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The Power of Parenting

Parenting: the bringing up of children by, or as by, a parent. (Universal Dictionary)

It is possible to love a child passionately – but not in the way that he (she) needs to be loved. (Alice Miller, US psychologist and author)

Having agreed with the management team at Colin's two children's homes that the most appropriate starting point was to tackle the question, 'what would good parents do?', we began to consider the concept of 'parenting' in more depth. Over the past few years in the world of public care, the word 'parenting' has been slowly replaced by the word 'care' (for example, as in foster care). Although there may be a few arguments of the 'valuing family ties' type for making this change, the essential 'parenting' dimension has got lost in the shift from a personal and individual focus to a more impersonal and quantifiable process: there is more than a subtle difference between being 'cared for' (a restricted set of tasks which a babysitter could be asked to carry out) and being 'parented' (a complicated process which involves not only nurturing, understanding and involvement, but also consistency, the setting of boundaries and appropriate expectations for behaviour).

Becoming a successful parent is a complex process for which society provides little or no formal training. It is influenced by a number of interacting factors including the natural skills and experience of the carer themselves, the characteristics of the children, the availability of an extended family, neighbourhood characteristics and the support (or constraints) of society. The responsibilities of being a parent are huge, especially since it has long been known that every aspect of a child's functioning – physical and mental health, intellectual and educational achievement and social behaviour – are all fundamentally affected by parenting practices.

Of course, parenting is often a source of deep and lasting satisfaction for parent and child alike, but there are also times when the tasks of being a parent are stressful, frustrating and emotionally overwhelming. Fortunately for everyone concerned, most parents and carers manage to overcome these challenges and go on to create happy and well-adjusted children and young people. However, for

some parents some of these problems become insuperable and for a minority of children, home can become an unpredictable, frightening or dangerous place.

Unseen in the background, fate was quietly slipping the lead into the boxing glove. (P.G. Wodehouse)

As many as two children are killed every week in the UK through parental neglect or abuse and 'the number of child deaths from abuse and neglect has not dropped in the UK in the last 30 years' (Creighton and Tissier, 2003). It also comes as a surprise to most people to find out that in the England, the majority of the 60,000-plus children and young people in public care are there because they have been rejected, abused or neglected by their parents. Sadly, many of these children are likely to carry the emotional scars of such negative life experiences with them throughout their lives and, as a result, they achieve depressingly poor social, educational and economic outcomes.

Sometimes, looking sad is met with friendly concern, and sometimes you are berated and punished for being ungrateful. But you just never know ... (Cameron child, Jessica, 1978)

Yet, despite its importance, parenting is one of those human activities which most people take for granted: most parents learn their skills from their own parents and through the experience of bringing up their own children. However, for professional care staff and foster carers who are often looking after particularly vulnerable children and young people, the skills and knowledge of parenting cannot be left to trial and error, but need to be unpacked, analysed, understood and implemented, often in difficult circumstances. Surprisingly, 'good parenting' merits only one mention in the Department of Health (2002) *Children's Homes: National Minimum Standards – Children's Home Regulations* (notably, in the context of respecting a child's wish for privacy) and is ignored in the otherwise thoughtful General Social Care Council's *Code of Practice for Social Care Workers* (2002).

In the case of residential care settings, much of the good practice would appear to result from the unspoken or 'tacit' knowledge possessed by care staff, rather than from their more formal, in-service training programmes. Even when the work of child carers is being done well, practitioners are unlikely to be aware of the specific elements and processes underpinning their good practice (see Anglin, 2004). Small wonder then, that the DfES publication on the proposed children's workforce strategy recommended more effective commissioning of services for children in public care which included paying greater attention to the skills and abilities of the workforce that would be employed in social care services (see DfES, 2005, p. 42, s. 3).

Our Starting Point: Parental Rejection

For the small group of children in our care the stark reality is that for a variety of reasons, their parents are not available to them. Although children in the children's home had their own ways of expressing this, each perceived their parents as having abandoned them. After more than a decade of research, Baumeister (2005) was able to conclude that the human brain's response to rejection was the same as its reaction to physical injury: rejection led to excluded people appearing to lose their motivation and willingness to make the efforts and sacrifices necessary to alter their behaviour according to the needs and prescriptions of others:

the lack of emotion in our studies is not simply a result of people denying their feelings or being too embarrassed to admit them. Rather, it appears that their emotional system has genuinely shut down. They seem emotionally numb, not just to their recent rejection experience but also to the sufferings of others and to (relevant) events in the future. (Baumeister, 2005, p. 735)

When the source of rejection is a parent, then the effects on the child are particularly devastating and life changing. We now believe that addressing this trauma is the core task of residential and foster carers.

[R]ejection is not simply one misfortune among many, nor just a bit of sad drama – it strikes at the heart of what the psyche is designed for. (Baumeister, 2005, p. 732)

Cross-cultural studies of the negative impact of parental rejection have been carried out over the last two decades by Ronald Rohner and his colleagues at the Centre for the Study of Parental Acceptance and Rejection at the University of Connecticut. Parental Acceptance–Rejection Theory (PARTheory) holds that *all* children need a specific form of positive response – *acceptance* – from parents and other primary caregivers. When this need is not satisfactorily met, children worldwide and regardless of variations in culture, gender, age, ethnicity or other such defining factors, tend to report themselves to be hostile and aggressive, dependent or defensively independent, impaired in their self-esteem and self-adequacy, emotionally unresponsive, mostly unstable, and holding a negative world view (Rohner et al., 2004).

A synopsis of PARTheory can be found in Table 2.1 and specific details of this explanatory model are available in Rohner (1986) or (2004).

Parental acceptance and rejection can be viewed as a high-to-low warmth dimension of parenting. This continuum is one on which all humans can be placed, because everyone in childhood has experienced love or (sadly) rejection at the hands of their major caregivers. One end of this continuum is marked by

Table 2.1 A Summary of Parental acceptance–rejection theory (PARTheory)**Main themes from PARTheory:**

- Children need parental acceptance, not rejection
- Rejection can be clearly *evident* or it can be *perceived* by the child (although in the latter case, it may be less obvious to others)
- If the child's need for acceptance is unmet, emotional problems result
- Such resulting emotional problems appear to be universal, across the human race
- Some of these emotional and behaviour problems appear to persist in the long term
- Other factors are involved in the adjustment of children, but parental acceptance–rejection has been shown to be a particularly powerful influence on the emotional development of children.

Source: Rohner (1986; 2004).

parental acceptance, which involves the warmth, affection, care and comfort that children can experience from their parents and other caregivers. The negative end refers to the absence (or the significant withdrawal) of positive feelings in parental behaviour and by the presence of a variety of physically and psychologically hurtful behaviours and affects. Thus, the warmth dimension is concerned with the quality of the affection bond between parents and their children, and with the physical, verbal and non-verbal behaviour of parents, which accompany these feelings.

An important and illuminating aspect of PARTheory is that parental rejection does not only consist of a specific set of actions by parents, but also includes those perceptions and beliefs that are held by the child or young person. Children who *experience* or *perceive* significant rejection are just as likely to feel ever-increasing anger, resentment and other destructive emotions that may become intensely painful. As a result, rejected children tend to suppress these painful emotions in an effort to protect themselves from the hurt of further rejection, that is, they become less emotionally responsive. In doing so, they often have problems with being able or willing to express affection and warmth and in knowing how to give, or even being capable of accepting, these positive emotions from others.

The strength of the Parental Acceptance–Rejection Theory lies in its insightful macro-perspective of parenting, its cross-cultural applicability and the effect of acceptance–rejection on other primary interpersonal relationships, including influencing these in later adult relationships. Empirical evidence now supports many of the major claims of this theory, especially the prediction that perceived parental rejection is likely to be universally associated with a specific form of psychological maladjustment, involving emotional, social, personal and other problems (Rohner, 1986; Rohner et al., 2004).

[C]hildren and adults appear universally to organise their perceptions of parental acceptance–rejection around the same four classes of behaviour ...

Table 2.2 Some examples of parental acceptance and rejection

Parental acceptance behaviour	Parental rejection behaviour
<ul style="list-style-type: none"> • Celebrating a child's achievements • Showing affection • Pointing up a child's progress and developmental milestones • Spending special time with a child • Sharing a mutually enjoyable activity 	<ul style="list-style-type: none"> • Ridiculing a child's achievements • Showing dislike • Comparing a child's progress unfavourably with a sibling or peer • Too busy to spend time with a child • Imposing an activity on the child

warmth-affection (or its opposite, coldness-lack of affection); hostility-aggression; indifference-neglect, and undifferentiated rejection ... Culture and ethnicity shape the specific words and behaviour (associated with these four categories). (Rohner, 2004, p. 830)

Returning to our previously mentioned professional disagreement about the major contributor to poor life outcomes for children and young people in public care, both authors are now convinced that parental rejection is the most likely culprit. Parent Acceptance-Rejection Theory challenges the uncritically accepted, conventional wisdom that the poor educational attainments, restricted social outcomes and diminished life chances of looked-after children, result mainly from the impact of the care and education systems, as some researchers have argued (cf. Jackson and Martin, 1998; Jackson and McParlin, 2006).

Unfortunately for parents and carers, the literature does not offer specific advice for promoting parental acceptance behaviour and for avoiding overt, passive or unintentional parental rejection. Rohner (2004) and Rohner et al. (2004) do, however, highlight the need for support professionals to enable parents and other caregivers to recognise and employ culturally appropriate ways of communicating warmth and affection and to avoid behaviours that indicate parental coldness and a lack of affection (for example, receiving a slice of Dad's apple or having hair carefully brushed by their mother versus receiving frequent put-down comments or being generally ignored by either parent). See Table 2.2 for further examples.

Our hypothesis is that children in care belong to a much larger overall group of dysfunctional children, with the common factor being the trauma of parental rejection, often accompanied by neglect and abuse. Yet, in all the UK literature on children in care, there is scarcely a passing reference to rejection in general or to parental rejection in particular.

Attunement and Secure Attachment

While the explanation of social and parental rejection has offered an explanation of emotional adjustment, it is *insecure attachment* that links the experience of

Table 2.3 Early attachment experiences and their effects on later development (cf. Svanberg, 1998)*'Secure' attachment*

Trust in adults (cognitive and affective experiences integrated). High confidence, self-worth/social competence and interpersonal skills/higher school attainment at age 7 and better school adjustment

'Avoidant/Defensive' attachment

Trust component missing. Less socially competent/more internalising (e.g. withdrawal, non-participation) behaviour, more likely to victimise others at school

'Ambivalent' attachment

Reduction and anticipation dimension missing. More externalising behaviour (tantrums, whingeing)/more likely to be victims at school

'Disorganised' attachment

Both trust and confidence are lacking (vulnerability). Substantial learning and behavioural problems (especially aggression) occur in school

parental rejection to child behaviour, which can be wilful, hurtful, unresponsive, unfeeling and self-focused, and which often leads to personal unhappiness and unfulfilled potential.

The theory of attachment explains the crucial importance of parenting. A summary of the importance of the attachment process to the healthy development of the child was provided by John Bowlby, when he wrote:

evidence is accumulating that human beings of all ages are happiest and able to deploy their talents to best advantage when they are confident that, standing behind them, there are one or more trusted persons who will come to their aid should difficulties arise. The person trusted, also known as an attachment figure, can be considered as providing his or her companion with a secure base from which to operate. (Bowlby, 1979, p. 103)

Table 2.3 gives an overview of different types of attachment, which can develop from such warmth, understanding and responsiveness, as well as from a lack of or a distortion of these experiences and also includes their likely outcomes for later development and well-being. (See also Grossman et al., 2005, for a useful account of the attachment process from infancy to adulthood.)

It is the quality of (usually) maternal care, which predicts the outcome for child security and adaptive emotional and social growth, and Fonagy (2003) has summarised the most important of these 'quality' attunement criteria as sensitivity to the child's needs, responsiveness to distress, moderate stimulation, non-intrusive behaviour, interactional synchrony and general warmth, understanding and responsiveness.

The process through which secure attachment develops is that of 'attunement'. Indeed, Parent-child attunement takes place when the adult not only understands

Table 2.4 Examples of carer–child emotional-attunement activities

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- You take part in a fun activity together and laugh a lot
 - You both talk enthusiastically about a planned future event
 - You give the child in your care a spontaneous hug
 - You ask the child to give you a quick hug
 - When you tuck the child into bed, go through all the enjoyable events shared during that day
 - You spot something that the child is doing well and you let them know
 - You spot that the child is a little unhappy and you sit down together and chat about this
 - The child spontaneously shows affection to you and you respond warmly
 - You enjoy a funny story together
 - You inadvertently do or say something silly and you and the child sit down and have a good laugh about it (or you both retell the story to others)

The attunement process is most important in early childhood, but emotional attunement is also important for the healthy development of the older child

his or her own feelings, but can also ‘read’ the feelings and sensations which underlie the observable behaviour of the baby or young child and can respond in such a way that the child becomes aware that someone knows how to respond to their current needs (for example, to be comforted, stimulated or made physically comfortable). Howe (2005, p. 2) has described the significance of this process as follows: ‘As carers help children to make sense of their own and other people’s behaviour by recognising that lying behind behaviour are minds and mental states, a whole train of psychosocial benefits accrues, including emotional attunement, reflective function and emotional intelligence’.

Howe has reminded us that insecurely attached children often have parents who have problems in coping with their own needs of dependence and vulnerability, and therefore are poor at understanding either their own or others’ thoughts, feelings, beliefs or desires:

The family landscape is cold. It is a place of suffused tension. Warmth and spontaneous expressions of love and delight are rare. There is wariness. But lurking beneath the taut surface of everyday relationship dealings, there is also anger. Under increased stress, anger can suddenly erupt without warning into violence. (Howe, 2005, p. 91)

Experiencing an attuned relationship is a prerequisite to the development of both security and empathy in the young child. In other words, the roots of child or adult behaviour which is lacking in empathy towards others, or is socially exploitive or violent, are most likely to be found in early patterns which are established not only psychologically, but also at the physiological level of brain formation. It is the development of empathy, which is now being viewed as the antidote to both childhood and adult violence, an argument which is well evidenced in the Worldwide Alternatives to Violence report

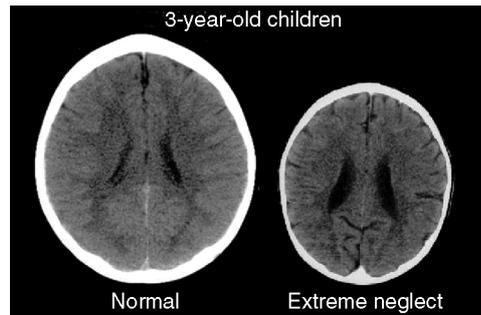


Figure 2.1 Brain scan images which illustrate the impact of neglect on the developing brain (www.childtrauma.org. Reproduced by kind permission of Dr Perry and the Child Trauma Academy).

(2005). After all, how can someone be cruel or violent towards another person if she or he feels for the victim who would be affected?

For over half a century, people working in the caring professions have been aware of the importance of secure attachment in the early years for the healthy development of every child. However, the adverse effect on a child who does not have the opportunity to develop such an attachment, although frequently documented, has often remained a subjective and speculative topic. Recent advances in neuropsychological research has confirmed that, in human development, the most rapidly changing of all the body systems is the brain: it is estimated that from birth until about age 7 our brains more than triple in size. Such research has also confirmed a clear link between essential childhood experiences like attunement or neglect and the healthy development of the human brain (see Gerhardt, 2004; Perry, 2000; Shore, 1997).

Recent advances in neuro-imaging and positron-emission tomography (PET) scanning, which allow the working brain to be visually observed, have confirmed the complexity of the developing human brain and its dependence on environmental factors. While physical injury and occasional deaths are clear evidence of abuse, the impact of rejection, psychological abuse and neglect has, until recently, remained open to debate. Bruce Perry, director of the US Child Trauma Academy, has produced dramatic visual evidence of the detrimental impact of neglect and abuse with his iconic presentation of two brain scans, one of the brain of a normal 3-year-old, the other of the damaged and underdeveloped brain of a 3-year-old child who has suffered extreme neglect and abuse (see Figure 2.1).

The new methods of measurement in neuropsychology and neurobiology which can quantify brain growth and activity have led researchers like Perry (1997; 2000) to conclude that there is no specific biological determinant more powerful than a relationship in the early years and that early life experiences

determine the core neurobiology of a child's development. For those particularly disadvantaged children who have also suffered neglect, violence and sexual or psychological abuse, the previously 'invisible' brain damage can now be observed as 'grievous bodily harm'.

Going back to the commonly accepted position, that the care system is to blame for the poor outcomes of looked-after children, we can now include this physical evidence to support our hypotheses that the harm has almost invariably occurred prior to the children being placed in care.

While insecure attachment, especially in early childhood, can have major consequences for future development, it is important to recognise the astounding plasticity, flexibility and resilience of the developing child or young person (cf. Fonagy et al., 1994; Newman and Blackburn, 2002), even if the tasks of compensating for key experiences, which were either absent or abusive, generally become more difficult as a child grows up.

The CT scan on the left is from a healthy 3-year-old child with an average head size (50th percentile). The image on the right is from a 3-year-old child following global neglect during early childhood. The brain is significantly smaller than average and has abnormal development of cortical, limbic and midbrain structures.

It is certainly the case that not all rejected, abused and neglected children become violent adults, and, as Perry (1997 p. 133) has pointed out, the majority of these victims are likely to 'carry their scars with them in other ways, usually in a profound emptiness, or emotionally destructive relationships, moving through life disconnected from others and robbed of their humanity'.

However, a more encouraging and optimistic perspective of possible life outcomes for children and young people, who have had negative and developmentally constraining life experiences, has been presented by Baumeister (2005, p. 375) and it is this optimistic stance which we will pursue in this book:

in many cases, rejection makes people suspicious, hostile and antisocial. But when a reassuringly safe prospect of forming a new bond does present itself, people who were recently excluded seem willing and even eager to take it.

The powerful influence of parents and carers in shaping children's emotional development is well documented by the positive outcomes for those who have received a high level of parental affection, thoughtfulness and understanding. The negative effects of neglectful or dysfunctional parenting are equally well established but, fortunately, there is also ample evidence of the effectiveness of parenting training programmes on the mental health of vulnerable children.

(See Fonagy and Kurtz, 2002, for a 'what-works' review of this research, or Patterson et al., 2002, for a controlled study of the outcomes of the Webster-Stratton parenting programme delivered by health visitors to families of vulnerable children.)

Effective attachment-based interventions, which have had a positive impact on such problems, have either tried to help parents and carers to become more sensitive to child cues or attempted to change their beliefs about the nature of parenting. Not surprisingly, proactive approaches to child neglect and abuse are more likely to have positive outcomes, and cost-effectiveness, than reactive approaches, which serve only to pick up the emotional pieces afterwards.

Children who have not experienced an attuned relationship from at least one caring adult are likely to grow up failing to develop an appropriate level of self-worth and empathy towards others. It is no exaggeration to say that by ignoring the evidence of the traumatic effect of early neglect and abuse, we not only fail to safeguard the healthy emotional development of the individual child in need, but we also inadvertently assist in creating the next generation of, often violent, socially isolated and emotionally callous parents!

Parenting Style and Well-being

In the children's homes, one immediate effect of teaching these theories to care staff was the new insights which carers started to show in their reports on the children. Following discussions and training sessions, they were often able to offer thoughtful explanations for children's behaviour rather than getting upset and feeling helpless.

Our next task was to identify a common approach or style for staff to adopt which would be most helpful in working towards the outcomes identified in the national Every Child Matters agenda, namely: being healthy; staying safe; enjoying and achieving; making a positive contribution; and achieving economic well-being. For this common parenting approach, we looked for research which would demonstrate a clear link between 'parenting style' and positive outcomes for children in later life.

Nearly two decades of research by Baumrind and her colleagues have shown that there is a particular style of parenting – *authoritative parenting* – which reliably leads to positive development outcomes (cf. Baumrind, 1989; 1991; and Leung et al., 1998). 'Parenting style' refers to a combination of parental control and expectations for the child's learning and behaviour (*demanding-ness*) together with sensitivity to the child's needs (*responsiveness*). Baumrind (1991; 1993) identified four different parenting styles – *authoritative, authoritarian, over-indulgent and permissive/neglectful* – and these are illustrated in Figure 2.2.

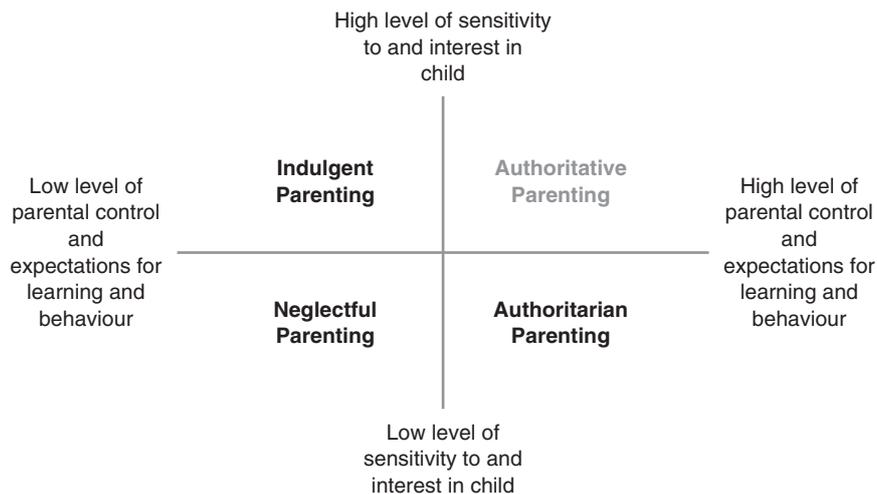


Figure 2.2 Parenting styles in child care (cf. Baumrind, 1991; 1993)

Authoritative parents are able to maintain an effective balance between high expectations for their children and an appropriate level of control, responsiveness and care. Such parents establish and firmly reinforce rules and standards for their child's behaviour, constantly monitor these and use non-punitive methods of discipline when rules are violated. While socially responsible and mature behaviour is expected and encouraged, authoritative parents are also warm and supportive. They encourage two-way communication, validate the child's individual point of view and recognise the rights of both parents and children (cf. Baumrind, 1991).

More recent work by Barber (1996) has added another facet to this parental style model – *psychological control*. This dimension stretches from the frequent employment of negative psychological control techniques (for example, using guilt, withdrawal of affection, shaming, emotional possessiveness, and so on) to positive methods of control like autonomy-building, seeking the child's opinion, understanding the child's needs and aspirations, using explanation and affirming the child's positive qualities. The study of 'emotionally harming' parenting is a relatively new research topic in contemporary Psychology, and an excellent review of the issues in this area can be found in Iwaniec et al. (2007).

Therefore, the three major factors that define parenting style are as follows:

- *Responsiveness*: Baumrind (2005) views parental responsiveness as the extent to which parents pay attention to fostering individuality, self-regulation and self-assertion by being attuned, supportive and acquiescent to children's special needs and demands.

Table 2.5 The three major dimensions of authoritative parenting and their likely outcomes for children

- The first of these – *parental responsiveness* – influences the degree to which a child can build trust in and develop empathy towards others
- The second dimension – *setting reasonable standards for behaviour and learning* – is concerned with the appropriateness and strictness of parental standards. Parents who practise a moderate level of control tend to set high performance standards and expect increasingly mature behaviour. Children who experience moderate control tend to be self-reliant, friendly and co-operative and to do well at school
- The third dimension – *psychological control* – highlights the importance of using positive forms of psychological control (e.g. reflection, learning from failure, encouragement, etc.) as opposed to sarcasm, belittling, unfavourable comparisons with others, guilt and put-downs. Children who experience positive psychological control are more likely to develop personal and social responsibility and to use rational argument, rather than intimidation, to influence the behaviour of others

Although it is recognised that parental style and child temperament interact, nevertheless, an authoritative style of parenting is most likely to lead to a high level of personal adjustment, self-management, social confidence and school attainment.

Authoritative parenting is only one type of parenting: sadly there is also indifferent, neglectful and authoritarian parenting.

- *Demandingness*: these are the demands that parents make on their children to help them to become integrated into the family, together with the supervision and discipline required to ensure that these demands are carried out by the child.
- *Psychological control*: Barber (1996) defines this as control methods that influence the psychological and emotional development of the child. (Inappropriate psychological control is likely to involve bribes, humiliation, guilt, fear, exclusion or threats.)

Authoritative parenting is both responsive and purposefully 'restrictive', but in a way which is fair, clearly explained, consistent and balanced to take the needs of the parents and children into account. Authoritative parenting has been shown in a number of studies, both cross-sectional and longitudinal, to be associated with a robust self-concept for the child.

Concluding comments

In an ideal world, all parents would be closely attuned to their infants' needs, provide them with the essential early experiences which are required for healthy development and, as a result of such skilful parenting, violence, aggression and anti-social behaviour in children and young people would become rarer events than occur at present.

In order to ensure that carers can provide the type of parenting needed to ensure positive outcomes for children in care, professional carers need to recognise the needs of these children, understand the main factors which underpin successful parenting – the main issue – and direct their energies, skills and resources towards the causes rather than the symptoms of the problems faced by so many children and young people in public care. So, in order to understand what ‘good’ parents should be *doing*, in the next chapter we explain what we have identified to be the important pillars of successful parenting techniques.

Time for Reflection



Since research evidence points to parental acceptance as a key to the emotional and social well-being of children and young people and parental rejection has been shown to be implicated in their dysfunctional development, why has ‘parenting’ been left off the local and central government agendas for those children who are in public care?