

## Corporal Punishment

Congratulations on the inauguration of your new journal. Most of the articles were interesting and of value, but I was disappointed in the Commentary by McCormick.<sup>1</sup> He states that “. . . corporal punishment is a violence problem.”<sup>1</sup> He also asks questions in the Commentary that appear to impugn the motives and character of everyone who supports corporal punishment. One may believe violence is necessary in some circumstances without “glorifying” it. His own survey shows that the majority of pediatricians and family physicians support spanking in certain situations. Spanking was defined as “striking of the child’s buttocks or hand with an open hand, lightly, leaving no mark except transient redness.”<sup>2</sup> McCormick also mentions a survey of psychologists in which the majority used corporal punishment in their own home. I find it interesting that he wants society to outlaw something that has been around for hundreds of years and is believed to be useful by the majority of these well-educated and intelligent professionals. McCormick uses corporal punishment in schools as an example of its misuse, but of seven references all but one were from the 1970s.

Has not violence in the schools increased tremendously since then? Corporal punishment is used less in schools than ever before and yet violence is occurring as often, if not more often, in those school systems that do not allow it. The focus on corporal punishment takes the focus off the real problems, including dysfunctional families, true physical abuse, poverty, substance abuse, and the media. As family physicians, why are we not trumpeting the solution to many of the ills in our society, ie, strong healthy families? I believe the misuse of corporal punishment is common, yet how often do physicians teach proper parenting skills, if they know how to do so?

McCormick concludes “that corporal punishment is not a useful discipline technique,”<sup>2</sup> but does not provide the research that really supports this position, especially when it comes to “spanking” as he defined it. Most of the research, if analyzed rigorously, is weak and would not be accepted as definitive in other areas of medicine, and it certainly does not support the contention that it should be outlawed. Several of the studies cited concluded that variables other than corporal punishment are more powerful predictors of aggressive behavior or “found a moderate correlation.”<sup>2</sup>

One way of studying a problem is to use case studies. As one may guess, I am a parent in addition to being a family physician and have seven children. I have served on committees that review children’s deaths, looking for abuse, and I am doing research in the field of abuse. My children have all been spanked, some more than others, and yet none has been involved in fighting in school or on the streets. Are they perfect? No. Does spanking always accomplish the goal? No, nor does any other single method work 100% of the time. Are my children spanked often? No, it varies with the character and needs of each child, who is unique.

Based on my experience I believe that spanking, when done properly, can be helpful. I also believe it is often misused, sometimes because of ignorance and sometimes because of deliberate intent to abuse. Do I have a scientific study to support its use? No, but to call for the outlawing of corporal punishment because of so-called scientific data is not responsible science.

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1. McCormick KF. Corporal punishment and violence. *Arch Fam Med.* 1992;1:203-204.
2. McCormick KF. Attitudes of primary care physicians toward corporal punishment. *JAMA.* 1992;267:3161-3165.

In his Commentary on corporal punishment, McCormick<sup>1</sup> states: “Any adult-child interaction that could be called corporal punishment would be considered illegal battery if it took place between adults,” and “without question corporal punishment is a violence problem.” However, corporal punishment is not violence. It is the use of pain for the purpose of training children so that they will avoid behaviors that would bring them greater pain (whether physical or not) in the future. If any pain inflicted on a child is violence and therefore unjustifiable, then certainly immunization of children by injection is unjustifiable violence as well. This type of immunization involves the premeditated infliction of pain, with the use of physical restraint, to inject a foreign substance by means of a sharp object in order to permanently alter the child’s immune system. All this is done against the child’s will and in the face of his or her vocal and physical opposition, and would be considered illegal battery if it took place between nonconsenting adults. One might argue that consent for

immunization is being given by the parents in the child's interest, but if, as McCormick states, such a large majority of physicians and parents advocate violence against children (ie, spanking), why should we trust them to make other decisions regarding painful procedures for children?

McCormick and the researchers he quotes in his article in the *Journal of the American Medical Association*<sup>2</sup> on the attitudes of physicians toward corporal punishment seem unable to discover what 70% of family physicians already know from their own experience: spanking is a moral and effective method of child discipline by parents.

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1. McCormick KF. Corporal punishment and violence. *Arch Fam Med.* 1992;1:203-204.
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In reply

It was not my intention to suggest that all spanking supporters are mean in motivation or lacking in character. For most parents, the conscious and honorable motivation for discipline is to raise a respectful, productive, self-directed citizen. Yet, we use an act that exemplifies some of the very behavior we deplore, that does not engender respect for elder and order, and that does not teach self-direction. Our empiric acceptance of spanking is contradictory and involves more than simple acceptance of the wisdom of our elders.<sup>1</sup>

If spanking were effective or harmless it would be an acceptable tool of discipline. In fact, spanking is not more effective than other methods. When some of the most important goals of discipline are considered, it is less effective. The lesson is to hit and to misbehave only when punishment is unlikely. The effects of spanking are more subtle than appreciated. In addition, our perceptions are not more accurate because we are physicians or psychologists.

If spanking affected hemoglobin, then perhaps the question would have been resolved long ago. However, the literature on corporal punishment is of no less quality than literature

dealing with other issues of behavior and mind. The science that supports many daily actions of family physicians is no more conclusive. Physicians swear to, first, do no harm. When almost all the science on corporal punishment contraindicates its use, when not a single study, weak or strong, finds it safe and effective, is it responsible to contradict this science? Dare we take the chance of doing the harm we swore to avoid? Mongan's assertion that violence has increased in schools that do not use corporal punishment is further evidence of a need to consult the literature rather than rely on what may be faulty perceptions. Schools that have eliminated corporal punishment note no deterioration in student behavior.<sup>2</sup> Although the cited study was done in the 1970s, evidence and opinion against corporal punishment continue to accumulate.<sup>3-8</sup>

I thank Mongan for reminding us that corporal punishment is not the only source of our problems with violence. Strong, healthy families can be a foundation to fight many of the ills of our society. But corporal punishment is not needed to have a strong, healthy family. It is not my intention to divert concern away from poverty, substance abuse, and the media. But spanking is a violence problem, a "primordial violence" problem<sup>9</sup> that must not be ignored by physicians.

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