

Developmental Tasks for Successful Parents

Parenting

is a process – it goes on throughout the parent's life – but how it is facilitated during the first year of a child's life may set the tone for the rest of the parent-child relationship. If the goals below are achieved with a sense of mastery during the first year, it can be a source of strength for the parent as he or she works to help the child grow over time. Think about these goals as you work with parents.

Are parents beginning to look below the surface of their child's behavior?

Are they learning to be reflective, analytical, pausing to think about what that tantrum or sleep disturbance means, rather than responding by yelling, hitting, or slamming the door? You nurture parental competence when you ask questions such as, "What do you think your child is trying to accomplish with that behavior?"

Are parents learning to trust their feelings?

Can they begin to trust their gut instead of being programmed by something they have read? Can they, for example, become close and intimate with their child and not be fearful of being seductive, the way their parents might have been? On the other hand, are you able to help them be firm and set limits without their worrying about being physically abusive, the way their parents might have been?

Are parents beginning to reduce their sense of guilt?

Many parents grow up with much emotional baggage, a sense of inadequacy, a legacy of guilt. They are determined, in their relationship with their children, not to repeat what was done to them when they were young. What occasionally happens, however, is that in the course of raising their children, rather than burdening them, parents sometimes seem to burden themselves. For example, if parents attempt to maintain their career objectives, they may end up feeling like they are not spending enough time with their child.

While a certain amount of guilt is inevitable, for many it is a significant strain which may be a hand-me-down from their childhood. It is that burden that the pediatrician

may wish to help parents ease, through reassurance and support.

Are parents willing to assume an active role?

In working with new parents, we could be professionals who "take over," telling the parent what to do in a variety of situations and, thereby, reinforcing a passive role. Alternatively, we could work toward helping parents learn how to make good choices. Pediatricians can help parents take a more active role in parenting by helping them understand that there is no such thing as perfection, that parents make mistakes, and that mistakes are not irreversible.

It is worth noting that if a parent is an adult child of alcoholic parents, she or he might be constantly beset by doubts, feelings of inadequacy, and always looking to the pediatrician for right answer. If we can bring that experience to the surface, it may be possible to help that parent discover greater self-confidence.

Are parents gradually developing good boundaries?

Parents should be able to nurture their child at times of stress. At the same time, they need to gradually separate from their child and help him or her develop a sense of self. This is not an easy task. Many parents are often at one extreme or the other. If the parents had parents of their own who either encouraged a symbiotic attachment, or were cruel and rejecting, negotiating a different parental role for themselves can be quite difficult.

They will be able to do so, however, if we are able to listen to their pain, their ambivalence, and their personal story as they struggle to find the right approach over time. Pediatricians will consider whether they are comfortable helping parents share these old memories. If so, parents may gradually see their children as separate individuals with whom they don't have to relive these old unhappy relationships.

Unfortunately, parents may have to briefly re-experience those relationships before they can give them up. The pediatrician, if he or she is willing, may facilitate this brief recall and help them understand those past relationships so that they can resume successful parenting.

Are parents less likely to project issues from their past or present on other family members?

It may seem odd but, in the course of development, infants and children act out different roles for their parents. In the long journey of growing up, children can unconsciously represent many other individuals: their parents or grandparents, as well as parents or siblings at various times in their past.

This is normal. Many of the traits that parents project upon their children are special, charming, unique, worthy of being passed on. Unfortunately, some of them are not.

One of our tasks as pediatricians is to help parents become aware of such projections when they occur. For one thing, negative projections may get in the way of a children discovering his or her own positive potential and personal identity. But, equally important, we may wish to help parents become aware of when these negative attributes first originated within the parent, why they occurred, and try to help parents give them up. If that is achieved, both parent and child become more complete individuals.

Are parents better able to set limits?

Setting limits accomplishes more than just socializing a child.

In the course of setting limits, for example establishing a normal bedtime, parents accomplish several tasks. They reassure the child by asserting that they, the parents, are in charge and can be a source of strength for the developing child. For the child, the willingness of the parent to set such limits actually validates the child's emerging feeling of competence, that the child can cope temporarily, for example, with loneliness at bedtime. What message does the child internalize? "I can deal with a sense of loss (for the night) without being overwhelmed." "I can fall back upon my own resources during these brief periods of separation."

Parents can apply such limits, however, only if they can begin to trust their own intuition and not identify parenting the child with their own past developmental issues. For example, if the parent experienced abuse in their

own upbringing, setting limits might stir up unpleasant memories.

Are parents increasingly able to confront family members?

In the course of raising children and setting such limits, parents gradually become stronger individuals and come to "feel" like adults. They begin to reexamine their own identities and become more confident and assertive.

A by-product of this change is that they may become more curious about how they were raised and may begin a new type of conversation with their own parents. This might include why and how decisions were made, and they will begin to feel less "childlike" in their relationship with their parents. They may begin to confront their parents in regard to a variety of dysfunctional issues.

How does this help young parents feel more competent in their role? Every parent has "unfinished business." By encouraging them to try and develop an honest dialogue with their own parents, you may help them find the right mix of assertiveness and flexibility when they confront the normal challenges of their own children.

Are parents increasingly able to appreciate the impact of their past?

Having children provides parents with a second chance to address issues of their own childhood. Raising a child is like having a time machine where they may be able to visit crucial episodes of their past. In that context, the pediatrician may act as a "co-pilot" - or facilitator - for such experiences.

It is common for parents to talk about how much they do for their children. But in the context of this idea, it may be the children who become teachers for their parents.

What will parents do as these feelings and memories arise? Will they be able to take advantage of them? This is where the role of a pediatrician who listens with his or her "third ear" can be so helpful. You have the opportunity to facilitate this aspect of the parental

trajectory when you listen to how a parent projects an issue upon the developing child, as if it is coming from some deep recess in the parent's past.

Your success in this role will be determined by curiosity, empathy, permission on the part of the parent, good timing, and a willingness to engage parents in these periodic "journeys" back and forth through time. There is no reason that pediatricians couldn't cultivate these traits if we choose to incorporate them into our work with parents.

Are parents increasingly comfortable with helping their child to cope with normal loss?

Ironically, it is in teaching the child to cope with loss that parents ultimately teach themselves this important lesson.

Coping with loss, through mourning, is an important ego function, the mastery of which begins in infancy and (hopefully) has only dress rehearsals before adulthood. The first experience may involve such tasks as giving up the breast, the bottle or pacifier as well as learning how to sleep through the night.

The timing for such tasks is based on a subtle negotiation between parent and child. Unfortunately, parents' past history as well as current issues within the family may get tangled up in the decision-making process.

It may be easier for tired parents to permit a child to wander into a parent's (or sibling's) room or bed at night because the parent perceives the child as being afraid. When this is allowed to become chronic, parents may be unconsciously telling the child, "You can't cope with loneliness ... You don't have the ego strength ... You need me to feel safe." Children need the experience and education of learning how to cope with the loss of parents at night, and then experience the joy of rediscovering them the next day.

If children do not master this developmental task when they are young, they may be less well equipped as adults to deal with the major challenges (and inevitable losses) of life. When they themselves become parents, there could be undesirable consequences for themselves and for their children.

Having children gives parents a second chance to become skillful with this critical developmental task. Most parents need help and encouragement. And this is where the pediatrician can be most useful if they desire to do so.

Are parents able to see their child as an agent for change in their own lives?

The developing child, despite his or her age, can be a catalyst for change within the family.

When does this occur? It may occur at developmental stages when the parent must cope with transitions, e.g. at birth, during toilet training, or when the child goes off to nursery school. Sometimes it happens when the child is coping with losses, e.g. giving up the breast, bottle, or pacifier. It may transpire when the parent is attempting to manage eating behavior or when the toddler begins to give up dependency and gradually assert autonomy.

In response to these transitional periods, parents want to achieve successful adaptation. Yet, parents come from their own family systems. Consequently, there will be differences in the nature, speed, and degree of adaptation.

Initially, parents may feel frustrated with the child's resistance to change. Gradually, however, they may begin to think about what the behavior might mean, why their child and their family system is showing stress and, finally, what they are going to do about it.

It is fitting that the child is the catalyst. We live in a society where the child is perceived to be indulged and where childhood is prized and romanticized. It is both ironic and yet gratifying that it would be the child who, by his or her behavior, becomes the agent for change within the family system. But, without the strains that the developing child brings about in the family system, constructive change would occur much less frequently.

Do parents increasingly derive esteem from their child-rearing?

There is nothing more challenging than learning how to become a competent parent. But it is an achievement that each of us is capable of, regardless of background.

Formal education, reading books, even being a pediatrician or child psychiatrist is no substitute for on-the-job training. In fact, for professionals, the formal education may almost be a hindrance in our role as parents when we attempt to form constructively dependent relationships with our own children's pediatrician, in the service of developing our own parenting skills.

It would be good if everyone had good role models in their own parents. In the long run, however, the disadvantage of not having such models can be minimized if parents can learn to be introspective, reflective, and sharing as they strive to meet the challenges that parenting presents to each of them.

As parents discover that they can rise to the occasion, they can develop great reserves of courage and self-esteem that serve them to good advantage in anything to which they apply themselves in life.

Are parents able to become aware of "anniversary reactions?"

This idea redirects attention from the symptom to the occurrence of an anniversary reaction. For example, a problem may manifest itself in a child because its onset may coincide with the anniversary of a sad or stressful event in a family. Such an insight might be brought to light in the course of taking a detailed family history, during which the parent may become aware of such events.

Are parents able to see themselves as potential agents for change?

Parents do not exist in a vacuum; they have or had parents of their own, not to mention one or more siblings.

As the young child brings about changes in how his or her parents think and communicate with one another, parents may, over time, reassess their position within their own family of origin.

As they begin to feel like "mother" and "father," they may become more curious about their own families. They may ask questions, first of themselves and then, over time, of their own parents.

They may ask, "What did you do when you were trying to raise us?" "Did you breast feed?" If not, "Why not?" "Why did I have a sleep problem?" "How did you manage it?" "Why was I hooked on a pacifier?" "How did you manage my tantrums?"

Such questions may be asked, not only with renewed curiosity but also, hopefully, with increased respect for the stresses and ambivalence of parenting. Parents and their own parents may develop a new kind of communication, perhaps a mutual respect and support. Family history becomes more understandable.

As parents become more articulate with their parents, they may choose to address memories of family dysfunction that, in their own upbringing, they only quietly endured. Thus, if there were family issues of alcoholism, nicotine addiction, or abusive behavior in their childhood, they may take a second look at those issues as adults.

For example, parents may begin to reassess the roles that they assumed as children of an alcoholic family (e.g. the peacemaker, the child who identifies with the alcoholic parent, etc.) Without realizing it, they may even have identified their infant with someone in their own past.

Helping parents become aware of how problems are passed from one generation to another may result in a less compulsive repetition of pathology through successive generations.

What could be your role, as a pediatrician, listening to the memories and the feelings that may surface?

You could:

provide a supportive environment for listening to these painful memories, help parents articulate what it was like growing up in such families, and remind them that they are no longer in the passive role of children and, as parents, they have the opportunity to redress the past.

As parents become armed with competence and awareness of these childhood memories, you may wish to encourage them to discuss these issues with their own parents, and possibly consult with a therapist to help with the stress that may result.

Parents can become agents for change in the community and in the workplace. As parents gain increasing esteem, they may develop a readiness to examine the possibilities of more constructive relationships in the world outside of their family. As physicians, nurses, technicians, teachers, laborers or employers, they may also be able to bring about change in workplace relationships and organizations.

Are parents learning to accept feelings of ambivalence?

How effectively parents learn to live with ambivalent feelings has a considerable impact on their self-esteem.

For example:

Was the child planned or unplanned?
Are parents reconciled to the sex of the child, its health, its appearance?
Were there negative feelings associated with the nature of the pregnancy or with the delivery?
How do parents feel about the child's demands with regard to feeding, sleeping or patterns of crying?
How do parents cope with the seemingly opposing demands of parenting and a career?

Every person struggles with ambivalent feelings in regard to independence and dependence. In the course of coping with the demands of children or their own intermittent dependence upon their spouse and professionals, parents experience ambivalent feelings. We, as pediatricians could, if we wish to, support these feelings and the self acceptance that may follow.