Parenting tends to be framed as a set of actions directed toward the child rather than as a relationship. This article helps therapists, parent–educators, and researchers conceptualize parenting as a socioculturally embedded relationship. The authors apply the relational orientations typology (Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2006) to parent–child relationships. The typology addresses two dimensions: whether the focus is on the child’s meeting parental expectations or on expectations of mutuality and whether power between parent and child is expected to be symmetrical or asymmetrical. Four relational orientations are described: (1) rule directed, (2) position directed, (3) independence directed, and (4) relationship directed. These relational orientations describe the nature of the reciprocal relationship between parent and child and offer a framework from which to address parenting issues. A case illustration shows how the relational orientations framework helps therapists incorporate a larger systems/relational perspective into what was originally framed primarily as a child behavior problem.

Keywords: Parenting; Parent–Child Relationship; Gender; Culture; Focus; Attachment

Although parenting is conceived of differently across social and relational contexts (Keller, Voelker, & Yovsi, 2005; Kotchick & Forehand, 2002), it is usually framed as a set of parent practices applied to children (Lamb & Lewis, 2010; Le Vine & Norman, 2001). However, a systemic perspective emphasizes the contextual, transactional nature of development and reciprocal parent–child responses (Gottman, Katz, & Hooven, 1996; Sameroff, 2004; Sameroff & Emde, 1989). This view invites questions about the nature of the parent–child relationship itself.
In this article, we draw on the notion of relational orientations (Silverstein et al., 2006) to offer a framework for conceptualizing and assessing parenting as a relationship. We are particularly interested in supporting parents and children to develop a more relationship-oriented way of interacting. Our analysis is thus informed by interest in attachment-based models of parenting that emphasize the importance of mutual emotional influence between parents and children and imply a leveling—at least to some extent—of the parent–child hierarchy (e.g., Hughes, 2009; Sameroff & Emde, 1989; Siegel & Hartzell, 2004). These models encourage awareness of others as an important component of self development. Our understanding of these relational processes is also based on a critical feminist perspective that parent–child interactions cannot be understood apart from the larger sociocultural context in which they arise (McDowell & Fang, 2007).

Although a review of the vast literature on parenting is beyond the scope of this article, we begin by briefly exploring influences on how parenting is conceptualized and then present a heuristic typology of parent–child relational orientations to guide clinical assessment, practice, and research. Although the term “parent” can be limiting, because caregivers may include many kinds of persons, we use the term “parent” broadly to refer to anyone serving as a primary caregiver, including biological and adoptive parents, grandparents and aunts or uncles, and nonbiological and foster caregivers.

CONCEPTUALIZING THE RELATIONAL IN PARENTING

The notion of bidirectionality in the parent–child dyad is not new (e.g., Bell, 1968). From this perspective, children are not merely passive recipients of parenting attitudes and behaviors, but are also agents of socialization and emotional influence for their parents (Cook, 2001; Sameroff & Emde, 1989). Even within the first few months of life, babies have the capacity for intersubjectivity, or the potential for sharing feelings of others (Stern, 1985). Despite this, many current approaches fail to take into account the relationship aspect of parenting; that is, the organization and interactive processes between parent and child. Parenting theories tend to focus on behavioral, cognitive, or emotional domains, with limited attention to the interpersonal, relational aspects (Harach & Kuczynski, 2005; Vandervalk, de Goede, Spruijt, & Meeus, 2007).

The parent–child relationship is part of family dynamics that start to be established very quickly (e.g., McHale, 2007; McHale, Fivaz-Depeursinge, Dickstein, Robertson, & Daley, 2008). At even a few months of age, babies begin to coordinate their affect and attention simultaneously between two adults and are thus active participants in the formation of coparenting processes (Fivaz-Depeursinge, Favez, Lavanchy, de Noni, & Frascarolo, 2005; McHale, 2007; McHale et al., 2008) and develop relationships with each parent.

When parenting is articulated behaviorally as a set of skills or competencies directed by the caregiver, the two-way nature of this process is missed. For example, Baumrind’s (1991) popular model suggests four styles of parent behavior: indulgent, authoritarian, authoritative, or uninvolved. Child outcomes are linked to these parent actions, with authoritative parents said to demonstrate the ideal balance, warm yet firm in their expectations of children’s behavior (Weiss & Schwartz, 1996). Children who receive neglectful parenting are said to perform most poorly.

By contrast, attachment models focus on the “lasting and psychological connectedness between human beings” (Bowlby, 1969, p. 194). However, even attachment
theories often tend to perceive children as the recipients of care with less attention to
the two-way nature of the relationship, emphasizing instead the life-long impact of
early parent–child relationships on a child’s psychosocial and emotional well-being.
Bowlby’s original conceptualization focused on the importance of maternal respons-
siveness to provide a sense of dependability and security for the child. Commonly rec-
ognized attachment styles (e.g., Ainsworth, Waters, & Wall, 1978; Main & Solomon,
1986) represent the influence of early emotional bonds on the child, and do not high-
light the reciprocal effects on the parent.

Attachment processes are “hard-wired” at the neurobiological level (Siegel, 2001)
and developmentally influenced by reciprocal transactions between culture, interper-
sonal experience, and biology (Li, 2003). Contrary to early writings on attachment
which did not take into account the potential for neuroplasticity across one’s lifespan
(Siegel, 2001), we now know that one’s relational abilities can improve despite the
early attachment injuries experienced during one’s formative years. That is, meaning-
ful attachment relationships experienced later in life affect on-going development
(Phelps, Belsky, & Crnic, 1998). Parents can overcome their own negative attachment
experiences and parent differently than they were parented, changing themselves in
the process (Siegel & Hartzell, 2004). Moreover, although the neurobiology of attach-
ment is considered universal, there is considerable flexibility in how it is experienced
across cultural contexts. However, classical attachment theory has been criticized for
its prescriptive bias toward dominant Western ideas of healthy development, pre-
ferrred attachment style, and sense of relatedness (Rothbaum, Pott, Azuma, Miyake,
& Weisz, 2000).

Influence of Social Context

How one approaches parenting and what children learn about being relational are
significantly influenced by culture specific values, goals, and discourses (Harkness,
Super, & van Tijen, 2000) and by other contextual factors such as socioeconomic
status and the nature of the communities in which parenting occurs (Kotchick & Fore-
hand, 2002). These factors inform perceptions of “proper” childcare and childrearing
practices (Keller et al., 2005) and result in sociocultural variations in the formation of
parent–child relationships (Weisner, 2005), particularly regarding individualistic or
collectivist ideology and preferences for autonomy or interrelatedness (Keller et al.,
2005). In collectivist cultures the goal of relational bonding is to promote interdepen-
dence, whereas in individualistic cultures positive parental bonds are meant to set
the stage for independence and autonomy (Rothbaum et al., 2000).

Parenting goals tend to be directed toward socializing the child to function congru-
ently within the various social networks that comprise the family’s world (Lamb &
Lewis, 2010). Parents in impoverished or dangerous neighborhoods may emphasize
monitoring and supervision of children and expect obedience and respect for authority
in order to keep children safe and prepare them for survival (Kotchick & Forehand,
2002). In this setting, high parental control has been associated with positive child
rearing (e.g., Lamborn, Dornbusch, & Steinberg, 1996).

Historically, most research on parenting has typically been conceptualized around
dyadic processes between parent and child; however, triadic theories that take into
account how coparenting organizes around interaction with the child and child
responsiveness are increasingly gaining attention (e.g., Elliston, McHale, Talbot,
Parmley, & Kuersten-Hogan, 2008; Fivaz-Depeursinge & Favez, 2006; Fivaz-Depeursinge, Lopes, Python, & Favez, 2009; McHale, 2007; McHale et al., 2008). Lamb and Lewis’s (2010) social network model of parenting also emphasizes relationships beyond the parent–child dyad (i.e., with relatives, teachers, peers, etc.) that impact a child’s construction of relational attachment and identity. This framework is particularly applicable to collectivist cultures where children are raised by an extended network of family members (Weisner, 2005). Some theorists believe that all children are embedded and raised within multiple, complex, and interrelated relationships from the moment they are conceived (Weisner, 2005). In fact, Dunn (1991) contends that most children spend a greater proportion of their time in contexts with multiple persons rather than dyadic ones.

From a family systems perspective, a person’s family of origin experiences influence the development of schemas that guide one’s perspectives around how they should or should not be as parents (Morman & Floyd, 2006; Stern, 1995). These family experiences occur within larger sociocultural contexts that inform how gender and parenting are constructed and suggest appropriate relations between parents and children. Thus, learning what it means to be relational (e.g., Silverstein et al., 2006) occurs at the intersection of the sociocultural context and emotional attachment processes.

**Influence of Gender**

It is hard for most people to conceive of parenting apart from gender (Goldberg, 2009). Even same sex parents may say, “He tends to be more of the mother.” Although fathers are increasingly involved in child care (Sullivan, 2006), women are still often viewed as the experts on children, and men and women frequently approach parenting relationships differently. Traditional constructions of masculinity encourage hierarchical stances and discourage the development of empathy (Knudson-Martin & Huenergardt, 2010). Women, on the other hand, are more likely taught to focus on others and to tune into their children’s needs and feelings.

Parents who develop shared parenting practices report consciously challenging gender scripts (Cowdery & Knudson-Martin, 2005; Magnusson, 2005). Traditionally, men learned that their roles as providers were the primary way they contributed to their children. Newer models of fathering emphasize active engagement with the child, but many societal and relational factors interfere with fathers’ ability to respond directly to their children; instead they may view their link to the child through the mother and be responsive to her needs, for example, stepping in when she appears overly stressed (Matta & Knudson-Martin, 2006). However, fathers can and do learn to nurture (Coltrane, 1996) and may identify their roles as provider and parent as equally important. Those who share child care tasks describe developing an emotional bond with their children similar to the mothers’ (Cowdery & Knudson-Martin, 2005).

Societal gender patterns are easily reproduced in parent–child relationships. For example, social constructions of gender influence an infant’s evolving sense of emotional attunement with others. Although female infants are statistically slightly better than males at deciphering people’s facial expressions at birth (primarily because girls’ brains are better developed), the boys soon catch up with 40% of baby boys better attuned than the average girl (Eliot, 2009). But social gender expectations encourage parents to expect that boys will not emotionally connect. Parents react differently to the emotional expression of their very young sons and daughters. According to
Eliot, these differences may be especially pronounced in settings outside the family such as day care. Moreover, this social construction process is a two-way street. Eliot reports that babies prefer the gender of faces that compare with their primary caregiver and thus may respond differently to people depending on their gender.

A TYPOLOGY OF PARENT–CHILD RELATIONAL ORIENTATIONS

Parent–child relational orientations involve interconnections between individual, interactional, and institutional processes (e.g., Risman, 2004). At the individual level, relational orientations are internal ways of experiencing oneself in relation to others. Parents and children learn how to position themselves in relation to others and approach relationships with each other based on this orientation. At the interactional level, parents and children co-create these orientations as they interact with each other and with others in the family and community through shared cultural expectations regarding mothers, fathers, caregivers, and children. These interpersonal responses are informed by the options available to parents and children within the larger social context, including discourses regarding families and gender, organizational practices, government policies, socioeconomic status, and the distribution of resources that impact how women and men parent.

Demonstration of a particular parent–child relational orientation thus arises from the confluence of many factors informing self-identity, temperament, developmental stage of child, interactional experience, and location within social forces. Because they evolve through unique interpersonal experience embedded within larger societal contexts, relational orientations and their interpersonal dynamics are fluid and may shift as parents and children find themselves in different social locations or when dealing with different issues. Expectations of reciprocity from children may also evolve over time depending on their age and developmental level. In this article, we apply the relational orientations model broadly to encompass all persons involved in parental roles and to be relevant to a variety of family forms.

In order to conceptualize and identify variations in parent–child relational orientations, we consider them according to the dimensions suggested by Silverstein et al. (2006): focus and power (Figure 1).

Social Context

Social context is in the background of the figure because this “invisible” dimension underlies observable relationship patterns (Silverstein et al., 2006, p. 395). In order to understand how parents and children organize and relate to each other, it is first necessary to identify the various social contexts that inform them. Examples include cultural, racial, ethnic, and religious understandings and experiences, societal gender expectations, and the influence of socioeconomic and legal realities and other contexts such as migration, sexual orientation, age, and ability that define and limit what is considered possible and appropriate.

Focus

Focus (horizontal dimension) refers to how the bond between self and other is experienced; that is, the degree to which relational purposes are oriented toward independence (autonomy) or toward relationships (connection). Parenting at the connected
end of the continuum focuses on building relationships between parent and child, with parenting decisions informed by intentional efforts to understand the child’s experience. Both parent and child are expected to be attentive to each other and the relationship. On the autonomy end, parenting goals emphasize age-appropriate development of independence and personal responsibility. Parental expectations are clear and decisions and discipline are based on consistency with these expectations.

**Power**

Power (vertical dimension) refers to how hierarchy and equality are structured in parent–child relationships. Although children are necessarily dependent on parents for care and well-being, we are particularly interested in power as expressed in the on-going experience between parent and child (Hughes, 2009) and whether the authority of the parent is based on devaluing the child (Siegel & Hartzell, 2004). Rather than an inherent power difference between parent and child, we consider how power relations between parent and child are influenced by societal, gender, and cultural expectations.

On the hierarchical end of the power continuum relationships are expected to be organized according to a dominance structure (Silverstein et al., 2006). The parent is
expected to be in charge and to be the source of authority. Discipline and obedience are relationship priorities. On the egalitarian end, parent–child communication is expected to be reciprocal such that children also learn to be aware of their effect on parents. Children are expected to be involved in making decisions and their interests and opinions are valued.

**Four Parent–Child Relational Orientations**

Based on the focus and power dimensions, Silverstein et al. (2006) identify four basic relational orientations: **rule directed**, **position directed**, **independence directed**, and **relationship directed**. We apply them here to parents and children. Although people may shift from one orientation to the other over time and circumstances or integrate aspects of several, considering how family members fit these typologies helps distinguish important variations in their approaches to parent–child relationships.

**Rule directed**

Rule-directed orientations (high hierarchy and high connection) define parent–child relationships in terms of societal and cultural roles and rules. Attachment bonds are experienced and expressed in context of functional role positions. Cultural rules direct parental authority and how decisions are made. Parents are expected to use their authority to prepare children to fit into the social order and may also be guided by awareness of societal position. Parents, as well as children, subordinate individual goals and interests for the common good, and discipline practices emphasize accountability to the relationship and/or group. For example:

*Make the family proud*

Shu-Chen is a first generation Chinese immigrant. She works with her husband Ben in his family’s business and brings their daughter Mei to work after school. Shu-Chen is attentive to Mei’s schedule and performance at school. She is especially pleased when Ben’s parents and customers comment on how quietly Mei works on her lessons in the store. She smiles with pleasure when Mei skips over to show her a drawing, then gently directs Mei back to her school work at the table.

When parents and children operate from a rule directed orientation, families embody a sense of shared vision and common direction that simplifies decision-making processes, minimizes conflict, and promotes stability motivated by the need to support the whole. Parents and children are likely to share a sense of common perspective and connection so long as both remain aligned with shared cultural understandings. However, the development of unique personal capacities and the range of relational options may be limited and highly tied to gender or other social categories. Commitments to role obligations, such as providing for the family or socializing children, may limit emotional aspects of the relational bond and the ability of parents and children to know each other. As a result, the potential to respond and provide support and understanding during times of personal stress or societal change may be thwarted.

**Position directed**

Position-directed orientations (hierarchical and autonomous) emphasize the parent–child hierarchy and individual responsibility. The flow of attention is organized by the
dominant person’s standards and expectations. In contrast to the emphasis on the group in the rule directed orientation, position directed parenting is experienced more personally. Children are expected to be obedient and are held responsible for their actions. Expression of the child’s thoughts, opinions, or needs is not a primary focus and may be viewed as a challenge to parental authority. Adults holding the authority positions do not expect to be accountable to children, which can create a potential for abuse. As children mature they are expected to take responsibility for themselves. This parent–child orientation is consistent with the historical masculine stereotype and cultural values that emphasize personal autonomy. For example:

Because I said so

Robert is a 35-year-old Anglo divorced from Jenny. He is concerned about his 8-year-old son, Troy. He says that Troy is “defiant” and “not listening.” Troy does not complete his chores, and often asks, “Why do I have to?” Robert responds, “Because I said so.” Robert addresses Troy’s defiance by taking away privileges. Jenny reports a particularly difficult time getting Troy to do what she asks, and Robert often has to step in.

In position directed relationships, the person at the top of the hierarchy is entitled to respect. So long as the child accepts parental authority and takes a subordinate position, the parent–child relationship may be experienced as positive, stable, and safe. However, to maintain this stability children learn to limit expression of their needs and interests, express them indirectly, or assume their needs are not important. The parent in the position of power expects children to listen and respond to them, which can limit empathy for their experience. Lack of reciprocity makes it difficult for those with less power to recognize their own feelings or those of others (Trevarthen, 2009). Nonetheless, when families live in settings where children could be in danger without close control or when obedience is a survival issue, the position-directed orientation may help parents create safety and security. Problems may emerge if developmental transitions press for a readjustment of the hierarchy. Both parent and child may struggle for power or attempt to control the other. As with Jenny above, in some families a child or adolescent may hold the dominant position, reversing some or all of these power dynamics.

Independence directed (egalitarian and autonomous)

Independence-directed parent–child orientations expect children to develop their own opinions, express their needs, and show respect for the needs and interests of others. Parents encourage children to make age-appropriate decisions. Parent–child relationships emphasize give and take and a fair exchange and children learn to negotiate for what they want. Parents may contract with their children. Discipline emphasizes personal consequences for behavior. If children can articulate their interests and make a case for them, parents are willing to compromise. For example:

Let’s make a deal

Mike and Bob have two adopted children, Bianca age six and Trevor age four. Before adopting the children, they decided to move beyond their traditional upbringings in which father was “the boss.” Although their children are still young, they regularly engage them in decisions about what to cook for dinner. They worked with the children to create a chart to keep
track of “good days.” When Bianca said that she wanted a new bike like her friend’s, they made a deal with her that after six good days in a row she could pick out a new bike, making sure she got to choose the color and style.

Children in independence directed relationships learn that their interests are important and to expect reciprocity. Problems may emerge when a common focus is needed and the interests of the parent and child cannot be reconciled. For example, parents may be reluctant to provide clear expectations or set limits. A child may not be willing to participate in family or community activities important to others. Children develop a strong sense of autonomy but may not learn to consider what is best for the relationship as a whole or how to notice the needs and interests of others. Power struggles may emerge if the interests of parents and children conflict.

**Relationship directed (egalitarian and connected)**

Relationship-directed parent–child orientations value shared power and relational responsibility. Parents listen and respond to the child and teach their children to also be aware of their influence on others, including the parent. Parents engage in the relationship as a person. Thus they try to understand, but not change or criticize, the child’s experiences and to communicate how they have been affected by the child’s behavior. Discipline emphasizes shared responsibility and the need to tune in to others. Children engage in shared decision making in the context of mutual influence and what is needed for the relationship. This orientation is similar to the self-in-relation orientation described by Stone Center research and is more consistent with the female stereotype than the male (Jordan, 2009). With its emphasis on reciprocal emotional connection, it is also similar to Siegel and Hartzell’s (2004) approach to parenting. For example:

*I “get” you*

Leslie, a 47-year-old Native American woman, is a single parent to three children, Ryan age fourteen, Ana age eleven, and Johnny age seven. Leslie seeks to have a close, personal relationship with each of her children. Recently Ana was put on restriction at school for saying something mean to another child. Leslie wanted to understand what this incident had been like for Ana. She encouraged Ana to tell her what she had been feeling; she wanted to “get” and validate Ana’s emotional experience. She also shared her own sadness at the disruption between Ana and the other child and helped Ana consider the impact of her words on the friend, the teacher, and Leslie herself.

In well-functioning relationship-directed relationships, the on-going experience of shared affect between parent and child promotes awareness of self and other (Hughes, 2009). Children share their authentic experience and demonstrate empathy for the experience of others. Relationships are experienced as empowering and the source of personal well-being. Problems emerge if parents emphasize maintaining the relationship at the expense of authentic personal expression or limit expression of conflict by simply encouraging children to be “nice.” It may be a challenge to be comfortable with conflict while promoting relational understanding (Fishbane, 2003). Parents may also be uncertain how to establish limits and guidance while maintaining mutual worth in the relationship.

Although, as noted above, each relational orientation has potential strengths and problems, depending on the context. However, given the considerable value of strong
attachment bonds as the basis for healthy individual and relationship functioning (Ainsworth et al., 1978; Main & Solomon, 1986), when we apply the typology to intervention with families, we are usually interested in helping parents and children move toward a relationship-oriented approach to support mutuality and connection and foster emotional regulation (e.g., Hughes, 2009; Siegel & Hartzell, 2004). Conversely, we often find that strong adherence to a position-directed parent–child relationship makes establishment of these bonds difficult.

**RELATIONAL ORIENTATIONS ASSESSMENT GUIDE: PARENT–CHILD VERSION**

Intentionally considering how parents and children approach each other on the power and focus dimensions described above makes visible important relationship processes when child issues are a primary clinical concern or when parenting issues are part of couple therapy. They are also important in parent education. Using the relational orientations framework as a guide to assessment helps inform clinical observation and opens conversation that helps identify relational goals and makes the influences of cultural, gender, and societal contexts more visible.

The Relational Assessment Guide (RAG) for parents and children (Figure 2) includes questions to facilitate conceptualization of the parenting relationship and systems/relational treatment planning. The questions are intended to be used flexibly and thus are applicable whether working from cognitive, behavioral, structural, emotional, or narrative perspectives. For instance, the therapist may ask parents about their expectations regarding the roles of children and probe for cultural messages about parenting in clients’ explanations. The therapist may observe how parents and children interact and explore the sociocultural meanings behind their approach to each other by exploring themes and messages about issues such as power, emotional connection, expression of needs and interests, and decision making.

**CLINICAL APPLICATION: GENDER LEGACIES AND PARENTING IN CHRISTOPHER’S FAMILY**

The case of Christopher and his parents Julie and Michael illustrates how we apply the framework to identify current and ideal parent–child orientations and develop a treatment plan. Their example raises a number of important practice issues around case conceptualization, gender and parenting roles, and relational transformation in social context.

Christopher, a bright-eyed and energetic 5-year-old, presented in therapy with his mother due to reports of difficulty with peer relationships at school and oppositional behavior toward his teacher. The teacher was concerned about his “emotional meltdowns” and “impulsive behavior.” As a result, the school had referred Christopher to his pediatrician to assess for ADHD and developmental disorders. Christopher was given a preliminary diagnosis of Asperger’s disorder and prescribed Seroquel for “aggression” and Adderall for ADHD symptoms (i.e., poor impulse control and hyperactivity). Applying the relational orientations framework focused our attention on the nature of the relationships in Christopher’s life, both in his kindergarten class and

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1Case used with permission. Identifying information has been changed.
with his parents Julie (age 35) and Michael (age 33) and his 3-year-old brother Devon. Therapy sessions were scheduled so that both parents could attend.

**Assessment**

Assessment focused on how each parent and Christopher interacted and their ideas, expectations, and cultural and family of origin messages about parenting and parenting goals. Michael appeared to take a hierarchical position and became most engaged with Christopher when he was misbehaving, but otherwise remained relatively disengaged from his sons, wife, therapist, and the overall process of therapy. Christopher either engaged in individual play or clung to Julie, whining and getting angry if she did not respond to him, until his father intervened with verbal discipline.
Julie focused on everyone in the room and appeared somewhat overwhelmed with trying to engage both Michael and her sons in the session.

**Making parent–child orientations visible**

Although most cultures have well developed ideas regarding what it means to be a parent and the “proper” parent–child relationship, these tend to be part of taken-for-granted realities and not consciously articulated. Moreover, there are likely to be multiple societal messages influencing how women and men understand these roles and relationships (Knudson-Martin & Huenergardt, 2010; Winslade, 2009). It is therefore helpful for parents (and children if they are old enough) to consciously reflect on these issues. To better understand their hopes, expectations, and orientations to parenting, the therapist met once with Michael and Julie without the children. During this meeting, she asked them what they thought would be useful to help Christopher and what they each viewed their roles to be in achieving the desired therapy outcomes. She used the RAG to develop questions that explored the kind of relationship they wanted to have with their sons and what they viewed as their responsibilities and contributions as parents. In addition, she invited them to discuss together what they hoped for Christopher’s future and what they thought their boys needed to learn in order to successfully navigate through life.

**Gender and parental goals**

It became evident that both parents had similar hopes for Christopher and Devon. Like many contemporary parents, they wanted them to be caring and to focus on others, and to be able to express themselves in ways that built relationship and helped them achieve their goals. However, Michael and Julie operated from different relational orientations and consequently viewed their parenting roles quite differently. Like many women, Julie approached parenting from a relationship-directed approach. She took significant pride in her parenting competency and saw herself as active and involved in providing both nurturance as well as guidance for her two children. She explained that she assumed the majority of the responsibility for caregiving and was interested in sharing a connected relationship with her children.

Michael was less sure about his role as a parent. He also wanted a warm, connected relationship with his sons, but tended to adopt a position-directed orientation to parenting that made establishing a relational bond difficult. He believed that he was able to provide structure and discipline in the home, but did not view himself capable of offering nurturance in the ways his wife could. Consequently, he relied on Julie as a conduit for facilitating an emotional bond with his children. He recounted a traumatic childhood history of verbal and physical abuse from his father. Although Michael vowed never to recreate what was modeled by his father, he had no vision of what he could contribute as a parent. The cultural models of fatherhood he knew offered him few tangible alternatives.

The therapist conceptualized the parent–child issues in this family in terms of the larger social context. Christopher was struggling to learn how to relate to others, and already tended to respond from a hierarchical position. Interpersonal relationships may have been more difficult for him due to physiological reasons, but were exacerbated by the position-directed model of masculinity offered by his father. Therapy focused on helping the parents, especially Michael, to be more conscious in cultivating
parenting goals that were consistent with their shared relational ideals and on developing reciprocal interpersonal attunement between Christopher and his parents.

**Intervention**

The therapist began by asking Michael what he wanted his son to one day be able to reflect back on and say about their relationship. Silently, he sat in reflection. Then he tentatively stated a desire to hear his son say that he had been a loving and involved parent. Julie was also encouraged to think about what she would want her son to learn about what it means to be in a relationship and how to reflect that in the parent–child bond. The therapist provided psychoeducation regarding children’s relational development and the importance for them to experience safety, connection, and reciprocity in their relationships with parents. She validated the parents’ goals for their parent–child relationships and inquired about their motivation and willingness to learn strategies for developing deeper connection with their children.

As therapy progressed, Julie was willing to share greater parenting responsibility with her husband because she believed him capable of taking greater involvement in relationship-building. Michael also began to gain confidence in how he could engage relationally. As he developed increased attunement and responsiveness to his son’s emotional experience both in and out of sessions, Christopher began to demonstrate less acting out and aggressive behavior and to engage with his parents and others in more prosocial ways. At the conclusion of therapy both parents reported that they had reconstructed their ideas about what it meant to be parents and what was important in their relationships with their children. Due to a prolonged decrease in aggressive behaviors, Christopher’s prescribed dosage for Seroquel was reduced with hopes of eventual full discontinuation of the medication. Furthermore, Michael and Julie expressed optimism that their family was, overall, better prepared to handle future challenges.

The relational orientations framework helped the therapist incorporate a larger systems/relational perspective into what was originally framed primarily as a child behavior problem. It provided an important template in making constructions of parent–child relationships visible and enabling choices for the parents to consider how they want to engage with their children. It was also a useful guide for psychoeducation and enabled this therapist to integrate sociocultural information with recent neuroaffective research and information about children’s emotional development.

**CONCLUSION**

Although the idea of reciprocity in parent–child relationship is not new, therapists have not had a way to conceptualize and distinguish differences in approaches to parenting through the lens of relationship. The case example illustrates how useful it can be to have a framework from which to identify parenting ideals and practices. In addition, it highlights the triadic nature of parent–child relationships (Elliston et al., 2008; Fivaz-Depeursinge & Favez, 2006; Fivaz-Depeursinge et al., 2009; McHale, 2007; McHale et al., 2008) and how parents coming from two relational orientations may negotiate these differences. In this case, Christopher’s attentional issues and own position directed (i.e., oppositional) orientation also illustrate how a child both creates and is created by the parent–child relationship system.

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As we said, we are particularly interested in helping parents and children develop mutually enhancing relational bonds. However, the typology itself is neutral and appropriate across cultural and societal contexts. It makes possible identification of the sociocultural constructions that may guide parenting without conscious awareness or intention. It also provides a useful guide from which to consider the goals and appropriateness of differing parent education models for clients. It provides a respectful framework from which to consider how parents and child experience emotional connection in varying relationship contexts.

The relationship orientations framework addresses the dimensions of focus and power. Applying these concepts to relationships between parents and children is new. The framework supports exploration of children and parents’ expectations in the parenting relationship and whether—and in what ways—what we expect of boys and girls in relationship differs from what we expect of them as adults or what we model and teach them through our interactions. The focus dimension highlights differences in an emphasis on attending to others versus an emphasis on individual autonomy. The power dimension challenges us to remain aware of how family stories of disempowerment and experiences of marginalization and migration impact parenting. It may also be especially controversial in that the model does not automatically assume a parental hierarchy. Instead, it brings to attention ways that the executive system in the family may operate from an egalitarian orientation. Key to such a view is an expectation that both parents and children can be attuned and accountable to each other. How these processes evolve and change over time as the child and parents develop is an important area for further exploration.

We believe the relational orientations model is also applicable in other relationship and caregiving contexts. For example, Touzard (2010) found that some teachers and staff members take a relationship-directed approach to their work with students, while others maintain a more hierarchical or rule directed approach. She found the relationship directed approach appeared to help students, teachers, and counselors to move beyond an “at risk” mindset and imagine more options for the adolescent’s future. Similarly, issues of power and hierarchy typically organize relationships between child protective services workers and parents. Strategies that promote a relational orientation may help parents engage more effectively in the processes needed to regain custody of their children (Tuttle, Knudson-Martin, Taylor, Andrews, & Levin, 2007). In addition, the typology may provide family therapists with a relationship-oriented way to engage with families, a way of relating that supports therapist attunement to the family and a shared decision-making process.

When parenting is viewed as a relationship, new questions arise. We encourage therapists, parent-educators, and researchers to use the typology and the RAG to help organize their approach to parent–child issues. We believe the framework is an important step in efforts to improve services to parents and children.

REFERENCES


