Parental Belief Systems and Difficulties in Parenting: Using the Parental Awareness Scheme as a Therapeutic Guide

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Using the Parental Awareness Scheme as a Therapeutic Guide

Esther Cohen, Ph.D.

This article applies in clinical practice an empirically derived cognitive-developmental concept called "parental awareness" to facilitate the creation of a therapeutic alliance with parents and to motivate them toward change. The concept encompasses parental belief systems about their children as well as ideas about the parental role. The typical complaints and motivations of parents functioning at each of the four levels of parental awareness—egocentric, conventional, child centered, and relational systemic—are spelled out, and suggestions are offered for corresponding useful techniques for stimulating parents' more reflective and complex thinking.

THE USE OF FOCUSED WORK WITH PARENTS AS A MAIN INTERVENTION to alleviate children's problems has recently been recognized as an important and effective therapeutic approach, deserving of the title "parent therapy." This recognition represents an innovation in the psychodynamic tradition (Cramer, 2000; Frick, 2000; Pantone, 2000; Jacobs and Wachs, 2002), and a refined, changed emphasis in the family therapy tradition (Zimmerman and Protinsky, 1991; Pallazoli et al., 1998; Diamond, Diamond, and Liddle, 2000).

The complex nature of working with parents around child-related complaints, from the perspective of both the therapist and the parents, needs, however, to be better acknowledged and understood to improve therapy. Parents seem especially vulnerable when issues related to their functioning

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as parents are examined. Therapists, and especially child therapists, may be inclined to assume a protective role toward children and run the risk of provoking competitive, critical, or patronizing relationships with the parents. Conversely, therapists, and adult or family therapists in particular, may run the risk of identifying with the parents, who are often the complainers and the "customers" of the therapy, thus alienating the children or failing to protect them from maltreatment. Additionally, therapists may be unaware of the risks involved in their sometimes-naïve expectation that parents readily espouse their worldview about child rearing and therefore willingly adopt their child-centered recommendations.

Some of the issues have been highlighted in the literature dealing with therapeutic work with parents and children using a psychodynamic orientation (Fraiberg, 1980; Orenstein and Orenstein, 1985; Green, 2000; Horne, 2000). They have until recently, however, been addressed only in a limited way in the family therapy literature, possibly because of the reluctance in the field regarding the use of such psychoanalytical concepts as transference and countertransference. Tymchuck (1979) and Wachtel (1994) tackle some of these issues by making a case for an integrative approach that takes into account parental feelings and attitudes before a child-directed intervention can be planned. Celano and Kaslow (2000) further emphasize the need for adapting therapy and its goals to the family's cultural context, especially around issues of child rearing. Carr (1997) claims that countertransference reactions to families where child abuse has occurred are inevitable and points out that these feelings are experienced not only by individual therapists but also by teams. They tend to be expressed in various acts of rescue and persecution directed at different family members. He posits that the acceptance of the inevitability of these reactions, and their open discussion in a team, may neutralize their effect on therapeutic functioning. Boyd-Franklyn and Bry (2000) similarly deal with the issue of the therapist's reactions to parents' expressions of criticism, rejection, or anger at their children by stressing the importance of supervision and self-examination in these cases. In addition, they follow Henggeler and colleagues' (1998) attempt to mitigate these feelings by identifying positive parenting practices and challenging parents through the therapist's trust in their untapped abilities, rather than through negative confrontations.

It is suggested that the remarkable advances in research, demonstrating how quality of parenting and parenting risks are determined by multiple systemic and individual variables (Belsky, 1984, 1993), should be employed as a resource to improve and enrich clinical practice. Of particular interest in this article is the research examining parental beliefs and

parental perceptions using varied sociocultural and cognitive-developmental perspectives (Newberger, 1980; Bornstein, 1991; Smetana, 1994; Garcia Coll, Meyer, and Brillon, 1995; McGillicuddy-De Lisi and Sigel, 1995).

Both explicit and implicit parental beliefs have consistently been found to be predictive of present and future parental behavior toward their children in areas such as managing sibling conflict, using prohibitive action and harsh practices, granting autonomy, and teaching styles. These parental behaviors affect the child's development and adjustment (Kochanska, 1990; Sigel, 1998; Perozynski and Kramer, 1999). Moreover, parental beliefs and perceptions seem to play an important role in the transmission of intergenerational parenting risk. Findings show that a major characteristic differentiating maltreating from adequate caretakers is their lack of understanding of the complexity of social relationships, especially of caretaking, and their limited ability to reflect on thoughts and feelings related to interpersonal relationships (Newberger and Cook, 1983; Pianta, Egeland, and Erickson, 1985; Crouch and Behl, 2001). Furthermore, parental beliefs related to corporal punishment, as well as parents' insensitive attributions and inappropriate expectations of their children, appear to be related to child abuse potential (Newberger and White, 1989; Peterson et al., 1997; Stern and Azar, 1998; Gara et al., 2000).

These data suggest the need to place a greater emphasis on the individual parent in the system and to address systems of inner meaning related to the subjective experience of parenting, influenced both by personal history and cultural context (Demick, Bursik, and DiBiase, 1993; Garcia Coll et al., 1995). Additionally, these findings imply that addressing individual conceptual structures related to parenting by relating to content (i.e., providing information or advice) is an insufficient practice. Rather, what is imperative is changing the structural-organization of cognitions (Bromwich, 1981; Strike and Posner, 1985; Mass, 1995; Thomas, 1996) by increasing the ability to espouse multiple perspectives in interpreting situations, improving the ability to reflect on interpersonal relations and situations, and deepening the ability for self-reflection, or "mentalization" (Fonagy, 1996).

Therapeutic experiences that are likely to be conducive to internal structural changes include a supportive, respectful, and caring relationship; a developing awareness of one's own current conceptions about self, other, and the world; a developing dissatisfaction with the usefulness of current conceptions; and exposure to alternative conceptions and perspectives (Thomas, 1996; Peterson et al., 1997).

This article addresses the challenge of helping parents make these internal structural changes through the clinical use of an empirically derived

conceptualization of adult cognitive development, related to parenting belief systems (Newberger, 1980). This framework, referred to as "parental awareness," offers a useful guide for forming an alliance with diverse parents and for dialoguing with them in a sensitive yet challenging manner to expand their current structure-organization of parenting and make it more differentiated and flexible. The systematic consideration of the parents' style of thinking and interpreting, within a developmental framework, may also be useful in helping therapists overcome possible negative countertransferential feelings toward parents, evoked by evidencing parents' objectionable handling of their children. This scheme can be used in conjunction with other individual and systemic considerations in an integrative practice.

The concept of parental awareness (Newberger, 1977, 1980; Newberger and White, 1989) refers to the typical way in which a parent tends to think about the child and understand his or her behavior, as well as the way the parent tends to think about his or her role and functioning as a parent. These tendencies are associated with systems of knowledge, beliefs, and thought patterns that are activated when the parent needs to make a decision related to the child. Newberger's (1980) emphasis is on the complexity of the parent's decision-making process and on the kinds of perspectives and considerations taken into account, regardless of the nature of the decision that is being made. Adopting this emphasis in clinical practice allows the therapist to accept a wide range of individual and cultural parenting practices.

Newberger's structural-developmental scheme was based on analysis of extensive interviews with nonclinic parents and comprises four orientations arranged as levels of parental awareness. Each successive level includes both the preceding levels and a new, qualitatively different set of considerations. It progresses from self-centered to conventionally oriented considerations, reflecting prevalent explanations and norms. Further progression is indicated by considerations based on recognizing each child as a unique and complex individual. The most elaborate level encompasses a simultaneous consideration of the components of the parent's and the child's unique interaction system and its ecology. Each parent can be characterized as employing one of the four orientations, because most of the individual responses to parental awareness questionnaires are found to reflect one level of awareness, and occasionally the adjacent levels (Newberger, 1977).

Because Newberger's (1977) questionnaires were developed for research purposes, we found it necessary to replace them, for clinical use, with questions that are more integral to a clinical interview or a therapy session with parents. Our analysis of each parent's responses, however, employs

Newberger's definitions and criteria. Examples of questions that we use routinely in parents' interviews to identify the level of parental awareness are, "Did you enroll your child in afterschool activities this year?" ("Which ones?" "How was this decided?") "Does the child have a fixed bedtime?" ("How was it established and why?") "Are you involved with the child's homework" ("Why?" "In what way?"). In addition, spontaneous descriptions by parents during sessions related to either their own or the child's action are routinely followed up with questions inviting them to explicate their reasoning, such as, "How come?" "How do you understand this?" "Why?" "What else?"

In the following paragraphs, the four levels of parental awareness (Newberger, 1977, 1980) are briefly defined and clarified by using examples of typical responses of parents to one of our typical interview questions, regarding the choice of afterschool activities. The names for the different levels were also somewhat modified from Newberger's original terms (*egoistic, conventional, subjective, analytic*) for clarity purposes.

Egocentric Level

Parents at this level understand their child primarily in terms of their own experiences, and their parental role is organized around their own needs and wishes. Thus, they might choose to enroll their child in a particular class or activity that they had desired as children or that they find gratifying now (i.e., "I always wanted to be a ballet dancer," " I feel special because my son is the only one taking Chinese"). They might also choose to enroll the child because it is convenient for them (i.e., allows them some leisure time). Reaching a decision not to enroll the child is similarly based on considerations related to their own unpleasant experiences with such classes or with their being currently inconvenienced by it.

Conventional Level

Parents at this level understand their child in terms of rather stereotyped, external explanations and definitions provided by tradition, culture, or authority. The parental role is organized around socially defined conventions of correct practices and responsibilities. A parent at this level may argue that he or she drives the child to a computer skills class because "everybody says it is important to develop these skills early in life." Alternatively, a parent

may argue that nobody in their community sends children to classes at such a young age.

Child-Centered Level

Parents at this level perceive the child as a unique individual who can be understood via the intimate parent–child relationship rather than through external definitions. They amass a great deal of specific knowledge and insight into their child's external behaviors and internal psychological dynamics. Such parents perceive the parental role as the identification and fulfillment of their child's specific needs. Thus, they would tend to choose their child's afterschool activities on the basis of their intimate knowledge of their child's interests and talents and spare no effort in their attempt to find the most suitable classes for him or her. Alternatively, they may also present detailed evidence as to why the child would be better off engaging in self-guided activities at home rather than in organized group activities.

Relational-Systemic Level

Parents at this level understand their child as a complex and changing psychological system and recognize that both parent and child grow through their respective roles in the parent–child relationship. The parent knows that his or her role is to attempt continually to find a responsible balance between the competing needs of the parent, the family, and the child. Thus, the parent is likely to decide on afterschool activities for the child on the basis of the child's own interests and needs and balance those with the needs of other members of the family, as well as his or her own needs, while also taking into account present and future possibilities. If a family is under financial constraints, for instance, a parent at this level may offer the child recorder lessons, rather than the more expensive piano lessons the child has requested, while planning to fulfill the child's request at a future, more appropriate time, if he or she proves to be talented and dedicated to this choice.

Research evidence supports the idea that the scheme of parental awareness meets criteria for a cognitive-developmental stage sequence, progression to higher levels being associated with age and experience in child rearing. Level of awareness has been shown to be related to actual parental behavior and especially to abusive behavior: a high level of awareness serves

as a protective factor against child abuse in stressful familial circumstances (Newberger, 1977, 1980; Newberger and Cook, 1983; Pianta et al., 1985; Thomas, 1996). I suggest that the parental awareness scheme can be a useful tool for understanding the expectations, often voiced as complaints, of parents who seek therapy and for anticipating the kind of motivation that a therapist can recognize in moving toward change, once he or she has succeeded in joining with the parents.

An important guideline to emerge from our clinical experience in employing the parental awareness scheme is that dialoguing with parents and suggesting strategies for change should address the parent's current level and attempt to expand it by addressing no more than one successive stage of parental awareness. This guideline is in line with principles of traditional structural-developmental schemas (Kohlberg, 1969) and with Vygozky's (1978) notion of zones of proximal development. Attempts to progress in a nonsequential manner to address higher levels of awareness may lead to breakdowns in communication or to nonproductive vicious circles in the therapeutic relationship. Frequently such a failure may be evidenced when a child-centered therapist tries to elicit empathic responses toward a needy child from a parent who is at the egocentric level. The therapist's attempt, driven by his or her feelings toward the child, is experienced by the parent as a nonempathic reaction to his or her own feelings of neediness. This may lead, in turn, to an escalation in the intensity of the parent's rejecting complaints about the child and in the therapist's futile insistence to explain to the parent the child's needs.

Disagreement between parents about the handling of the "problem" child may often be understood in terms of their different levels of awareness. The therapist's respect for each stance and his or her challenging the parents to try to integrate their perspectives tends to enrich the parental discourse, making it more complex, therefore often resulting in a higher level of awareness and more creative solutions.

Working with Parents at the Egocentric Level

Parents at the egocentric level seek therapy either because they are greatly inconvenienced by the child's actions or in response to pressure from external agents such as the school, social workers, or the court. They appear unaware and far less troubled about the child's emotional state compared with other people who have contact with the child. In the initial stages of treatment, their cooperation may be motivated by a wish to diminish the pressure

and unpleasantness caused by these external agents. They may also attempt to test the therapist, challenging him or her to generate in the child new behaviors that would be rewarding to the parents or to eliminate behaviors that disturb them and that they frequently perceive as being purposefully directed against them. Their focus often shifts from the child to various changing personal concerns and pressures.

Joining parents at this level is emotionally taxing for therapists because they are simultaneously witnessing parent–child relationships frequently bordering on or involving maltreatment. Often, the added pressures of the referring agent, coupled with the parents' ambivalence about therapy, contribute to the therapist's stress and frustration. Viewing the parents as functioning at a developmentally constricted, immature level from which they need help to progress is often more helpful for therapists than labeling them as "narcissistic" or "abusive." By focusing on discerning the structure of the parent's interpretative system, therapists may come to be more empathic toward parents' feelings and needs, even though their behavior toward the child may still be deemed undesirable or harmful.

The therapeutic agreement with the parent must address the fulfillment of the parents' needs as a primary goal. At the same time, however, it must establish that these goals be achieved through the use of better means, that is, through means that are socially acceptable and more likely to be effective with children. Increasing the parents' sensitivity to societal expectations of child-rearing practices, and the establishment of culturally and academically accepted expectations of the child, is viewed as advancement from the egocentric toward the conventional level of parental awareness.

An important technique to achieve this challenging end involves encouraging reflection about the parent–child relationship by instigating a discourse on such questions as how one forms expectations from children, how one determines which expectations and practices are appropriate, and in what ways can one support the eventual realization of those expectations. Parents may additionally be asked to observe and record various interactions between themselves and their child. They may also be directed to observe other parents as they interact with their children, or the interaction between their child and significant others who appear to be effective with the child. Parents may also be engaged in a process of examining the origins of their beliefs and child-rearing practices by relating to their experiences in their families of origin. At times, reconnecting and working through repressed painful emotions related to childhood memories, in an empathic and secure context, may be needed for the parent to become more empathic toward his own child.

When abusive and neglectful practices become evident to the therapist in the course of treatment, he may at times need to serve as the representative of the social convention, contributing to the discourse his knowledge of child development and of the law and reflecting to the parent the problematic nature of his or her practices. This needs to be done in a sensitive manner by conveying to the parent the therapist's understanding of his or her needs and difficulties and his trust in their joint ability to handle these in better ways. Fraiberg's (1980) work with parents of high-risk youngsters in their homes exemplifies how a therapist may combine the therapeutic tasks of nurturing parents and providing a therapeutically corrective experience, together with the sensitive communication of child-care expectations.

Creating various alternative sources for gratifying the strong emotional needs of parents at this level may help to decrease their tendency to assign inappropriate roles to the child. A caring and empathic therapist may serve some of these emotional needs, but additional sources of emotional support in the parent's everyday environment are usually needed. This can be achieved by working on strengthening a couple's emotional bond, by recruiting the support of extended family, and by referrals to community organizations.

The most provocative technique to this end is the deliberate reversal of hierarchy (Madanes, 1991). When the parent appears depressed, neglecting, and too exhausted to assume parental responsibility, the children are asked (if they are not too young) to take steps and reorganize to take care of the parent. The technique has a paradoxical intention: the child's willingness to reverse roles explicitly is expected to gratify and touch the parent, motivating him or her to reverse the hierarchy once again and be nurturing toward the children.

Working with Parents at the Conventional Level

The complaints of parents at this level often pertain to the child's divergence from expected behavioral norms. Their attempts to solve the problem include a number of rigidly implemented culturally accepted sanctions that they find difficult to relinquish, even when they prove ineffective.

The therapist may be aided in developing respect toward these parents by becoming cognizant of cultural differences and of his or her own biases. Attempts to guide the parents toward greater flexibility may then be carried out in a more relaxed and nonjudgmental manner. This can be

accomplished by a discourse relating to variations within and outside the norm and the causes and implications of these variations, as well as an examination of the usefulness of currently employed standards and practices. The child's behaviors are discussed and studied as parents are guided to gather new relevant information about the child while the therapist contributes conventional psychological knowledge about children. Reframing the child's behavior in terms of temperamental characteristics, learning styles, reactivity to stress, developmental stage, and developmental history, for example, become useful ways of making parents aware of differences between individual "normal" children. Expanding parental acceptance of behavioral variation in children, attributable to identifiable constitutional or environmental conditions, is the prerequisite for their willingness to adopt different expectations and to develop individual patterns of interaction with different children. The reframing of a parent's stigmatic or stereotypic description of the child, or of the problem, must be credible and acceptable to the parents. It needs to be accompanied by information about the specified characteristic or condition, as well as by ideas, resources, or techniques for gradually shaping the child's undesirable behavior.

The use of metaphors, proverbs, and stories drawn from the parents' cultural heritage may be best suited for use with parents at this level. Involvement of spiritual or community leaders may be helpful to these parents as a source of social support and legitimization of newly adopted parental standards and practices

Working with Parents at the Child-Centered Level

Parents who function at the child-centered level tend to be the most frequent self-referred consumers of psychological services. Their focus on their children generates numerous anxieties and questions related to the children's adjustment and their own functioning as parents. Child-centered parents are often unaware of the pitfalls of the excessive focusing on a child's needs, such as parental burnout and impingement on the couple relationship. Moreover, their extreme preoccupation with the child's difficulties often renders them oblivious to their own contribution to the child's problems, that is, to how their overprotectiveness and excessive concern may aggravate their child's fears, social difficulties, or insecurity. These parents, being determined not to frustrate their children in any way, may inadvertently deprive them of significant developmental experiences, such as those related to development of capacities for regulating affect and tension states.

The therapist is likely to find it easy to join with these parents but may be unconsciously drawn into the parental pattern of concern and excessive focus on the child.

Such parents can be motivated to change their behaviors through well-documented psychological explanations, relevant to "the best interests of this child," rather than by references to social norms or to their own needs and welfare. Special care must be taken to implement changes gradually, so as not to arouse parents' anxieties about harming the child. Child-centered parents benefit from a discourse that broadens their previous understanding of their child's needs to include an awareness of children's need to learn to cope with frustration, to test their abilities, to recover from pain, and to engage in reciprocal relationships. The challenge to the parents is to refrain from engaging in what feels immediately helpful to the child in the service of long-term goals for his or her development. Evoking the consideration of these future needs and accepting the constraints of natural social environments to which the child must adapt may help parents to advance from their child-centered perspective to a more relational and systemic one.

Working with Parents at the Relational-Systemic Level

As parents at this level are capable of coping flexibly and creatively with a wide range of children's problems, and they are not often seen in therapy. Nevertheless, such parents may seek help when their competence is undermined by a traumatic event that causes disorganization to the family system. This may occur in the aftermath of a severe loss in the family, an unexpected financial or health crisis, or the discovery of a disability or an unexpected traumatic event or problem with the child.

Parents at this level seem to need support, alleviation of their feelings of anxiety and guilt, and reinforcement of their sense of competence. The therapist may be of help by offering information about children's typical reactions under similar circumstances, by normalizing reactions, and by guiding the family in specific techniques for coping with the stressful situation. Most important, however, is for the therapist to empower the parent and to bolster his or her confidence in the capacity of the family both to cope and to recover from the current crisis. Through discourse about their past experiences and achievements and an evaluation of their strengths and internal and external resources, a more balanced and hopeful perspective of the situation can be achieved.

Case Vignette

A sophisticated and pleasant-appearing couple, both very successful physicians, came to see the therapist after repeated complaints from the kindergarten teacher about their five-year-old son and his aggressive and defiant behavior. They reported that at home, too, he was oppositional and out of control. The therapist's initial tendency, based on a bias related to their occupations and initial presentation, was to view these parents as child-centered and indulgent, thus probably needing help in setting limits. She was mistaken. When meeting the child, she was surprised and shocked to discover many signs of child neglect. The child appeared to be very bright and articulate, yet extremely anxious and preoccupied with his mother's threats to send him away from home "to the Gypsies." He had a few bruises and a neglected sore and seemed to be inadequately supervised and cared for. While interacting with him in a play session, the therapist became suspicious that he might suffer from some visual impairments that the parents had failed to detect. Indeed, after being referred for an evaluation, he was found to be nearsighted and color blind.

The therapist's impression, following gradual familiarization with the family's lifestyle and with the parents' level of parental awareness, was that the mother saw her child primarily in terms of her own needs and was functioning at the egocentric level. She seemed completely unaware, for example, that both her and her husband's prolonged working hours and their being frequently called away at night might have an impact on the child. Moreover, she could not see any problem related to the daily after-school child-care arrangements that she found to be convenient, which involved a foreign cleaning woman who did not speak the child's language. She argued that this was the best arrangement because the woman cleaned well and she could also tend to her son's needs when he pointed to the food he wanted. It was emotionally difficult for the therapist to see such a bright and educated woman being so limited in her ability to perceive her child's basic needs.

The father, using a more conventional perspective, was aware that some of their expectations for their child were inappropriate to his age. Nevertheless, he alternated between being silently angry with his wife for neglecting what he perceived as her role as a mother and being openly angry with the child for his "abnormal" oppositional behavior. He devoted some time to teaching academic skills to the child and was irritated by the boy's "lack of seriousness" in this respect. Both parents tried to control

him through various punishments and threats to send him away from home, but his behavior only worsened. By the time they came to therapy, he would bark at them like a dog whenever they approached him.

The therapeutic challenge, considering the parents' egocentric and conventional levels of parental awareness, was helping them to become more reflective about the achievement of a better balance between their own needs and culturally accepted parenting responsibilities in relation to their needy five-year-old, thus helping them advance to a more differentiated conventional level and, in some limited respects, to the child-centered level of parental awareness.

The first intervention was joining the parents by listening to them empathically, by explicitly accepting their disappointment and frustration with their son, and by validating their wish for a convenient and serene home atmosphere given their demanding careers. The therapist then offered some strategical interventions designed to provide some immediate relief for the parents and potentially ease the anger and power struggle between the parents and the child. For example, she suggested that they could adopt a playful stance and respond to their child's barking by barking back. In effect, the planned paradoxical outcome of this intervention was that this behavior ceased immediately, which gave the parents a feeling of satisfaction and control and established their trust in the therapist.

It was also important to engage the parents in thinking of possible explanations for the problems with the child. To advance beyond the parent's initial simplistic explanations (Mother: "He enjoys annoying me. He has always been difficult." Father: "Maybe he is bored."), the parents were invited to approach this question in a systematic way, using their diagnostic professional talents. The mother, who was an expert in reading magnetic resonance images, was challenged to apply her ability to look for what lay beneath the evident surface. The parents undertook the task of collecting observations of their son in different contexts and also talking with their colleagues and friends about their children and how they ran their family life. Additionally, a number of conjoint play sessions with the child were introduced in the therapy as part of the exploration.

The parents discovered that the child was more energetic, and probably brighter, than most of his peers. They also realized that he had much less structure and stimulation during his afterschool hours. From his fantasy play, they learned that he had worries related to their work, especially about his parents' contracting their patients' diseases. They were moved by his concern for them. The problem was redefined as arising from a rather unique family situation: an unusually talented and committed dual-career

couple having to care for a young, unusually vivacious, sensitive, and bright child, while lacking a good support system. Indeed, conversations with their colleagues had confirmed the uniqueness of their situation: most of their colleagues had much older kids and had at least one parent more available to tend to the children's needs. Some had the additional support of an extended family. They enviously realized that the other families had more leisure time to spend and enjoy with their children.

Therapy reached an impasse as the need for more quality time with their child became evident, yet neither parent was willing to change his or her schedule to accommodate the child's needs. When the child became eligible for a special afterschool class for gifted children, the parents were very proud but could not work out the time to drive him to it. The father was getting more openly angry with the mother as she tried to rebuff his expectation of her to make a change.

This impasse was handled by shifting the focus to the sources of parental needs and motivations. The parents were invited to recount their life stories and to observe how the past might be affecting the present. The mother achieved an unusual insight after relating memories of her own mother, whom she viewed as very talented but frustrated and depressed as a result of being pressured by her parents and husband to give up her studies and become a housewife. In describing these recollections, the mother reflected on her own career choice, to which her father had objected: "He had warned me that I would turn out to be either an unsatisfactory mother or an unsatisfactory doctor, and I dismissed him as being old-fashioned and ignorant. Now I know there was much wisdom in his words. It is a complex dilemma." The father's anger at his wife became clearer as he recounted his childhood in an orthodox family, where the roles of each parent were very distinct. In his youth, he went through a transformation, aspiring to become more liberal. Before marrying his wife, he agreed to her condition that she be able to pursue a professional career. He had kept his promise but was only beginning to accept its implications in terms of his role as a father.

A period of slow negotiations ensued, in which the parents struggled to achieve a more conventional schedule for the child and themselves. The father offered to devote two time slots a week to quality time with his son. His increased involvement at home made the mother feel envious and competitive, and consequently she managed to achieve more flexibility with her schedule and to engage with the child. Throughout this process, the child's behavior improved considerably, and as the parents felt rewarded, they were able to preserve and reinforce the positive progress in the child's adjustment both inside and outside the family.

The mother requested a consultation two years following the termina-
tion of therapy. The boy was doing extremely well in school, and they were
enjoying him at home. The reason for the consultation was their planned
sabbatical year abroad. She wanted to think ahead and plan for the child's
needs. She was considering asking her mother to join them for the year as a
support system in this new situation. Needless to say, we were delighted by
the focus of her concern this time, showing that this mother has indeed de-
veloped in her parental awareness.

This case demonstrates how the cognitive-developmental scheme of
"parental awareness" can support therapists with their emotional reac-
tions, as well as with their deliberate choice of strategies for joining par-
ents and utilizing their strengths and motivations for change. The pre-
sented scheme may also help therapists to set their goals and expectations
for change at a more realistic level. There is no need for all parents to func-
tion at the highest level of parental awareness, or for a single parent to al-
ways perform at his or her best ability, for children to thrive. It is only when
parents reach an impasse in their ability to deal with a child's problem in
their habitual manner that a new, extended, and more complex perspec-
tive needs to be introduced. The developmental nature of this scheme al-
lows the therapist to remain optimistic that, with experience and opportu-
nities for reflection on the parent–child relationship, parents may progress
to higher levels of awareness. As theory and research relevant to under-
standing the quality of parental functioning advances, more systematic
and comprehensive guides are expected to emerge to assist therapists in
mapping out modes of engaging parents and utilizing successful methods
of treatment.

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