State statute definitions are often vague and confusing to the practitioner. They are highly discretionary and rely heavily on clinical identification and assessment. I was pleased to note that this AMCAP Conference is presenting a panel which will clarify this timely and challenging concern, so I will not dwell on it here. However, whether from the standpoint of professional guidelines, ecclesiastical responsibility, or statutory definition, the burden of interpretation ultimately falls upon you and your personal/professional definition of discipline.

In this presentation I will attempt to

explore three areas needing particular clinical attention: 1) to illustrate the critical definitional difference between discipline and abuse with an emphasis on your personal clinical position, 2) to offer practical guidelines and clinical considerations for treatment of these troubled families, and 3) to discuss the goals and direction of positive discipline practice.

As professionals, new demands for services require us to define discipline clearly and provide alternative, innovative child-rearing skills for parents unfamiliar with non-physical methods. That may include many of you also. The new clinical mandate focuses on education and prevention for families at risk as well as a treatment framework. Today, professional attitudes toward discipline and abuse will have a profound impact on what care we provide and what diagnosis we make. Which families do we treat as deviant and pathological; which do we identify as needing new skills and education and who do we ignore and allow to continue in their present patterns?

This critical definitional phase is troublesome for clinicians and parents. Both need a vast repertoire combining a knowledge of child-rearing practices, an awareness of cultural and value differences, experience with parenting skills and management programs, understanding of child and adolescent development and psychopathology and family crisis techniques plus their own personal definition of acceptable parenting behavior. These new child protection acts make the victim and his professional partner, whether it is a teacher, counselor, social worker, physician, or police officer, the gatekeepers to enforcement. The success of these new laws depend upon our diagnostic and assessment skills. If we don't see abuse or don't know it when we see it, does that mean it doesn't exist?

The therapist factor is critical in working with these troubled families because what we value dictates what outcomes we wish to achieve in treatment. Self-examination and discovery is particularly vital as we are not only the

problem-solvers, but we must be the problem *definers* as well. Since clients often do not see themselves as having this problem and many are highly resistant to treatment, it is important that clinicians define and assess a treatment clearly. I mention this as therapists have a poor diagnostic history of avoiding this area, and what is done about a problem rests squarely on how and *if* it is defined.

Since you are the major actor in the definitional process, I would like to spend a few moments exploring . . . What part does violence play in your life? How often do you slam a drawer, honk your horn, raise your voice, raise your hand? A wonderful bishop was on a panel with me not long ago, and he was as adamant about ending family violence as I was, or so I thought! Yet on the way out he stopped and said, "Anne, I've been thinking about what you said and I certainly agree. Yet over the years my dad used to take me out when I needed it and use a belt. And I've done the same thing with my boys. Now you wouldn't see that as abuse would you?" There was an uncomfortable pause which grew longer and eventually spoke for itself. Ten years ago I, too, would have defined that action as discipline. Today I define it as abuse. I hope you will too.

Three years ago I decided to put this new definition of abuse into action in my own home, and I recommend this strongly as a first step and affirmation to all of you. I have seven children. One day I sat down with them and explained that we were not going to use any physical force between us anymore. It was relatively easy, because I had never used spanking much. I asked if they could recall my striking them in the past. All of them were able to recall at least one incident. They usually did not remember the interaction, but they did remember the pain and humiliation of being hit. They were still resentful as they recalled it. I then explained that pushing, shoving, throwing car keys, grabbing an arm, blocking someone from entering the bathroom, covering someone's mouth when they were talking, etc. were all abusive. They agreed, and we stopped that level of abuse in our home. The experience

has been very helpful, and discipline is now achieved by loss of privileges. There have certainly been times when as a single parent for nine years I felt tempted to strike out, yet I recommend this as a personal challenge and commitment to ending family violence as we approach the turn of the century.

If this is not a problem for your family, I commend you. On the other hand, if your silent response is — there is no way I'll ever do that or even try to do that, I suggest you reexamine your personal belief about abuse. If you can't or won't give up physical discipline, I am concerned about your attraction and commitment to it.

Since the beginning of this country, the definition of child maltreatment has undergone many changes—both legally and socially. We begin with English colonial roots and move into the Human Rights movement of the 60s and the Women's Movement in the 70s. The State has now entered the business of the family, and the "battered child syndrome" has brought gross maltreatment to light. Nonetheless, physicians, social workers, police, and child protective service workers have differed considerably in their assessment practices and recognition of abuse.

There are no easy answers, but in respect to defining abuse I join Dr. Gelles, Dr. Kersey, and others in recounting the following observations related to clinical treatment. Child abuse is not an undimensional entity. There is no single factor explanation for it, and abuse is not all alike. Therefore, treatment also must differ. While abusive families have some commonalities, it is critical to do an assessment which adequately evaluates all factors and identifies the differences. Child abuse is not a pathology in the medical sense. Full medical, psychological, and social information is required to diagnose abuse, and a total family intervention strategy is necessary for treatment.

There are 3 basic beliefs that I believe underlie therapeutic efforts on the part of violent families. I see this as an essential change-oriented treatment philosophy.

- 1) Domestic abuse is *unacceptable* in any form. This message must ring loud and clear.

Parents do not have the right to harm their children. Wife beating is intolerable and also a form of abuse to the children.

- 2) Violent families are not to blame for having this problem. They all need treatment. The attacking adult and the victims both experience feelings of helplessness, low self-esteem, poor sense of control, lack of trust, intense ambivalence, inconsistency and role confusion; expectations and perceptions are faulty. Both the attacker and the victim — the entire family — need help. We must leave the "blame" orientation behind.
- 3) Each member of a violent family must assume responsibility for change. No one outside the family can bestow peace. The community is responsible to provide help to the violent family and to each of its members. With help, change becomes possible.

A Diagnostic Guide

The initial problem is that it is difficult to establish a working relationship with clients whose principle problem is domestic abuse. In most of these families such defective past relationships have often existed with their parents that they do not trust others.

They are usually convinced that if you really knew them you would hate or possibly destroy them. Thus, though they may long for change, establishing any relationship is very problematic. Some fear the potential intimacy with others, and issues of 1) isolation, 2) trust, 3) dependence, 4) control, 5) seduction, and 6) ambivalence must be dealt with early. Often groups do better with this than individual workers.

Most violent families need explicit education and advice.

- 1) Re: developmental patterns of children. For instance, kids cry for internal needs, not as a condemnation of parents.
OR
toddlers reach for everything in sight because they are exploring the world,

not because they desire to break valuable items.

- 2) Knowledge about marital interactions.
- 3) Communication skills.
- 4) Sex education. Timing is critical; ego strength must be considered.

Since time does not allow for more specifics, I have prepared a workshop packet for each of you. This packet includes a copy of 1) The Role of the Therapist, 2) A model of intervention with guidelines for treatment, 3) A position statement on family violence by Richard Gelles, and 4) Guidelines from the LDS church in respect to child abuse.

In assessing violence, it is often the sins of omission clinicians should be held accountable for. You must ask direct questions! Never assume clients will offer information. Be sure to be specific—avoid vagueness.

Clarify the answers and explore the details.

When uncomfortable, we often neglect to do this, and it may receive very legitimate professional criticism. However, it is better to overinvestigate than underinvestigate. Clients are well aware of the importance of this phase of their treatment, and you should acknowledge and impress upon them the critical need for pursuing the information.

Total assessment in working with abusive families should systematically include the following dimensions in exploring child discipline practices: 1) parent characteristics, 2) child characteristics, and 3) the context.

Discipline is always interactional and involves the values of the parent. Since values are often very strongly held, infractions often trigger highly charged emotional reactions.

Violence is a response, a form of inappropriate communication.

In abuse, the "person" model is still generally held by clinicians. We look to mental illness and character disorders, brain tumors or drug explanations. Certainly, if there are physiological explanations or personality disorders at the root of the abuse, it is the duty of the clinician

to identify the problem accurately and refer for intervention. It is estimated that only about 10% of abusers fall in this category, but certainly appropriate treatment is at hand and is often promising for those few.

Victimology is a fascinating study which focuses on victim characteristics which help researchers and clinicians in identifying at risk populations. Dr. Frodi discovered that premature babies and handicapped children are more likely to be mistreated than "normal" children. This should make intuitive sense to us as these children demand more time and energy from parents. Infants with young, single mothers are even more at risk. There has been much hesitation to look at child victims as part of the abuse interaction because it implies a shared responsibility for the abuse. This is not the intent and must not ever be conveyed to children as victims. However, they are an integral part of the abusive exchange and often provide explanations, not justifications, for abuse. I refer you to Al Kadushin's excellent book, "Child Abuse - An Interactional Event," for further consideration. Today our goal is reuniting families of abuse. The victim is certainly a key actor in that process.

Finally, the social climate, socialization process, cultural factors and prevailing community standards provide the setting on which the family composes their interactions with one another. Families which have a history of child abuse intergenerationally have learned that physical discipline is okay. This includes most of us. Historically, it has been the prerogative of someone larger to use force to bring someone smaller into compliance. Until recently, the law has always allowed private resolution of discipline matters. Certain cultures are also more inclined historically to allow violence. In addition, David Gil (1975) asserts that violence that takes place on a personal level is really a reaction to the violence to which people

are exposed in the institutional and social context. The feminists feel it is a response to role socialization. Both groups feel the structure for our society fosters child and spouse abuse. Certainly stress and family crises often contribute as well as must be considered as we try to tease out causation. Adequate assessment demands this attempt to examine causation as it directs impacts on the choice of treatment. Remember abuse differs considerably.

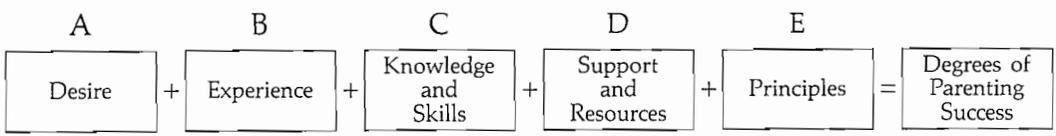
The Future

As clinicians searching for clear diagnostic signs, we also grope simultaneously for ways to remedy and prevent future abuse. I wish to close by offering some important guidelines for the future—the answer I feel lies in *positive parenting* practices without the use of physical methods.

"I, Nephi, having been born of goodly parents, therefore, I was taught somewhat in all the learning of my father" (1 Nephi 1:1). What is a goodly parent? I return now to my earlier concerns in respect to parenting.

Almost all professions dealing with a person's mental or physical well-being require extensive training. Nurses, teachers, doctors, social workers, and psychiatrists are licensed to practice only after years of higher education. Such simple tasks as driving a car, operating a ham radio and wiring a house require licenses before society allows a person to perform them. Today parenting activities are open to public scrutiny and evaluation. New laws regulating parental behavior have opened up a whole new area of social service concern.

Now that the law demands a minimal level of acceptable discipline practices, perhaps all of us as service providers can look to helping parents not blaming them. We may look toward educating them to become "winners" too. Were we to license parents in the future I would look at the following formula:



If we look upon each of these areas as storehouses, we can work with young people to fill in those bins that are empty and increase their supplies. While nothing is as powerful as the positive learning passed on to Nephi by his father, if we can identify deficiencies early as therapists and teachers, we can help our youth develop a full repertoire of parenting needs.

In closing I want to encourage each of you to make a difference. Protect our children. Protect our future! I have never spoken with an abusive parent that meant to hit him *that* hard or *hurt* her that badly. We are in helping professions. Over my desk at home are two sayings and a song that guide my life. The first saying is "90% of success is just showing up" and I owe that one to Woody Allen. The other is a quote from our football coach at the University of Wisconsin, my old alma mater. It states: "Success is never certain and failure is never final," and so it is with children. As parents we need to persevere. We each have a perfect role model to follow. We have the Gospel. Start tonight with your own family. When anyone hits, everyone hurts—

And the song:

I am a child of God and He has sent
me here
Has given me an earthly home with
parents kind and dear.
Lead me, guide me, walk beside me,
help me find the way
Teach me all that I must do to live with
him some day.
I am a child of God and so my needs
are great
Help me to understand his will before it
grows too late
Lead me, guide me, walk beside me,
help me find the way
Teach me all that I must do to live with
him some day.

I am a child of God Rich blessings are
in store
If I but learn to do his will I'll live with
him once more
Lead me, guide me, walk beside me,
help me find the way
Teach me all that I must do to live
with him some day.
Thank you.

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