

Promoting self-understanding in parents--for the great good of your patients

Help parents discern how much their upbringing affects the parenting they do, and you'll promote a positive parent-child relationship; no small accomplishment! Includes an online Guide for Parents.

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Patterns of parent-child attachment	
If the parent's style of interaction is...	Then attachment is...
Responsive (emotionally available and perceptible)	Secure
Rejecting (emotionally unavailable, inoperative, and unresponsive)	Insecure—specifically, avoidant
Intrusive (inconsistently available, perceptive, and responsive)	Insecure—specifically, anxious or ambivalent
Alarming (frightening, frightened, disorienting)	Disorganized

Adapted with permission: Siegel/DJ, Herson M.

Patterns of parent-child attachment

Pediatricians are in a unique position to promote healthy parent-child relationships, and competent, confident parenting. Both the American Academy of Pediatrics (AAP) Guidelines for Health Supervision and the Bright Futures initiative stress the need to achieve strong childhood development. It is strong parenting that guides this developmental process. You now give to parents information about developmental milestones, changes in sleep patterns, setting limits and discipline, toilet training, mental stimulation, and age-appropriate play that helps them adopt suitable expectations for their child's development. Beyond information, parents need clear insight into the origins of their attitudes toward parenting to be able to deal effectively with their child's behavior. This article offers a framework for giving parents the right start, beginning with an understanding of their relationship with their parents, which portrays the deep reach of attachment in family life.

An icy plunge for new parents Adults who become parents are usually challenged by their new role, with its responsibilities and anxieties. New parents also face previously unexplored values and attitudes that surface suddenly upon the birth of their baby, as well as new routines and new problems that need an immediate answer. Such challenges often elicit a heightened emotional response, so that mundane matters suddenly make for excessive worry (who among us hasn't heard from the parents of an infant who hasn't had a bowel movement in *two days*?).

Other experiences quickly come, too, and add internal upset. The new mother is exhausted and feels almost literally consumed by her constantly hungry infant. The new father is dismayed at his wife's physical and emotional unavailability as she keeps her focus on the baby. Both must reset priorities of time, energy, and resources and balance home and work responsibilities. Both become aware that even more challenging child-rearing tasks and risks lie ahead: How will I protect my child from my own occasional frustrations, anger, and irritability? How can I avoid overindulging, yet set limits that are

fair? How do I provide appropriate praise yet correct unwanted behavior? How do I allow my child time and space for play, yet teach cooperation and respect?

Clearly, enormous change has come into two people's lives.

You, Doctor, can help!

One way that you can help parents, of course, is to provide child-development information and child-rearing strategies. Another is to guide them toward an understanding of their past especially the relationship they had with their parents and how it influences their patterns of behavior *today*. Self-understanding for parents comes through a long process, in which they review their upbringing on their own and with their spouse or relatives, friends, and other parents and professionals.¹ Counseling skills aren't usually taught during medical training, but many experienced pediatric clinicians know how important these skills are in helping parents understand themselves and their long-term role.

Problems arise for parents when experiences, attitudes, and fears carried forward from their upbringing lead them to respond inconsistently or behave inappropriately toward their child.^{2,3} When parents direct excessive anger, withdraw, use sarcasm and harsh criticism, or direct sharp orders toward their child, they upset, confuse, and, ultimately, damage that child. Once parents know the origins of their attitudes, however, they can learn to develop appropriate responses to their child. Reflection and self-exploration, inspired at opportune moments by your involvement, are key to change.

A good place for a parent to begin is with stimulating questions, such as those in the Guide for Parents that has been posted at www.contemporarypediatrics.com/contpeds/article/articleDetail.jsp?id=156681 and is adapted from the work of Siegel and Hartzell.¹ At an office visit, you can raise an appropriate question to link the past to the present in a way that helps the parent be more self-aware. The most important questions address parents' attitudes and values, especially as they relate to their own childhood and the way in which they were raised. Example: Growing up in an overly strict or harsh family, or one that lacks emotional warmth, may program a child to recreate the same family style when he (or she) becomes a parent. Research shows, however, that parents who have taken care to review their upbringing, have considered which aspects were positive and which were not, and have decided how they would like to raise their child are much less likely to repeat maladaptive patterns learned from their parents.⁴

Examining the evidence Attachment theory and research offers a useful frame of reference for understanding intergenerational attachment, and can be applied to promoting parental self-understanding as part of pediatric health supervision.⁵ The theory is that of English psychiatrist John Bowlby, who, in 1969, put it forward to explain the nature of a child's relationship to his parents and what happens to an infant when he experiences significant separation from them or other primary attachment figures.

Bowlby's research associate, Mary Ainsworth, later developed a research tool called the "infant strange situation" that assesses the nature of the attachment of child to parents. Subsequent research has shown that, when parents can understand their attachment to their parents, they can better see the effect those influences have on the attachment of their child to themselves as parents.⁶

Child attachment is of three types The central tenet of attachment theory is that a child who has a secure, confident basic connection to a caring adult has been set free to explore the world with enthusiasm and to build healthy relationships. Research shows that, depending on patterns of communication between parent and child, that child forms one of three different types of attachment to her parents. For some, attachment is adaptive and healthy; for others, it is less so (see the table at the beginning of this article).

Persistent patterns of communication between parent and child strongly correlate with specific types of attachment behaviors in that child. Responsive caregiving, or contingent communication, requires that a parent notice her child's signals (happy vocalizing, crying, fussing), make the effort to know what the child means, and respond in a timely, effective manner all leading to secure attachment that promotes well-being in the child and is a source of resilience in the face of stress.^{7,8}

Repeated experiences with less responsive caregiving (non-contingent communication), create insecure attachment that is categorized as *avoidant*, *ambivalent*, or *disorganized*:

Avoidant The child's signals are rarely perceived or responded to in an effective manner; this might happen when a parent is emotionally distant. Avoidant attachment predicts later difficulty relating to peers and the emergence of a poorly developed sense of self.

Ambivalent or resistant The parent is inconsistently available for sensitive, or contingent, communication and is at times intrusive in his or her interactions. Ambivalent attachment predicts a later level of uncertainty and anxiety in social situations. (A child whose development has been marked by avoidant or ambivalent attachment can still function relatively well; she manages the best she can because she has adapted in a fairly organized manner to life circumstances.)

Disorganized attachment This category is distinctive because it is associated with more problems in a child's emotional development. It occurs when a parent repeatedly causes a state of fear in a child by expressing excessive anger, withdrawing, or creating a setting in which the child is offered no hope of comfort or safety or no relief from distress.

Parents who relate to a child through frightened or frightening behavior present that child with an insoluble problem: The parent becomes a source of alarm a scenario known as "fright without solution"⁹ and there is no organized, healthy way for the child to adapt to such repetitive negative experiences. The process often leads to impeded self-comforting ability.

Disorganized attachment also leads to significant problems with social relationships and emotional regulation. Longitudinal studies document that a child's early and repeatedly overwhelming experiences of alarm caused by the parent cause long-term damage¹⁰: inability to adapt to stress because he cannot resolve his conflicted feelings and drives and, over time, disconnection in the normal interweaving of thought, emotion, and memory (dissociation), especially in response to stress.¹¹

All parents experience fatigue, hunger, and irritation at times, and occasionally "lose it" and bark at their child, or are overly harsh. An abrupt shift to such behavior in a parent who is usually accessible and attuned to the child's needs creates an upsetting and confusing situation. Normally, timely recovery and review of what happened comes from the parent and offsets the occasional outburst ("Whew! I had such a long day at work, and I was so angry to see you'd left your snack dishes all over the table. I hate it when I lose my temper like that."). When, on the other hand, a parent's behavior is extreme and repetitive and no chance of repair or reconnection is offered, a child responds with a disorganized form of attachment. Disorganized attachment is common in the setting of child abuse, but it can also occur in non-abusive homes (although many experts would label this type of parenting behavior emotional abuse).

Attachment among adults: Four patterns of response

Research in the 1980s revealed how early attachment patterns persist in adulthood. Mary Main and colleagues devised an adult attachment interview (AAI) that asked parents to write down their attachment-related memories from early childhood and relate them to their life at the moment.¹² Information elicited by the interview included which parent they felt closest to; what they did as a child for comfort when they were upset, hurt, or ill; what they remember about separations from their parents; and whether they ever felt rejected by their parents. They were asked to describe, among other factors, how they think their adult personality was affected by these experiences and how their relationship with their parents changed over the course of time. Last, they were asked to recall experiences as a child and as an adult of abuse by, or the death of, important figures.

Analysis of the AAI revealed four categories of adult response:

- free (autonomous)
- dismissive of early attachment
- preoccupied with early attachment
- disorganized

The research also showed a robust correlation as high as 85% predictive between an adult's assessment category and the attachment classification of his or her children. Findings from the AAI for an expectant parent can even predict the kind of attachment their child is likely to form with each of them!

Free (autonomous) These parents have clear insight into their past and successfully separated from their parents, yet are secure in their adult relationship and attachment to

them. *They will likely raise children with secure attachments to them.* A related group comprises parents with "earned security"; in the face of significant difficulty and insecure attachment during their childhood, they have made sense of their family experiences and understand how those experiences affect their own role as parents. A parent who has earned security can offer as secure an attachment to a child as a parent who has had security of attachment from their own childhood.¹³

Dismissive of early attachment These adults have limited access to the details of their past or can make little sense of how their past influences the present. Attachment of this type may occur when a parent has been raised in an emotionally spare or unexpressive family environment one that did not foster emotional sensitivity. It is characterized by insistence that he does not recall the details of early or even later family life experiences and by marked denial that relationships are important or that they have had a significant impact on his own development. *Dismissive parents minimize the importance of attachment.* Without self-reflection, they may disconnect emotionally from their child, which often leads to avoidant attachment.

Preoccupied with their own early attachment These parents have past issues that interfere with their response to questions on the AAI. Example: A father asked about his relationship with his mother and his early memories responded that she always favored his brother and that even last week she was treating him "unfairly." Preoccupations with recurrent themes held over from one's own upbringing often impinge on current functioning and may impair the capacity to have a warm, caring relationship with a child. When negotiating bedtime, setting limits, or dealing with an autonomy-seeking toddler or adolescent, the parent's background can intrude on perceptions of how to respond to the child's wants, and *is likely to create ambivalent attachment of that child to that parent.*

Disorganized with unresolved trauma or loss Parents who suffered a significant trauma or loss when they were growing up and that remains unresolved are more likely to raise their child with disorganized attachment. Even well-intentioned parents in this category, who clearly love their child, can behave in a way that is terrifying for that child. Unresolved, overwhelming experiences from the past intrude unpredictably on a parent's state of mind, leaving her less attuned to a child's needs, less empathic, and less flexible and self-aware.¹⁴

A child can become severely stressed or even terrified when a parent is in a troubled state of mind. Example: A mother reacts with extreme anxiety when her child has a minor illness. She becomes upset, indulges in outbursts at home, and makes frequent telephone calls and repeated office visits to the pediatrician despite clear information and reassurance. In her case, it is revealed that her beloved grandparent died at home after a brief respiratory illness and that she witnessed depression in her mother subsequently. Disorganized attachment in a child is often preventable, however, because unresolved trauma and grief are treatable.

What you can do: "Light a candle of understanding"

Of course, you cannot be expected to categorize the attachment level of your patients and their parents. But a clear understanding of attachment research provides a basis for staying alert to basic relationships you may witness between parent and child. Such awareness may, through an appropriate question or prompting at an opportune time, help parents understand their relationship to their own parents and how it affects the way they are raising their children.

A strong association exists between the results of the AAI and child attachment categories, yet controversy and unanswered questions persist.¹⁵ A few clinicians criticize the validity of using attachment categories based on a brief, standardized laboratory assessment. Although data do indicate that parents who can relate a useful, integrated, reliable narrative of their own attachment experiences (even in the face of having experienced trauma or loss) have children who develop secure attachments to them, we want to be clear that direct intervention data are not yet available to say whether an intervention that initiates parents' self-understanding can lead directly to healthier interactions with their child.

Nevertheless, we believe that pediatricians can help parents with an ongoing process of self-understanding through reviewing their childhood experiences and reconsidering their actions as parents. Furthermore, patterns of adult behavior can certainly be altered to keep them from degenerating into maladaptive interactions with their child.

One of the most important contributions that you can make is to offer a handout of leading questions to parents (see the Guide for Parents at www.contemporarypediatrics.com/contped/article/articleDetail.jsp?id=156681). This guide is organized so that parents have the opportunity to answer simple, straightforward questions designed to make them think about their past and how it relates to their present. Once you are familiar with the questions, use them to elicit insights from parents in your office when opportunity arises. General themes should cover love, nurturing, separation from loved ones, care when distressed, times of feeling threatened, and experiences of loss. Related questions might include how the parent was disciplined as a child and what the parent's relationship with siblings was like while growing up.

Because you are trusted, you can gently ask questions, even at the neonatal exam, to open the door to a continuing dialogue over coming years. (That long, trusting relationship gives you an advantage over mental health professionals.) The questions in the Guide for Parents invite them to recall and to rethink the emotional meanings of their past life in the context of a new role as parent. Consider this brief, ongoing conversation one that varies by need and changes its intensity at different stages of a child's development or the parents' life circumstances.

By bringing up memory-inducing questions with parents during the first year of their child's life, you can use the information to further elicit their feelings and reflections when normal parent-child difficulties arise. The potential for promoting timely, effective resolution before a parenting problem progresses is enormous.

If, during a visit, parents bring up concerns about intense emotions (anxiety, anger, sadness) or impulsive reactions, try to identify themes that cause such reactions ("What are you doing with your child that might cause such overwhelming feelings?"). By identifying a theme that acts as a trigger, you prompt the parent to reflect on that theme at a later time.

Asking leading questions needs to be accompanied by allowing some time to listen to the parent's responses. You may rightly fear opening a Pandora's box or drowning in a sea of information after asking a sensitive question. Remember: It isn't necessary for you to listen indefinitely or hear the whole story, or to respond with explanations or immediate advice. The appropriate "referral" is to spouse, friends, or select family members. You can say something like, "It sounds like you have many memories and feelings. I encourage you to talk to your spouse [or sister or brother or friends, etc.] to give you insight into what you want and don't want to do as a parent."

Issues uncovered can be explored in greater depth away from the office. A circle of friends or family can be remarkably helpful, focusing insights and helping make sense of a parent's personal history through supportive, empathic, emotionally directed conversation. Should problems surface and continue to bother the parent, you can recommend a therapist for further guidance.

Science and clinical experience tell us that parents' self-understanding greatly enhances their ability to be good parents and to foster the best possible development in their child. You can safely advise parents: It is never too late to begin the lifelong process of understanding one's self and deepening the emotional bond with one's children. Your role remains only to raise issues and support the process.

Remember: Cultures differ and families are diverse

The base of evidence that links the AAI and categories of child-attachment is generally founded on studies of middle-class, high-risk populations in the United States, Western Europe, and Israel.¹⁶ Can the association be generalized to other populations and different cultures? We do not know. Instead, our approach encourages *cultural competency*: Ask parents about their upbringing but be mindful that another culture may be exerting its influence. As you gather nuggets about parents' relationships and feelings carried forward from childhood, you may also learn about cultural variables that differ from what is seen in mainstream Western culture.

The best approach to cultural competency is to learn about the history of parents and patients in the broad context of extended family and culture. Ideally, cultural competency extends beyond learning facts about another culture when trying to understand people; it should also reveal cultural differences in, and attitudes about, child-rearing within a specific family.

An important caveat: Suspend value judgments about child-rearing practices in different cultures. Example: Many cultures emphasize interdependence, and a family style of this

kind contrasts sharply to the independence fostered in traditional middle-class American society. Societies that value interdependence emphasize dependency, especially with their children. Mothers from some cultures often feed their child until 3, or even 7, years old a sharp contrast to the practice of middle-class mothers in the United States, who often encourage a child to feed himself at 1 year of age.

You may find yourself in conflict with mothers and fathers about child-rearing practices unless you understand and take into account cultural differences. But you are in the ideal situation frequent, brief meetings in your office to mention cultural differences and ask parents to compare child-rearing in the United States with practices where they were raised. By being observant and open, you can monitor the parents' approach and help them decide if they want to retain their cultural practices or begin acculturation.

Summing up The basic task of parenting is always to help the child balance a need for healthy closeness with a healthy drive to explore the world outside. Usually, parents find it easier to support one side of that equation. Imbalance results when a parent is comfortable with the child's intimate closeness and healthy dependence but finds it difficult to encourage the child to be independent. Alternatively, a parent may be less available for normal closeness or affection and, instead, is better at encouraging the child's independence and initiative.

Parents need to know about themselves to raise a child well. The following signposts should be kept in mind:

- *Self-understanding and making sense of one's life calls for reviewing, recollecting, and rethinking.* The process is sometimes uncomfortable but essential for self-understanding. Parental self-understanding in the face of a difficult childhood history is key to breaking regrettable patterns that lead to insecure attachment across generations.
- *Emotional communication between parent and child is a sensitive interchange in which the parent shares and deepens the child's positive emotions and shares and soothes negative ones.* The reciprocal connection and responses of a parent to a child are at the heart of secure attachment.
- *Parents who are emotionally unavailable or inconsistently available to their child including in nonverbal interactions may create an emotionally sterile or confusing home environment, which can lead to an avoidant attachment in the child.* Without a strong model of warm and supportive communication, a child is poorly equipped to form friendships and love relationships. Such a child may appear "strong" or "independent" but is, in fact, as detached and distant as his parents.
- *Unexamined issues from their own childhood influence or preoccupy parents' thoughts and interfere with the evolving relationship with their child.* Parents' negative memories or experiences, and their defenses against feelings of anger or dependency, can keep them from an accurate perception of their child's signals. A preoccupied parent's responses certainly affect the child, and can cause him to be

- anxious, irritable, clingy, and frightened about separation from the parent and make him less interested in exploring the outside world.
- *Parents who have unresolved serious trauma or loss, or established patterns of interacting with their child in a way that causes the child to feel intense fear or alarm, may cause the child to develop disorganized attachment to them. A history of trauma or loss when resolved does not cause any form of insecure attachment. To become more capable parents, parents should understand the effect that past experience has on current practice through the support and guidance of the pediatrician.*

We know that how adults behave as parents is a direct reflection of their experience of childhood. It is not simply *what* happened to them as a child: It is *how well they understand* the impact of their past on their present and have emotionally resolved the traumatic and loss aspects of those events in their life. When parents have that understanding, they are no question able to forge the emotionally sensitive, strong relationship between parent and offspring that a child needs to thrive.

An artful, wise pediatrician goes beyond giving advice: She uses strategies and techniques to help parents initiate introspection and continue on the path to self-understanding. Ask a question, listen, and suggest themes for exploration: All these make for a strong beginning.

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Key Points

Better parenting: Your intervention may make it happen

- You can help parents understand feelings and behaviors about parenting by asking them appropriate questions at key times
 - Handout for parents that contains questions that focus memories of how family life was when they were growing up can help them understand how they have adopted their own style of parenting
 - Parents who can, or are helped to, recall and interpret their own childhood and how it can affect parenting style become stronger, more flexible, understanding parents
 - Attachment styles of avoidance, ambivalence, and disorganization between parent and child can greatly affect a child's sense of himself and of having a secure place in the world
 - Parents mainly use four basic patterns of response autonomous, dismissive, preoccupied, and disorganized when dealing with their child
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GUIDE FOR PARENTS Ask yourself about your childhood and make yourself a stronger parent

Here is a quiz about your childhood experiences to help you understand yourself better. Why do this? By looking into the past, you'll shed light on your relationship with your child now, and open the door to being a better parent.

This is not a short-term exercise. You can ask yourself these questions over the course of many years. And, during a number of office visits, you can also briefly discuss your answers and observations with your child's pediatrician as to how they relate to raising a healthy, well-adjusted child. Your parents, brothers, sisters, friends, and spouse can also help you rediscover yourself; consider asking them about your childhood, too.

REMEMBRANCE

- What was it like growing up?
- What kind of people did you have in your family?
- What was your parents' philosophy of raising children?
- What did you like about your childhood? What didn't you like?
- *Do you plan to raise your child the way your parents raised you?*

RELATIONSHIP

- Did you get along well with your parents?
- What changes in that relationship occurred during your youth, and until now?

- How did your relationship with your mother differ from your relationship with your father? How were they similar?
- Describe three characteristics of your childhood relationship to each of your parents. Why did you choose these adjectives?
- *Are there ways in which you try to be like, or not like, each of your parents?*

SEPARATION

- Do you recall your earliest separation from your parents? How did it feel?
- Was there ever prolonged separation from your parents?
- *Have you ever been separated from your child?*

DISCIPLINE

- How did your parents discipline you? What impact did that have on your childhood?
- *Do you think that discipline shapes your role as a parent?*

TRAUMA

- Did you ever feel rejected or threatened by your parents?
- Were there other overwhelming or traumatizing experiences in your life? During childhood? Beyond?
- *Do any of these experiences still feel very much alive?*
- *Do they continue to influence your life?*

LOSS

- Did anyone significant in your life die during your childhood? Later in life?
- What was that like for you at the time?
- *How does that loss affect you now?*

BONDS

- How did your parents communicate with you when you were happy or excited?
- Did they join you in your enthusiasm?
- What happened when you were distressed or unhappy as a child?
- Did your father and mother respond differently to you during these emotional times? How?
- *How do you communicate with your child now?*

EXTENSIONS

- Did anyone else besides your parents take care of you during your childhood?
- What was that relationship like for you? What happened to those people?
- *What is it like for you when you let others take care of your child?*

REFUGE

- Were there positive relationships inside, or outside, your home that you could depend on during difficult times during your childhood?
- How do you feel those connections benefited you then?
- *How might they help you now?*

IMPRESSIONS

- How have your childhood experiences influenced your relationships with others as an adult?
- *How has your own childhood shaped the way you relate to your children?*

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