

Between parenting and psychotherapy – in search of contiguity

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Abstract

Aim. Parenting and psychotherapy are commonly considered to be entirely divergent phenomena. By comparing the two processes in the search for points of contiguity, this narrative literature review aims to present a different approach. Contemporary views on psychotherapy and parenting were analyzed in terms of definitions, relations, treatment, the role in maintaining health and triggering psychopathology.

Method. A literature review based on a Medline keyword search between 2000-2020.

Conclusions: Available literature review suggests at least three points of contiguity between parenting and psychotherapy: (1) dominant parenting style and its role in the development of future psychopathology, (2) psychotherapy as a process of reversing the adverse effect of parental failures and (3) psychotherapy as a method of supporting parental competence.

parenting; parenting styles; psychotherapy

INTRODUCTION

There is a common notion that psychotherapy, defined as a form of psychosocial interactions aimed at correcting emotional and behavioral disorders [1], is separate from parenting.

The process of passing on a set of norms, or promoting and supporting a particular, right way of thinking and behaving, both such essential features of child rearing, seem to constitute quite different forms of psychosocial interactions from psychotherapy, which is based on the principles of respecting the patient's moral beliefs, and abstaining from imposing any philosophy, ideology or directivity. If, however, the word "right" used in relation to ways of thinking and

behaving were to be replaced with the phrase "new or more adaptive", the difference would no longer be so clear. Especially as regards cognitive and behavioral therapies, in which the therapist presents the patient with a certain paradigm of thinking and suggests changes within the existing response patterns, and the patient is encouraged to engage in "re-learning". Derived from the theory of learning, the term "re-learning" refers to the development of new ways of functioning, expanding knowledge, emotional experience and behavioral repertoire in the process of psychotherapy [1] and is not restricted exclusively to cognitive behavioral therapies. The essence of any psychotherapy is to change once learned cognitive, emotional and behavioral responses that are part of the patient's psychopathology [ibidem]. In turn, the very concept of "parenting" can be defined in various ways. The answer to the question of whether there are any points

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of contact between parenting and psychotherapy depends therefore to some extent on both the adopted definition of parenting and the school of psychotherapeutic thought with which it is to be compared. Clinical experience in the field of psychiatry and psychotherapy of children and adolescents as well as adults clearly indicates the key role of parental interactions in shaping and reinforcing both the desired, adaptive behaviors on the one hand, and problematic ones on the other. Evidence abounds that even a slight change in caregiver behavior can significantly improve the management of a child's symptoms. In relation to adults, parenting is usually discussed in retrospect, with an emphasis on parenting styles in the family of origin or role models represented by significant persons from the past. Does this mean that the process of upbringing is limited only to childhood and adolescence? Or is it restricted only to the child-parent (guardian, significant person) or child-teacher/mentor relationship? How does the upbringing process one was subjected to in childhood and adolescence contribute to their present functioning, if at all? And can it also take place in the later stages of life? This paper is an attempt to tackle all above questions. The literature review it was based on included selected psychological literature and publications available in the Medline database, with the use of the following search terms: parenting, parenting and psychotherapy, parenting styles. The obtained evidence base and theoretical background constitute a good starting point for considerations concerning when the upbringing process ends and to what extent the process of change in psychotherapy is similar to the change resulting from parent-child interactions.

Parenthood and parenting – problems with definitions

The emergence of a close emotional bond between a child and the mother, father or any other primary caregiver is the moment when the child's psychosocial development begins. In his theory of psychosocial development, Eric Erikson described the first stage thereof as the period when the infant, through interactions with caregivers who provide food, warmth, and comfort of physical closeness, develops a basic sense

of trust in the environment or (in the event these basic needs are not satisfied) – basic distrust [2]. According to Bowlby's attachment theory, early interactions with caregivers trigger creation of memory structures which determine patterns of expectations towards future social interactions – ie. attachment styles (*secure, anxious, ambivalent*) [ibidem]. The above theories describe the parent/caregiver-infant relationship, ie. the earliest stages of parenthood. Parenting, understood as a set of planned activities aimed at shaping attitudes and teaching specific behaviors, starts later, but plays an important role in encouraging the development of both healthy and adaptive as well as maladaptive attitudes and characteristics. Psychotherapy aims to recreate these original relationships with primary caregivers in order to recognize their effect on the patient's present functioning and provide a corrective emotional experience to replace dysfunctional patterns.

Psychological definitions of parenting understood as planned, conscious endeavors aimed at shaping human personality according to an assumed, specific pattern, including cognitive, moral, aesthetic and organizational/social values (...) [3] intertwine with those describing the process in more general terms emphasizing the collective effect of all environmental factors on one's development and behavior [4], or the process of developing moral, intellectual, artistic and physical qualities that remain within a child's potential [5]. The term "parenting" is more commonly found in the field of pedagogy and child rather than general or clinical psychology. In academic textbooks, the term appears in the history of psychological thought or developmental psychology sections, mostly in relation to parenting styles [2, 6], while it is much less frequent in the subject indexes of clinical psychology or adult psychopathology textbooks [7, 8], which may come as somewhat of a surprise, as the links between parenting and potential development of broadly understood psychopathology seems to be of paramount importance. Doubts concerning the correct understanding of the term "parenting" may be partly due to linguistic and cultural differences. For example, in the English language, the terms applied to refer to nurture or child rearing, such as: *parenthood* – "the state of being a parent," *parenting* – "the process of caring for

your child or children,” and *upbringing* – “the way in which a child is cared for and taught how to behave while it is growing up” [9], are frequently used interchangeably. In the Polish language, however, the two terms, ie. “parenthood” and “parenting,” have slightly different meanings. The Polish pedagogical dictionary defines the term parenting as a consciously organized social activity based on the relationship between the educator and the child, the purpose of which is to trigger intended changes in the personality of the child. These changes include both the cognitive-instrumental domain, related to the ability to acquire knowledge about the surrounding world and to influence it, as well as the emotional-motivational domain, which consists in shaping the child’s approach towards the world and other people, their beliefs and attitudes, system of values and purpose in life [10]. Although the emotional context in which the “educational” messages are “passed on” is of key importance and although this context is not necessarily the result of any premeditated organizing, behaviors triggered instinctively, under the influence of emotions, and not necessarily consciously and purposefully, do not fit into the above definition. It also seems that Polish literature definitions of parenting place more emphasis on “*instilling principles and values; or personality shaping*” rather than “*providing care and attention*”. One of the most accessible and the closest to the English-language definition of the word “parenting” can be found in “A Different Dictionary of the Polish Language”, published by PWN, which conveys that if we have raised a child, providing them with care until they have become independent, we have instilled in them certain values, rules of conduct, coexistence with other people, etc. (...) [11]. Hence, the adopted definitional approach towards the term *parenting*, depending on the emphasis on its various components, may affect its perception as completely different vs. convergent with the process of psychotherapy.

The role of parenting in the development of health and psychopathology

For the proper course of development in childhood, a certain balance is necessary between the

child’s emerging abilities, their strive for autonomy, initiative and sense of competence, as well as parental need to protect them and desire to control their behavior [6]. In the literature on cognitive-behavioral psychotherapy, the upbringing process is recognized as one of the factors affecting formation of key beliefs about oneself, the world, and other people, which in turn determine either healthy or maladaptive functioning. The way people internalize adverse experiences plays a key role in shaping beliefs about themselves, the world and others, thus determining the development of both health and psychopathology [12]. Much attention has been devoted to the study of the effect of maltreatment, family pathology and trauma on personality development. Although the links between all these phenomena seem obvious, the subject of this paper is limited to the analysis of the effect of parenting. Found among the factors essential for the proper development of a child, parenting style is understood in cognitive and behavioral terms as a particular belief system and a resulting set of parental actions and behaviors towards the child. Research on the role of parenting is based on its typology, including four different parenting styles: *authoritarian* (assuming strict control of children’s attitudes and behaviors), *authoritative* (including clear rules of conduct, but combined with emotional warmth and understanding), *permissive* (stress-free, accepting upbringing, devoid of requirements and control) and *uninvolved* (lack of control resulting from the parent’s total concentration on their own rather than the child’s needs). Other sources propose three main styles: *democratic*, *autocratic* (strict vs kind), and *liberal* (loving vs unloving), with an additional one – *inconsistent* [13, 14]. There are numerous reports on the effects of the dominant parenting styles on mental health or dysfunction in adults [15, 16]. The authoritative (democratic) style is mostly mentioned as conducive to healthy development. Research indicates that compared to the authoritarian or liberal unloving style, it is also significantly less likely to correlate with depressive symptoms [17] and aggressive behaviors in children and adolescents [18-20], and proves to be a protective factor against substance abuse by adolescents [21-23]. The authoritarian style is most likely associated with the risk of devel-

oping psychopathology, especially when manifested by mothers. High levels of maternal control over emotional expression in their children is sometimes associated with the risk of developing anxiety disorders or a tendency to social isolation later in life [24, 25]. Studies on young adults suggest that those who reported greater perceived maternal control experienced more severe anxiety symptoms and showed greater difficulty in emotion regulation, compared to those whose mothers manifested lower levels of emotional control [24, 26]. Numerous reports indicate a relationship between eating disorders in girls and authoritarian, over-controlling maternal parenting [27-30]. Other studies found a link between paternal liberal unloving style and an elevated tendency to aggressive behaviors in boys [19]. Available evidence strongly suggests a protective role of the authoritative (democratic) parenting and the negative role of the authoritarian and permissive styles in shaping aggressive behaviors in children and adolescents [31]

The supporting effects of psychotherapy on parental competence and parenting

Parental responses to children's behavior and emotional expression are a key element in shaping their ability to regulate emotions. There is a wide range of situations in which the stress level related to provision of care and parenting may either periodically or permanently exceed parental coping abilities, paving the way for depressive symptoms or an overly controlling or aggressive attitude towards the child. The Medline search of studies on "parenting and psychotherapy" provides quite a large database of research on the effect of selected psychotherapeutic techniques on the development of parental competence supporting the mental well-being of both parents and children. Research on the effectiveness of therapeutic interventions for parents of children with a chronic illness, such as diabetes or cancer, confirmed the effectiveness of *Problem Solving Therapy*, supporting adaptive behaviors in parents [32]. Researchers emphasize that *Parental Management Training* should be a fundamental element of support for parents of children with behavioral problems [33]. Results of a study on a group of 125 mother-infant dy-

ads demonstrated the effectiveness of Interpersonal Therapy in alleviating depressive symptoms in the mothers, which was also associated with a permanent improvement in the quality of their relationships with their children and more adaptive perceptions of their temperaments [34]. In recent years, there has been a growing interest in *Mindfulness-Based Cognitive Therapy*, which involves learning to focus on the present (instead of worrying about the future or over-focusing on the past), consciously experiencing internal and external stimuli in the present and breathing exercises. Derived from this approach, mindful parenting training involves the use of interventions that help parents respond to their children's behavior in a less impulsive and non-biased manner, and see their needs more clearly. Numerous studies confirm the positive effect of mindfulness training on parental functioning at various stages of parenthood. Among other things, research suggests the effectiveness of the above interventions in reducing stress and depressive symptoms as well as maintaining maternal well-being both before and in the early postpartum period [35-39].

There has been much interest in the effects of mindfulness training on parental fitness in caregivers of children with special educational needs, e.g. due to attention deficit and hyperactivity disorder, autism spectrum disorder or other impairments of emotional and behavioral control. Research on the use of mindfulness-based interventions in children and their parents suggests their effectiveness in alleviating parental distress, correcting self-control deficits and shaping the ability to regulate emotions in children with ADHD, ASD, somatic diseases and other disabilities [40-46].

Psychotherapy as a reversal of adverse experiences in relationships with significant others, including the upbringing process

Existing schools of psychotherapy differ in terms of their approach to building therapeutic alliance, the therapist's transparency and directivity, session structure, stress on conscious or unconscious processes, meeting inner childhood needs of the patient/client or strengthening their "inner adult". The very language they use (pa-

tient vs client) determines the scope of partnership in the therapeutic relationship. Despite all this diversity, research on psychotherapy confirms its effectiveness, regardless of the applied methods [47]. In the literature of the subject, it is argued that regardless of the theoretical approach, when working with the patient, all therapists basically do the same thing [48]. Based on the patient's narrative, their current functioning and history, a cognitive-behavioral psychotherapist examines their irrational assumptions and internalized rules of conduct, which are then analyzed, assessing their role in dysfunctional behavior or psychopathology, and subjecting them to verification and functional cognitive restructuring. Although it is through the use of different techniques and emphasis on unconscious drives, a psychodynamic psychotherapist actually follows the same direction, enabling the patient to gain insight into the mechanisms underlying the development of their psychopathology and to acquire new skills for healthy functioning. In either case, psychotherapy involves interactions promoting change from the disturbed emotional and behavioral responses towards more adaptive ones, more in sync with the requirements of reality and thus more effective. Points of contact with the upbringing process/parenting can be found at the intersection of the past and the present – where dysfunctional beliefs, cognitive distortions and rules of conduct, as well as the patient's behavioral strategies, protective behaviors, and finally (to include the psychodynamic approach) defense mechanisms, reflect specific interactions, ideas and role models considered to have been passed on to them by their parents and caregivers. Importantly, parents may communicate these messages either in a "conscious and purposeful" manner (which puts them closer to the more typical definitions of parenting), or, by adopting specific attitudes and behaviors towards the child, express them inadvertently, in a more automatic and unconscious fashion (which corresponds to the broader category of "parenthood"). In the framework of schema therapy, integrating the assumptions of cognitive, behavioral, psychodynamic and Gestalt orientations, the role of the therapist is explicitly referred to as "limited reparenting". Following this approach, particular attention is given to the patient's early

maladaptive schema, which are deemed responsible for the emergence of destructive patterns in response to failure to satisfy their childhood needs. In theory, a schema is a learned early response to an emotional experience with significant people, which is then replicated in adulthood. Young distinguished sixteen schemas that are based on five domains of unmet needs. Thus, traumatic experiences associated with a threatening, violent, or emotionally cold family environment can result in a destructive pattern of "abandonment/instability" – favoring the development of borderline personality, or "defectiveness/shame" – fundamental to the development of avoidant personality. On the other hand, relationships with overprotective, emotionally overinvolved, enmeshed caregivers may result in the formation of schemas based on a belief that they are not competent and helpless, such as, for example, "dependence/incompetence" schema – paving the way to the development of dependent personality, or "enmeshment/undeveloped self" conducive to reenactment of emotional entanglement in future relationships. There is evidence to support the effectiveness of schema therapy in patients with personality disorders, especially severe and chronic types, eg. borderline personality disorder [49]. The essence of therapeutic interventions is an active and directive approach, aimed not only at the patient's insight into the sources of their psychological problems, but directed at a permanent change at the cognitive, emotional, interpersonal and behavioral level. In addition to typical cognitive and behavioral interventions, consisting in the restructuring of dysfunctional beliefs and behavioral change, schema therapy also uses experiential techniques, such as visualizations to recreate relationships with parents or caregivers in order to enable insight into experienced emotions and their sources, thus providing space for corrective emotional experience. The relationship the therapist establishes with the patient, ie. "limited reparenting", aims to correct destructive emotional patterns with significant persons from the past. The therapist thus becomes a "better parent," who partially and symbolically satisfies the patient's unmet childhood needs and becomes an ally in freeing them from destructive patterns [50]. In the psychoanalytical and psychodynamic approach, it is the patient

who, through transference, puts the therapist in the role of a parent, and assigns to him or her the traits, attitudes, and motivations thereof (or of another important person from the past), all the while adopting attitudes similar to those they have learned to adopt and manifest towards said parent (or another significant person). In response, and due to countertransference, the psychotherapist may unknowingly trigger behaviors similar to those of the patient's parents, e.g. take responsibility for their decisions or rebuke and reprimand. Mostly detrimental in its nature, such entering the role of an overprotective or punitive parent or emulating a character from the patient's past, if recognized and subjected to supervision, may be a valuable source of information about the mechanisms governing the patient's functioning and provide material for further analysis. Apart from giving ground for analysis and understanding of entrenched schemas, the phenomenon of transference enables the patient to experience emotions and feelings accumulated in past relationships with significant persons, mainly parents, in the present relationship with the therapist, and to receive attention, patience and understanding that used to be lacking. Thus, the therapist becomes a better, more patient parent, in relation to whom past situations can be corrected, new, corrective experiences can be acquired, and (to use cognitive-behavioral terminology) cognitive restructuring in terms of dysfunctional beliefs concerning relationships with significant persons can be performed.

CONCLUSION

With all the variety of psychotherapeutic approaches, as well as divergences in the definition of parenting, both of these processes seem to intersect in a number of different areas. Both consist in repeated interpersonal interactions, partly consciously planned and implemented based on previously established assumptions, and partly performed through unconscious and unplanned triggering of certain attitudes and behaviors. In both cases, the purpose of these consciously planned interactions is to teach adaptive ways of thinking and behaving to foster proper development and well-being. Likewise, in both pro-

cesses, the interactions triggered unconsciously, impulsively or instinctively (e.g. aggressive reactions of a parent or therapist's countertransference) may result in the development or exacerbation of psychopathology in the child or the patient. The place where psychotherapy meets parenting is therefore precisely in the area of psychopathology. What we tend to hold on to are the ways we perceive and understand the world, other people and ourselves, establishing patterns of functioning that can be healthy and adaptive, or disturbed and conducive to suffering. Regardless of the theoretical orientation, in the process of diagnosing, forming hypotheses and working through the patient's problems, the psychotherapist in one way or another touches the subject of their past relationships in the family of origin, including parenting styles, contributing to the emergence of specific disorders. The role of the therapist is to recognize these determinants and then provide corrective experience to shift away from previous dysfunctional or insufficient parental interactions. It therefore seems safe to say that by fostering a change in perception of the world, supporting acquisition of new qualities, attitudes and behaviors, the psychotherapist always, to some extent, enters the role of a "better parent", which is another point of contact between parenting and psychotherapy. Evidence from research on psychotherapy and parenting allows, above all, to indicate effective psychotherapeutic interventions to improve the quality of parent-child relationship and the competences of caregivers in support of the upbringing process. Most contemporary research available on Medline relates to Parenting Skills Training and Mindfulness techniques.

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