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Negotiating differences in generational parenting

How can new parents make the best use of 'helpful suggestions' from their own parents, the grandparents of their children? What happens if the grandparents suggestions conflict with the parents' newly acquired knowledge and information about raising children, that they are receiving from health professionals? What is the role of the health professional when inter-generational conflict arises?

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Raising children today isn't easy. Over the last few decades there has been an enormous increase in the research and knowledge about child development, health and psychology, as well as family functioning, and this is accessible to the general population. Parents frequently find themselves bombarded with new ideas about the best ways to raise children as well as reports about the need to protect them from increasing dangers ranging from cot death to drugs. At the same time there is a general view that having children is now a private choice rather than an automatic contribution to society, therefore shifting the responsibility for their upbringing to the parents alone rather than the extended family or the community at large. For many women there is also the pervasive 'ideology of motherhood' that emphasises maternal responsibility above all else. Is it any wonder that for many first time parents, mothers in particular, parenthood is a daunting prospect that can lead to anxiety, confusion and a great sense of isolation?

Even though the societal attitude about who is responsible for raising children seems to be shifting from the communal to the individual or couple domain, it is important to place it in the context of the nature and influence of the family. The composition of the 'average Australian family' in the 1990s varies from household to household and can range through nuclear two parent, single parent, same sex parent, and blended family to four

generations living under the same roof. These families exist within a variety of cultural, religious and ethnic contexts. We are all shaped by the social environment in which we were raised and it has only been in the last few decades that the importance of family of origin has been seen as a significant factor in predicting outcomes for child health and well being.

In a recent study, Kolar (1998) explored how Australian parents from different cultural backgrounds pass their values on to their children. The study focuses on child rearing attitudes and practices and provides up-to-date information on how 'ordinary' Australians are raising their children. Kolar states that the family of origin is a significant source of beliefs and information about parenting. The major source for new parents is their mothers as well as fathers and sisters. Other important informal sources of information include friends and neighbours, as well as formal sources such as maternal and child health professionals, medical practitioners, books, magazines, newspapers and television. Over half the Kolar sample reported that their own mother, friends and books were the most popular contact. Kolar's preliminary findings suggest two things: whether they embraced or rejected their own mother's and father's child rearing strategies, most parents learnt something about parenting from their families of origin. Second, in most cases the parenting style of their own parents was adopted with some modifications. So

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families have significant and long-term influences on their children's parenting values and knowledge.

To what extent do Australian families have access to their families, in particular grandparents? Christine Millward in a paper to the Institute of Family Studies Conference, (Nov 1996), cited studies that suggested that the majority of grandparents lived in the same city as their adult children and grandchildren, and depending on their work-force participation, gender (grandmothers saw and cared for grandchildren more often than grandfathers), and physical proximity, there was considerable inter-generational exchange of support and active involvement with grandchildren. Although this is significant, it was also acknowledged that many young families do experience isolation and lack of practical support. Health professionals providing parent support could therefore consider the following:

- Many parents will have access to family support, but it cannot be assumed that this is the case.
- New parents, whether they have access to extended family or not, will be significantly influenced in their style of parenting by their family of origin.
- Most will feel connected and loyal to their parents but this will not exclude an interest in new ideas and information. They will seek a balance between the formal support such as information from health professionals and books and the informal support and wisdom of their own families. (Kolar,1998)
- Professional assistance that forms a supportive alliance with the family and recognises the long-term influence of the family will be of most benefit.

Are there likely to be differences of opinion between the generations? Many child rearing practices, parenting roles and other aspects of family life have changed considerably since today's grandparents were first parents themselves. A number of social factors including changing roles and workforce participation of women, increased participation in the parenting role by men, frequent relocation of families due to work requirements, as well as the increasing influence of media messages, have made life very different for today's young families. Further, research indicates that there can be profoundly different parenting styles between and within generations that cause problems and lead to family misunderstandings and conflict. Currently researchers define four basic parenting styles: authoritarian, authoritative, permissive and neglecting. Each is seen as having two dimensions: responsiveness and demandingness which forms two axis producing the four styles. (Maccoby & Martin 1985) *Authoritarian* parents generally impose many demands, set strict limits, and expect unquestioning obedience from

children. *Authoritative* parents also set limits on behaviour but provide explanations, are warm, more flexible, and encourage their children to take responsibility for their own behaviour. *Permissive* parents are non-directive or make few demands on children, encourage emotional expressiveness and are often indulgent. *Neglectful* parents are often rejecting, uninvolved, and/or coercive towards their children, a style that has been demonstrated to have the worst outcomes for children. (Gottman, 1997).

Since the late 60's, there has been a significant move away from the authoritarian style to the more democratic authoritative style which research has subsequently shown to produce healthier outcomes for children. (Darling & Steinberg 1995) Given that new parents come from families that themselves may have had different parenting styles, and the social circumstances under which they now raise their children have changed at a greater rate than ever before in history, communicating around parenting issues can be potentially fraught with difficulties.

What is the role of the health professional when inter-generational differences arise? Regardless of the presenting issue, such as feeding, sleeping, settling, safety, child care, toilet training or discipline, it is important to be aware of how advice to new parents fits into the already established and complex system of family relationships. Sometimes during counselling, when confronted with uncomfortable emotions it is tempting to feel that you are being 'called to fix something'. In fact where there is a relationship concern, often the most helpful thing to do is just listen with empathy and consideration and assist the parent to explore dilemmas and emotions. Often a solution will emerge that is relevant to the individual and his or her family. Further brainstorming of ideas and strategies and professional advice is helpful after this initial process of 'unlocking the feelings'. Essentially the task is to support and facilitate and not necessarily to change or fix.

It is also important to offer parents a process that can assist them to negotiate differences with family members. For example: suggest the following steps *and model these in your own communications with them:*

- Make time to discuss ideas on parenting with your parents. Tell them that they are an important link between your children's cultural heritage and today's world.
- Ask them what did and didn't work for them as parents.
- Listen to their stories about raising children and then ask them to listen to you. Perhaps explore any feelings that may arise. Discuss any differences between then and now. Ask them what they might have to offer.

- Brainstorm together if a solution is required.
- Agree to avoid criticism, value judgements, point scoring and derogatory comments.
- Agree to try some strategies, evaluate and discuss again later. Agree to differ on some things.

No relationships are ever 100% smooth – some conflict is inevitable. It is not the conflict, but the way we respond to the concerns expressed that is important.

If conflict is intense between mother and daughter or husband and wife over child rearing practices then refer them to professional family counselling. Inability to negotiate differences in parenting styles can be part of a larger pattern of poor conflict resolution and problem solving.

Research on resilience shows that if children can grow up with a range of adults that they can trust, their outcomes in terms of health and well-being are greatly enhanced (Moen & Erickson, 1995). Assisting new parents to be aware of the value of having loving supportive adults in their children's lives, and working on ways to communicate and develop strong long-term connections with grandparents, cannot be underestimated. It will facilitate the bringing together of the wisdom of the past with the sound knowledge of the present for the benefit of all children in the future.

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Grandparents: reviewing their parenting skills

Caring for young children can be an isolating experience for parents, especially mothers. A key factor in reducing this isolation and maintaining the mental health status of parents has been identified as the provision of social support. So who better to provide this support than grandparents?

The concept of developing a group program for grandparents to share ideas and concerns about their role and perceptions of parenting young children in the 90s evolved from comments by parents using the services of Tresillian Family Care Centres. Parents frequently stated "my parents seem to be always criticising the way I care for my baby." While grandparents complain that they are just trying to give advice and support, they feel inadequate because they do not understand the new ways to care for children.

Each group was offered over two 2-hour sessions. A common structure was developed for the groups, with a commitment to using the grandparents' experience. Numerous learning resources were created including a

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handbook for the grandparents. This handbook contained information on growth and development, infant and toddler feeding, safety issues, postnatal depression, communication skills and health issues for grandparents.

Grandparents attended the group for a variety of reasons including: a grandmother who was trying to understand the complexities of postnatal depression and the effect this was having on her daughter; while a grandfather stated: "I came because my son is doing such a great job at being a father...I have come to realise I missed out on so much when he was little...I now want to make up for lost time with my grandson."

The overwhelming reason for participating in the group, centred around wanting to understand and learn current child rearing practices to increase their ability to support their children.

The facilitators used group differences to explore what it was like to be a parent 20-to-30 years ago and

parenting young children today. We encouraged the grandparents not to be competitive about what they coped with as parents in comparison to their children's experiences. The grandparents were able to clearly identify that each time period has its unique pressures and difficulties and cannot easily be compared. These understandings were further highlighted by the cultural differences within the group. There was a realisation that there are many ways of achieving the common goal of happy, healthy children.

Several grandmothers believed that if they were given the opportunity to share in their children's transition to parenthood, it would be a precious experience for them. This belief was reinforced by those grandmothers who had already had the experience of caring for their daughters in the early days after the birth of their babies. The nurturing role these grandparents assumed also assisted them in making the major shift to identifying their children as being parents.

A factor for all the participants was a sense of doubting their ability to care for a young child, that their methods were old fashioned and that these methods had been superseded by parenting methods with fancy labels or jargon, such as effectiveness training and limit setting. This doubt had been for many a motivating force to participate in the group. A grandparent wrote that the message she gained from the group was: *"to be open about any doubts or anxieties that I might have and not to feel too guilty about whether or not I am doing the 'right' thing and to be able to share openly with my children."*

A controversial topic for the grandparents was the use of discipline. Several of the grandparents who had contact with toddlers (1-5 year old children) were concerned about how to care for a young child who 'threw a tantrum'. One of the grandparents stated: *"In our day we just gave them a slap if they were naughty, it*

was much easier to deal with than it is now." This statement caused a great deal of debate within the group.

The groups were evaluated at the end of the second session using a questionnaire and informal discussion. An overwhelming positive response to the program was received. Frequent comments were the lack of rigidity in child care approaches used by Tresillian, the importance of providing support for new parents, the value of clear communication about personal needs, and the increased confidence which was gained through developing new strategies to provide help without taking over the parents' role.

The grandparents identified that they had developed lots of practical ideas to share with their children about parenting and more importantly for several grandparents, that their role with their grandchildren had been acknowledged and valued. This resulted in increased confidence in their ability, as one grandparent stated: *"I was given confidence that having a grandchild would be a great experience rather than something I might not be able to handle."*

Grandparents are the essential link between one generation and another. Unfortunately, their experiences and advice are not always valued by new parents, who are trying to come to terms with their new role. These groups have been one way of assisting grandparents integrate new trends in child health with their previous experiences of caring for children. As one grandparent wrote about the provision of this program: *"...somebody realised and saw the need and desire by today's grandparents to learn and grow in order to fulfil their role in today's society."*

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